



STUDENT VOLUNTEER INFORMATION

Please complete this form, then submit it - along with a signed Accident Waiver + Release of Liability form – by email to dazeshopboard@gmail.com, or mail to Daz-E Shop, 2525 N. Lake Ave #3, Altadena CA 91001.

STUDENT NAME: _____ **DATE:** _____

ADDRESS, CITY AND ZIP: _____

PHONE: _____ **EMAIL:** _____

SCHOOL: _____ **CITY:** _____

PARENT NAME (if a minor): _____
(or emergency contact if not a minor)

ADDRESS, CITY AND ZIP: _____

PHONE: _____ **EMAIL:** _____

AVAILABLE DAYS TO TRAIN/WORK:

___ Thursdays 10:30 to 3:30 ___ Saturdays 10:30 to 3:30

AVAILABLE DATE TO START TRAINING/WORK:

First choice (MM/DD/YY): _____

Second choice (MM/DD/YY): _____

Third choice (MM/DD/YY): _____