



Bulldog Buddies Volunteer Application

(Galena High School)

Date Received _____

Date Approved _____

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Last Name _____ First _____ (MI) _____

Address _____ City _____ State _____ Zip _____

Email address _____ Phone _____

Gender: Male _____ Female _____ Date of Birth: _____

Current year in school _____ Seminar Teacher _____

Place of Employment _____ How long _____ Position _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Supervisor Name _____

Emergency Contact Name _____ Phone _____

Emergency Relationship _____ Email _____

What skills, interest and activities would you like to share in volunteering? _____

Specific school to volunteer or grade level _____

Please list two personal references (one from school and one from the community). A letter of recommendation must be received from each before starting your volunteer service time.

Name of School Reference _____ Position _____

Name of Community Member _____ How long acquainted _____

Work phone _____ Home/Cell _____

Have you ever been convicted of, plead guilty to or been placed on diversion of the following:

- Any criminal or municipal ordinance violation Yes ___ No ___
- DUI/DWI Yes ___ No ___
- Is your driver's license currently suspended Yes ___ No ___
- Any other offense involving alcohol or drugs Yes ___ No ___
- Any offense involving cigarettes or tobacco Yes ___ No ___

If yes to any of the above, please provide date, description, explanation and state in which each incident occurred.

RELEASE TO DRIVE/TRAVEL

Name of Parent/Guardian_____ give my consent that my High School son/daughter_____ may commute between his/her High School and the Elementary School in which he/she volunteers without compensation. Furthermore, in consideration of my student being allowed to participate in Bulldog Buddies, I hereby release and discharge Galena USD 499 School District and Bulldog Buddies any claim or liability in the event my student is injured while commuting to volunteer as a Bulldog Buddy, including any claim asserting any such injuries are the result of negligence or fault by the School District.

RELEASE FOR PHOTO/VIDEO

Name of Parent/Guardian_____ give my consent that photographs or videos of my High School son/daughter _____ may be used by Bulldog Buddies for news articles, audio-visual production, television, website, etc. without compensation. I hereby consent that such photographs, video negatives or slides shall be the sole property of Bulldog Buddies.

Parent/Guardian Signature_____ Date_____

Please complete and return to your school Bulldog Buddies Coordinators.