

Paid Work Service



VOLUSIA COUNTY SCHOOLS



Youth Partnership Program Sign-In Sheet

(To be submitted to the school Youth Partnership Program Coordinator before the end of each semester.)

Student's Name: _____	Student's Alpha Code: _____
Volunteer/Work Site: _____	Year of Graduation: _____

Date	Activity	Arrival	Departure	Hours
				Total Hours: _____

I VERIFY THE ABOVE HOURS ARE ACCURATE.	
Student's Signature: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Site Designee/Representative's Signature: _____	Date: _____

YPP Coordinator Initials: _____ Recorded Date: _____

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Volusia County Schools Youth Partnership Program Agreement Volunteer/Partnership Programs



PLEASE PRINT LEGIBLY

Make sure your chosen community service or paid work is approved by your school's YPP Coordinator prior to beginning. Submit this completed form to your school.

STUDENT INFORMATION:

(To Be Completed by Student)

NAME: _____ STUDENT ID: _____

ADDRESS: _____

Street City Zip

SCHOOL: _____ HOME/CELL PHONE: (_____) _____

PARENT/GUARDIAN'S NAME: _____ PARENTS' DAYTIME PHONE: (_____) _____

CIRCLE ONE: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATION YEAR: _____

PREVIOUS EXPERIENCE: _____

☐ YES ☐ NO I have attended training by my Youth Partnership Program (YPP) Coordinator.

I agree to fulfill the duties and time commitments as listed in the organization's job description, including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the rules of the organization for which I will be volunteering/working and to abide by the procedures, including any record keeping required to maintain the confidentiality of organization and client information.

➔ **STUDENT'S SIGNATURE:** _____ **DATE:** _____

ORGANIZATION INFORMATION:

(To Be Completed by Organization's Supervisor of Student)

NAME OF ORGANIZATION/AGENCY/SCHOOL PROJECT: _____

ADDRESS: _____

Street City Zip

CONTACT PERSON: _____ TITLE/POSITION: _____

(Contact person must verify the student's hours and the quality of the student's work.)

PHONE: _____ E-MAIL: _____

OPERATING HOURS: _____ WEBSITE: _____

COMMUNITY SERVICE/WORK SITE: _____

JOB DESCRIPTION: _____

➔ **CONTACT PERSON'S SIGNATURE:** _____ **DATE:** _____

PARENT OR GUARDIAN INFORMATION:

(To Be Completed by Parent or Guardian)

I have read and fully understand the job description above and know the expectations for my son/daughter and hereby request and approve that _____ participate in the Youth Partnership Program. I understand and hereby give my approval for my son/daughter to participate in activities of the Youth Partnership Program that take place on or off school property, during or after school hours. When volunteering through the Youth Partnership Program, I understand that I am totally responsible for my son/daughter's participation and transportation. I, for the above named student and/or undersigned, hereby release from all liability and agree not to sue the School Board of Volusia County, its employees, or agents for any and all loss or damage, and any actions, claims, demands, costs, or expenses therefore, which the above named student or I may have arising out of or which are in any way connected with my son/daughter's participation in the Youth Partnership Program, including transportation to and from the activity.

➔ **SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

➔ **SCHOOL BASED YPP COORDINATOR:** _____ **RECEIVED DATE:** _____