



HEC Teen Volunteer Application

Name: _____ Date: _____

Address: _____

Email: _____

Phone: _____ DOB: _____ Grade Level: _____

Parent Name: _____

Phone: _____ Email: _____

Please describe any previous volunteer experience you have:

Please fill out the chart with your HEC classes:

	Tuesday	Wednesday	Thursday
9:00am			
10:00am			
11:00am			
12:00pm			
1:00pm			
2:00pm			

I agree with the volunteer rules. I understand that this application is not an automatic approval. I understand that if the hour is not available for me to volunteer, then I will be required to add a 5th class to my schedule.

Volunteer signature: _____

Parent signature: _____