



HIGH SCHOOL STUDENTS Volunteer Application



Return form to your Deputy, fax to 239-252-0145, or email to Club Coordinator

My high school age student has permission to volunteer at the DEPUTY Club summer program sponsored by the Collier County Sheriff's Office. It will be held June 3-7, 2018 at **Oakridge Middle School located at 14975 Collier Blvd. Mandatory volunteer meet and greet meeting: Friday May 31, 2019 at 10:00 a.m. at Oak Ridge Middle School.**

Volunteer duties include monitoring and supervising elementary age children at Oakridge, on field trips, and during set up and cleanup. For students who are eligible, community service hours can be earned and awarded at the completion of the summer activities. They must have pre-approval from their school counselor. The Collier County Public Schools **Community Service Agreement** can be found on our website along with their schools website. **Their Youth Relations Deputy can sign off as the site supervisor.**

If you should have any questions, please contact Club Coordinators: Corporal Karen Eggleston-Negron at 239-784-8773, email 3158@colliersheriff.org or Corporal Eric Grundeman at 239-253-8866 email at 1842@colliersheriff.org You can also go to the website www.colliersheriff.org (Kid Zone) for more information. You will be contacted by the Deputy Club coordinator if your application is accepted or denied.

By granting my child permission to participate as a volunteer, I understand that my child may be photographed and that those photographs may be used for publicity purposes at the sole discretion of the Collier County Sheriff's Office. I also understand that a background check will be completed on each volunteer.

I also release, and hold harmless the Sheriff, any of his agents, designees or employees from any liability, and waive any claims for damages they have or may have that result from participation in this event.

PRINT INFORMATION

NAME: _____ SCHOOL _____
First Middle Last STUDENT ID #: _____

DOB: _____ PROMOTED TO GRADE: _____ ADULT SEX: _____ SHIRT SIZE: _____ STUDENT SWIM: YES – NO – A LITTLE

STUDENT CELL #:(_____) STUDENT E-MAIL: _____

HIGH SCHOOL: _____ ALLERGIES / MEDICAL CONCERNS: _____

DRIVER LICENSE#: _____ HOME PHONE: (_____) _____

ADDRESS: _____ ZIP: _____

MOTHER NAME: _____ CELL:(_____) _____

FATHER NAME: _____ CELL: (_____) _____

PARENT EMAIL: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____