

Student Name: _____ Grade: _____

Address: _____ Town: _____ Zip: _____

Are you 18 or older? **Y** or **N** If you answered "No", please have your parents fill out the bottom of this form.

Will you be turning 18 before June 1st? **Y** or **N** If yes, what date? _____

Do you have a valid driver's license? **Y** or **N**

If yes, how far are you willing to travel for Christian Service? _____

What days and times are you available to volunteer? Please keep your academic responsibilities in mind when answering this question.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

What volunteer work are you interested in doing? Please check ALL that apply. You are not limited in the number of activities you choose. Not all of these activities are immediately available, so please be open to all possibilities when checking the boxes.

Kennedy events and programs	<input type="checkbox"/>
With my hands	<input type="checkbox"/>
With senior citizens	<input type="checkbox"/>

At my local Church	<input type="checkbox"/>
With my mind	<input type="checkbox"/>
With special needs	<input type="checkbox"/>

In an office environment	<input type="checkbox"/>
With younger kids	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If volunteering in Kennedy, which periods are you free? A: _____ B: _____ C: _____ D: _____ E: _____ F: _____

Please list your strengths, interests, and ideas for Christian Service (you may attach a page if there isn't enough space):

Please read and sign below:

In order to help students fulfill their 30 hours of service requirement per year, Christian Service at Kennedy Catholic High School will do their best to accommodate requests and offer opportunities compatible with the student's interests and strengths. The student will not be obligated to take a volunteer opportunity that they are not comfortable with. The student agrees perform the duties of volunteer opportunities accepted by them to the best of their ability.

Student name (printed): _____

Student signature: _____

Today's date _____

Dear Parent or Guardian:

Please review the above questionnaire filled out by your child. In signing this document, you agree to transport and supervise your child at off campus and/or after school hours volunteer opportunities offered through the Christian Service at Kennedy Catholic High School.

Parent or Guardian Name (printed) : _____

Parent or Guardian Signature: _____

Today's Date: _____