TUSOME PAMOJA

LEARNING TOGETHER

AN EDUCATIONAL MINISTRY OF ST. ELIZABETH

St. Elizabeth Catholic Church 2712 2nd Avenue Richmond VA 23222

VOLUNTEER APPLICATION -- SUMMER 2023 JUNE 12-15, AND JUNE 19-22 (MON-THURS 9AM-12PM)

Volunteer Role (Choose any that you would like to be considered for)

Bus Driver

Peer Mentor

Activity Chaperone

Cooking and Clean-Up

VOLUNTEER INFORMATION

| Volunteer Name | : | |
|---------------------------------------|------------------------|--|
| Mailing Address | : | |
| City, State | : Zipcode : | |
| Phone number | : Age/School/ Grade | |
| Volunteer Email | | |
| Parent's Name | : | |
| Parent's Email | : | |
| Parent's Phone number | : | |
| PARENT PERMISSION REQUIRED FOR MINORS | | |

ONE ADDITIONAL PARENT SIGNATURE ON OTHER SIDE

I give my minor child permission to volunteer at St. Elizabeth Catholic Church for the TUSOME Summer 2023 Daily Summer School Program.

Parent Signature

THANK YOU FOR VOLUNTEERING

WHAT WE DO

Volunteer Role Description

Peer Mentor--paired with one student. Helps and encourages them in completing the activities in their classes. Builds relationship by engaging in social games and activities. High school students are eligible.

Cooking and Clean-Up--Prepare kitchen, cook, serve and clean up after lunch. Four volunteers are needed. Adults and high school students are eligble.

Activity Chaperone--On Fridays, students participate in additional activities and programming from 1-4PM. Teens and adults are eligble.

Bus Driver--Picks up and returns students in a 15-passenger bus (provided). Students arrive at 8:45 and are dismissed at 1:00PM. Adults 25+ with a valid Virginia Driving License, a background check and VIRTUS training are eligible

VOLUNTEER AGREEMENT

PARENTS OF MINORS ONLY: I understand and agree to the attendance and conduct policies. I have read and understand the photo and video release.

| Parent Signature | Date | |
|--|------|--|
| ATTENDANCE: I understand and agree that I will be on-time and present to at least 4 of the 8 scheduled sessions. I understand that I will not receive any volunteer credit if I violate this attendance policy. | | |
| Volunteer Signature | Date | |
| PHOTOS AND VIDEOS (These may be posted or printed f I give do not give TUSOME permission to take and/or | | |
| Volunteer Signature | Date | |

Volunteer Signature

CONDUCT: I understand and agree that I will conduct myself with respect for others, their bodies, their belongings, their environment, their opinions and their beliefs. I will behave with politeness, kindness and understanding, and seek help from a trusted adult before resolving conflict on my own.

Volunteer Signature

To submit this form: take a picture and text to 804-205-8900 or scan and email to liz.tusome@gmail.com

Date