HIGH SCHOOL STUDENTS
Naples Volunteer Application

Return completed form to your Deputy or fax to 239-252-0145

My high school age student has permission to volunteer at the DEPUTY Club summer program sponsored by the Collier County Sheriff's Office. The program runs on the following **(6) Thursdays June 18 & 25 and July 02, 16, 23 & 30 2015** at the Naples Italian American Club Foundation, located at 7035 Airport-Pulling Road North. The hours volunteers are needed to work are from **7:00 a.m. – 3:30 p.m.** **Volunteer meet and greet meeting Wednesday, June 17 from 2:00-3:00 p.m.**

Volunteer duties include monitoring and supervising elementary age children at the NIACF, on field trips, and 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 Corporal Sandra Doria at 239-253-0197 or email at Sandra.Doria@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 STUDENT ID #: _____
     First   Middle   Last

DOB:_____ PROMOTED TO GRADE:_____ SEX:_____ ADULT SHIRT SIZE:_____ STUDENT SWIM: YES – NO - ALITTLE

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:_____