PTO SCHOLARSHIP VOLUNTEER FORM/PERMISSION SLIP

Please fill out entire form, sign the bottom portion, and return to the PTO before the activity/event

A separate "Volunteer Form/Permission Slip" is required for each activity volunteered for

APPLICANT INFORMATION	
Name:	Grade: Age:
Volunteer Signature:	Phone:
**All volunteers who sign this a	Grade: Age: Phone: agreement, agree to adhere to the Guidelines and
Code of Conduct set forth by the PTO**	
I,	, have volunteered for the following activity:
Number of hours spent at activity:	(hours to be inserted by PTO member)
Verified by PTO Member:	Date:
(Member Name - Signature)	
(Member Name - Printed)	
	M CONTRACT/AGREEMENT consent age of 17, a parent or guardian must sign this form**
To the fullest extent permitted by Law,	, agrees to defend,
pay in behalf of, and hold harmless the	UBLY PTO, it's elected and appointed officials, volunteers
	UBLY PTO, against any and all claims, demands, suits,
	ted, for any damage which may be asserted, claimed or
	son of personal injury, including bodily injury and death,
	thereof, which arises out of the alleged negligence of the
UBLY PTO, and/or in any way connecte	
Signed:	Date:
(Student Volunteer or Legal Custodian)	