



HILLSBOROUGH TOWNSHIP BOARD OF EDUCATION
379 South Branch Road • Hillsborough • NJ • 08844-3443 • (908) 431-6600 •
www.hillsboroughnj.org

Application DEADLINE: April 15, 2020

No Applications or Interview Requests Will Be Considered After This Date

Volunteer Application - Extended School Year Program 2020

Volunteers Must Be 13 Years of Age

APPLICANT INFORMATION

Name _____ Birth Date ____/____/____ Grade _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Alternate or Cell Phone (____) _____
Emergency Contact Name _____ Relationship _____
Emergency Phone (____) _____ Alt. Emerg. Phone (____) _____
Volunteer's E-Mail Address: _____

SCHOOL INFORMATION

Name of School or College _____
Are you volunteering for school credit/church community service? **YES** **NO** If yes, how many hours do you need? _____
In conjunction with a club/organization? **YES** **NO** If yes, name of club/organization: _____
Please tell us briefly the reason you wish to be a volunteer / how you can benefit _____

Signatures of two teachers as reference: _____ Contact # _____ Date: _____
Name _____ Contact # _____ Date: _____
Name _____

ESY is running 7/1/20-8/07/20. Which weeks are you available to work over the summer? _____

The following programs have volunteer opportunities. Please indicate the age group you are interested in working with, select as many as you would like.

____ Preschool ____ K-2 ____ 3-4 ____ 5-6 ____ 7-8 ____ High School

Are you interested in working : ____ 9:00-11:00 or ____ 9:00-12:30? or ____ 12:30-2:30? Returning Volunteer? **YES** **NO**

Interviews for new volunteers will be conducted on May 4, 2020 beginning at 2:00 p.m., HHS, CST office.

Volunteers MUST Call 431-6600 X2387 to schedule their interview by April 15th.

Orientation for ALL Volunteers: June 25, 2020 9:00-10:00, Hillsborough High School room 302

Waiver and Release Agreement

I, the parent of (name of registrant) _____, a minor, agree that, in consideration of being allowed to participate, the registrant and I will abide by the rules of the Township of Hillsborough Board of Education and its affiliated organizations and contractors. Recognizing the possibility of injury associated with volunteering, I hereby release, discharge, hold harmless and/or otherwise indemnify the Township of Hillsborough Board of Education, its employees, agents, and associated volunteer personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program. I represent that the registrant has no physical or mental limitation that would preclude him/her from participating in this activity. I knowingly and freely assume all such risks and assume all such responsibility to the fullest extent permitted by law. I fully understand the terms and conditions of this release of liability and assumption of risk agreement and sign it freely and voluntarily without any inducement.

Name of Parent/Guardian (please print) _____

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of (name of registrant) _____, a minor, I hereby give consent for emergency medical care, if required, as a result of injury or illness that may occur during this activity. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also confirm that my child is physically and mentally capable and qualified to participate in this activity. It is my affirmative obligation to bring any limitations my child may have to the attention of the Hillsborough Board of Education ESY administrators.

Name of Parent/Guardian (please print) _____

Signature _____ Date _____