

Looking for community service hours???

We need you!

Teen volunteers are needed for our youth programs!



Volunteers must be at least 14 years old and attend a training session prior to participating.

Your duties will include:

- Escorting students
- Helping in the classroom
- Assisting children during snack break

Saturday Morning Enrichment and Kids Kollege have approximately 150-200 students enrolled.

You can:

Fill out the application below or pick one up at the Lake Jackson CE Center

Then.....Turn in your application for approval at:

Lake Jackson CE Center, 120 Circle Way, Ste. 2A, Lake Jackson, TX 77566

OR

Email this form to our youth coordinator, Karen Juback at karen.juback@brazosport.edu

We can't do it without you!

**Brazosport College Youth Programs
Volunteer Application**

Name: _____ Age: _____ Email Address: _____

Address: _____ City/St: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____ T-shirt size: _____

Parent Name: _____ Phone: _____ Phone: _____

In case of emergency, contact: _____ Phone: _____

Have you previously volunteered for BC Youth programs? _____ If so, what program(s) _____

References:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I certify that _____ has my permission to participate in community education programs at Brazosport College and authorize the staff of community education to act for me according to their best judgment in any emergency requiring medical attention. It is understood that I will be responsible for the cost of any emergency transportation and for subsequent emergency care. I hereby release and hold harmless Brazosport college, including without limitation, its officers, directors, regents, employees, agents, and affiliates for, from, and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while participating in this program at Brazosport College. I know of no mental or physical problem which may affect my child's ability to safely participate in this program. I further certify that the above mentioned person has medical insurance in case of an emergency. In case of an emergency the physician to be contacted is shown below.

I hereby grant Brazosport College permission to publish photographs and video in which my child is included in whole or in part, or use in advertising or any other lawful purpose whatsoever for Brazosport College. I hereby waive any right that I may have to inspect and approve the finished product, the advertising copy that may be used in connection therewith, or the use to which it may be applied.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHYSICIANS NAME: _____ PHONE NUMBER: _____

PLEASE LIST ANY ALLERGIES: _____