

PASS High School Volunteer Permission Form

Providing Academic and Student Support (PASS) is a volunteer program sponsored by Berkeley County Schools. High school students are valuable to the program because of the assistance they provide to primary, intermediate and middle school students.

High school student volunteers meet with their PASS students once a week for at least a 1/2-hour. They have the option to volunteer during one of their classes, such as leadership, or during the last hour of their school day. If a high school volunteer wants to meet with his/her assigned student at any other time of the school day, then special permission is required from their high school principal and from the principal of the school in which they will be volunteering.

High school students interested in becoming a PASS volunteer must have this permission form signed by a parent/guardian and a teacher or school counselor. **PASS volunteer training does not obligate you to become a PASS volunteer nor does it guarantee placement.** Bring this signed permission form to the PASS volunteer training or as designated by your school counselor or teacher.

High School Student PASS Volunteer:

I acknowledge my responsibilities as part of the PASS program and pledge the following:

- I will keep my scheduled appointments unless unavoidable and will make every effort to notify my assigned school in advance of any necessary absences.
- I will conduct myself with accountability, integrity, and respect (AIR) as (a) I travel to/from my assigned school and (b) during my PASS meeting each week.
- I will be a positive role model to my assigned student and will help him/her to be successful.
- I will be on time for my scheduled PASS volunteering assignment and will promptly return to my high school once I complete my volunteering session.

High School PASS Volunteer Name (Print) _____

High School PASS Volunteer Signature: _____

School: _____ Date _____

Parent/Guardian:

I give permission for my child _____ to travel to/from my child's high school to serve as a PASS volunteer. I understand that my child may only travel on assigned dates and times to work as a PASS volunteer. My child may drive him/herself or travel with another individual.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Phone: Home/Mobile _____ Work _____ Date: _____

Teacher/School Counselor: (This section is only required if volunteering during school hours)

The aforementioned student is excused from _____ period class each week in order to fulfill the responsibility of being a PASS Volunteer. **Any work missed is the responsibility of the student.**

Teacher's/School Counselor's Signature: _____ Date _____