

Volunteer Week		
Please select your desired volunteer week(s): Session 1: June 24-28	<b>Session 2</b> : July 8-12	
VOLUNTEER CODE OF CONDUCT		
Northwest Florida State College takes pride in our Kids on Campus p exceptional instructors and volunteers. Our volunteers assist instruction moving in between classes, and during camp sessions under the sup Professional and proper behavior is necessary to protect all students Campus promotes a warm, welcoming, and friendly environment.	etors and Kids on Campus students in pervision of the instructors.	
Expected behavior includes:  • Respect college staff, camp instructors, students, and oth • Respect students' belongings, and space. • Listen and follow college staff and instructor directions. • Interact appropriately in group settings.	ners.	
Unacceptable behaviors include:  • Being disruptive.  • Use of profanity/obscene comments.  • Leaving the class without instructor permission.  • Theft or damage of campus property.		
My signature indicates that I have read and understand the above sta Volunteer Code of Conduct.	atement and agree to adhere to the	
(STUDENT Signature) (Date)		
Permission to Use Photographs and/or Other Perso	onal Information of a Minor	
A parent or guardian granting permission of person(s) who are under 18 following:	years of age must complete the	
I, (Street Parent(s)/Guardian(s) of (Street hereby give Northwest Florida State College the absolute and irrevocable ri as recorded on film, video or other medium, and to identify him/her by name all forms, manner and media, including but not limited to, display, illustration	t, City, State, and ZIP) The, (son/daughter's full name) do ight to use my son/daughter photograph(s) ne, if deemed appropriate by the college, in	
transmission, for other college purposes. For these purposes, on behalf of rights under the Family Educational Rights and Privacy Laws and release N	my son/daughter I relinquish their personal	

aforesaid use. I understand that said photograph(s) shall be the sole property of NWF State College and may be

(Date)

copyrighted in its own name or any other name it may choose.

(Parent/Guardian Signature)



## **MINOR MEDICAL RELEASE**

A parent or guardian granting permission of person(s) who are under 18 years of age must complete the following:

Minor Information:		
Minor's Name:		
Age: Grade student ent	tering in fall semester:	
Please list known allergies, medical conditions, or needs. If no known allergies, please put "none." If the volunteer will carry their own medication and/or inhaler, EpiPen, etc., please note here:		
•	or legal custodian of the above-named child, I give seek emergency care and treatment, according to its best d child.	
(Parent/Guardian Signature)	(Date)	
EMERGENC	Y CONTACT INFORMATION	
Parent/Guardian Emergency Contact Informat	tion:	
Parent/Guardian # 1 Name:		
Home Number:	Cell Number:	
Email:		
Parent/Guardian # 2 Name:		
Home Number:	Cell Number:	
Email:		
for camp activities only,  • My authorization of NWFSC to seek ender for my child, and	Photographs and/or Other Personal Information of a Minor mergency care and treatment, according to best judgement above to serve as a volunteer with NWFSC summer camps.	
(Parent/Guardian Signature)	(Date)	