



# G.I.V.E.

(GIVE, INSPIRE, VOLUNTEER, & EDUCATE)

## STUDENT VOLUNTEER REGISTRATION FORM

**Office Use Only:**

New Member ( )	Renewing Member ( )
Register Date:	Register Date:

**STUDENT**

Name		Grade	
Current School		Date of Birth	
Home Address			
Email		Cell Phone	
Instrument		Years Learned	
Music CM Level		Currently taking private lesson: Y( ) N( ) If yes, teacher's name & contact:	
Math Class (Highest course taken in school)		English Class (Highest course taken in school)	

Have you ever been suspended or expelled from school?: Y( ) N( )  
If yes, please explain:

Are you currently involved with another non-profit organization? Y( ) N( )  
If yes, please state the name of the organization(s) and explain your involvement:

How did you learn about CAL GIVE? :  
If you learned from a CAL GIVE member, please provide the name:

<b>PARENT / LEGAL GUARDIAN</b>		
Name	Relationship	
Home Address	Cell Phone	
Email		
<b>EMERGENCY CONTACT</b>		
Name	Cell Phone	Relationship

Student:

I, \_\_\_\_\_, hereby, desire to work as a volunteer for G. I. V. E. and participate in all activities related to being a G. I. V. E. volunteer. I certify that the information provided above is true and correct and have been given voluntarily.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Parent / Legal Guardian:

By signing below, I am certifying that I have reviewed this form. I consent to all of the above and authorize my child to become a G. I. V. E. volunteer. I acknowledge that there will be duties (i.e. supervising a volunteer session, etc.) as a parent / legal guardian of G. I. V. E. volunteer in addition to the duties of my child as a G. I. V. E. volunteer.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



# Cal GIVE Foundation Code of Conduct

1. All volunteers must respect others and show commitment.
  - a. Respect all decisions made by the Cal GIVE Foundation headquarters
  - b. Respect their students and other tutors
  - c. No verbal abuse (including teasing and bullying)
  - d. No excessive physical contact with other tutors or students
2. Sign in and sign out at the right times.
3. No use of cellular phones or other electronic devices.
4. No chewing gum.
5. No profanity or personal conversations.

## **Dress Code**

- Official GIVE T-shirt
- Closed-toe shoes (no flip flops)
- Appropriate long, dark-colored pants (no rips, shorts) - No hats / hoods

## **Attendance**

- Maximum 3 unexcused absences until membership probation (Only emergencies will be excused).
- Attendance (attend, absent, late, and early dismissal) must be notified by Wednesday 7PM via email at the latest to be excused.
- Volunteers will be responsible to sign themselves in and out every week.
- Weekly emails will be sent out latest by Monday.

**\*\*If any of the regulations are broken, the member in question will possibly be suspended and potentially relieved of their duty. He or she may also be asked to step down and will no longer be able to serve the organization due to inability of fulfilling duties, lack of responsibility, lack of respect, etc.\*\***

**\*\*Promotion is not ensured for current leadership members, and a re-evaluation for all potential leadership candidates will be conducted at the end of the leadership term.\*\***

All of the program—including tutoring, events, and planned agenda—solely belongs to the Cal GIVE Foundation under the board. It is strictly prohibited for any individual to use and/or share any part of the program outside of the GIVE Organization. Such acts are considered as stealing of the intellectual property, which will be punishable by law.

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**I, \_\_\_\_\_, agree to comply with the Cal GIVE Foundation Code of Conduct.**

Student Name: \_\_\_\_\_ School & Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Consent & Release Form

I, (*name of Parent/Guardian*) \_\_\_\_\_, grant to the G.I.V.E. Organization the right to record and publish the image and/or voice and of my child, (*name of child*) \_\_\_\_\_ on video, photographs, digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant the G.I.V.E. Organization, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_