

Students Currently Enrolled  
Registration Packet  
An open House will be held at Spectrum Academy on 03/29/07  
(5:00 PM – 9:00 PM)

\*\* Must complete one application for each student enrolled\*\*

\_\_\_\_\_ **Name of student enrolling**

**This MUST be turned in completed to Spectrum Academy School address by 03/29/07 or it will be assumed you are waiving your spot and this spot will go to the next available child on the lottery list.**

Make sure you have **ALL of the following items**  
Completed before returning your registration packet on **03/29/07:**

Please provide:

- Copy of student's immunization records
- Physical examination record (recommended for students in kindergarten, fourth and seventh-grade. To be turned in by the first day of school)
- Proof of Diagnosis by Physician, or Psychologist (if applicable)
- Copies of testing – IQ, ADAS (if applicable)
  - If these have not been done, please note on this page.

Please complete:

- Student information
- Emergency information
- Student health information
- Previous school and programs
- Disciplinary history form
- Drop off/pick up authorization notice
- Acknowledgement of special notice
- Household income qualification
- Transfer of records requested
- Computer use agreement
- Release for research
- Volunteer confidentiality agreement
- Volunteer committee sign up sheet

The Spectrum Academy  
575 Cutler Drive N.S.L., UT 84054  
Phone (801)-936-0318 Fax (801) 936-0568

**Spectrum Academy Registration Packet**  
**An open House will be held at Spectrum Academy on 03/29/07**  
**( 5:00 P.M. – 9:00 P.M.)**

\*\* Must complete one application for each student enrolled\*\*

\_\_\_\_\_  
Name of student enrolling

**This MUST be turned in completed to Spectrum Academy School address by 03/29/07 or it will be assumed you are waiving your spot and this spot will go to the next available child on the lottery list.**

Make sure you have **ALL of the following items**

Completed before returning your registration packet on **03/29/07:**

Please provide:

- Copy of student's birth certificate
- Copy of student's immunization records
- Copy of the latest IEP (if applicable)
- Physical examination record (recommended for students in kindergarten, fourth and seventh-grade. To be turned in by the first day of school.)
- Proof of Diagnosis by Physician, or Psychologist (if applicable))
- Copies of testing- IQ, ADAS (if applicable)
- Copy of latest speech, behavioral evaluation, and Intervention plan, and/or OT evaluation.
  - If these have never been done, please note on this page.

Please complete:

- Student information
- Emergency information
- Student health information
- Previous school and programs
- Disciplinary history form
- Drop off/pick up authorization form
- Acknowledgement of special notices
- Household income qualification
- Transfer of records requested
- Computer use agreement
- Release for media reporting
- Agreement to school policies
- Day care sign up
- Release for research
- Volunteer confidentiality agreement
- Volunteer committee sign up page

The Spectrum Academy  
575 Cutler Drive NS.L., UT 84054  
Phone (801) 936-0318 Fax (801) 936-0568

# Spectrum Academy

## Parent Release Form for Research

I, the undersigned,  do hereby grant or  deny permission to Spectrum Academy to use data gathered regarding my child \_\_\_\_\_, for the use of research, grant writing, and program development. **All data collected will be coded and confidential.**

If your child is eligible to be a part of a specific research project you will be contacted for written permission to enroll your child in the study. Data gathered will possibly include: academic, socioeconomic, race, ethnicity, age, gender, demographic, assessment, attendance, and/or behavioral.

The collection of data will be essential for the Spectrum Academy to demonstrate academic and social gains across the school population. In addition, data showing progression of our students will allow the Spectrum Academy to monitor the program offered at the school and make changes if necessary. Data is also essential for the awarding of many out-come based grants.

Please contact the school if you have any questions regarding the use of your child's data.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Student Information

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Student name	Gender	Date of birth	Grade (2007-2008)
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Siblings Attending Spectrum Academy:

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	Gender	Date of birth	Grade (2007-2008)
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	Gender	Date of birth	Grade (2007-2008)
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	Gender	Date of birth	Grade (2007-2008)
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## Contact Information

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Student's home address	City	Zip
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Father	Employer	Day phone	Evening phone
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Mother	Employer	Day phone	Evening phone
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Other caregiver if applicable	Relationship	Day phone	Evening phone
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Other emergency Contact	Relationship	Day phone	Evening phone
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## Student Release Authorization

Student may be released to the following individuals:

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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**\*\*If there is a situation where an individual must NOT pick up your child, please inform the office.**

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## Emergency Authorization

In the event of an accident, illness, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below, or other licensed physician or surgeon, to undertake such care and treatment as is considered necessary. I agree to pay all costs incurred as a result of the foregoing.

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Physician's Name	Address	Phone Number
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Dentist's Name	Address	Phone Number
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Parent/Guardian's Signature	Date
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### Student Demographic Information

Gender: M/F

Ethnicity:     Asian             Black             American Indian or Alaskan Native  
                   Hispanic             White             Pacific Islander     Other

Please list all languages spoken or understood by student:

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Please list all languages spoken in student's home

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Preferred language for school-home communications?

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Family Name & Parent ID

## Household Income Qualifications

School year 2007-2008

Some of our State and Federal funding is directly related to the proportion of students on an economically-disadvantaged status. Confidentiality is a priority and this information will not be used for any other purposes than stated.

Students Last Name \_\_\_\_\_

Students First Name \_\_\_\_\_

Charter School \_\_\_\_\_

Students School District of Residence

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If the total annual income (before deductions) of all people in the student's household does not exceed the amount given in the table below for a household of that size, the student qualifies as "economically disadvantaged"

Household Size	Annual Income
1	\$17,705
2	\$23,736
3	\$29,767
4	\$35,798
5	\$41,829
6	\$47,860
7	\$53,891
8	\$59,922

For each additional family member add \$6,031

I certify that my child qualifies as economically disadvantaged according to the table above, I understand that this information will be submitted by the school to the Utah State Office of Education and may be used to determine how certain state and federal funds are allocated and how well the school performs academically; that school officials may need to verify my claim in case of an audit; and that deliberate misrepresentation of my household size or income may subject me to prosecution under applicable state and federal laws.

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**Signature of a parent or legal guardian of the student named above**

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**Printed name of the person who signed this form**

**Date**

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## DISCIPLINARY HISTORY FORM

This Information is allowed under Utah Code 53A-2-208(3)(b)

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Student name

Current Grade

Please circle the appropriate answer:

- |  |     |    |
|--|-----|----|
| 1. Does your child have a behavioral intervention plan?<br>(Please provide)  | YES | No |
| 2. Has your child ever been suspended from school?   | YES | No |
| 3. Has your child ever been expelled from school?  | YES | No |
| 4. Is there any disciplinary action pending concerning your<br>Student from his/her previous school of enrollment? | YES | No |
| 5. Has your child hit or bitten other children, or staff at prior schools?   | YES | No |
| 6. Does your child throw things when he or she is mad, or destroy property?  | YES | No |

If you answered yes to any of the above questions, please provide details below.

(Include school name, student's grade level at the time of the incident, approximate date of the incident, describe the incident for which the discipline was taken, and the type of discipline handed down by the school.)

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Describe any specific behaviors that your child has in response to circumstances?

Do you have any specialized way of dealing with that behavior that may also work at school? Ex: head banging

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I certify that the above information is true and complete:

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Parent/Guardian Signature

Date

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## ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Spectrum Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records.

However, Spectrum Academy may disclose appropriately designated "directory information" without written consent, unless you have advised us to the contrary in accordance with our procedures. The primary purpose of directory information is to allow Spectrum Academy to include this type of information from your child's education records in certain school publications. Examples include:

- \* A playbill, showing your student's role in a drama production;
- \* The annual yearbook;
- \* Honor roll or other recognition lists;
- \* Graduation programs; and
- \* Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. **If you do not want Spectrum Academy to disclose directory information from your child's education records without your prior written consent, you must notify us in writing.**

Spectrum Academy has designated the following information as directory information: [Notes: an LEA may, but does not have to, include all the information listed below.]

- \* Student's name
- \* Participation in officially recognized activities and sports
- \* Address
- \* Telephone listing
- \* Weight and height of members of athletic teams
- \* Electronic mail address
- \* Photograph
- \* Degrees, honors. And awards received
- \* Date and place of birth
- \* Major field of study
- \* Dates of attendance
- \* Grade Level
- \* The most recent educational agency or institution attended

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Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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# Request for Transfer of Records Notification of Enrollment

On \_\_\_\_\_, \_\_\_\_\_ enrolled  
Date Student's Name  
In \_\_\_\_\_ grade at the Spectrum Academy.  
Grade

You have been identified as the student's last school of attendance.

School \_\_\_\_\_ District \_\_\_\_\_

In accordance with the UCA 53A - 11-504 requirement of school record for transfer of student procedures, and 34 CFT 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks or intends to enroll, we request that a certified copy of this student's record including the student's cumulative file, discipline file, U-PASS testing information, the IEP and associated testing as well as 504 Plan be sent to us at your earliest possible convenience.

Thank you for your cooperation,

Spectrum Academy Charter School

Please send records to:

The Spectrum Academy  
Attention: Kelley Tinsley  
575 North Cutler Lane  
North Salt Lake, UT 84054

# Spectrum Academy

## 2007-2008 Student Drop off/Pickup Authorization Form

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name \_\_\_\_\_

\* As the parent or guardian, I certify that \_\_\_\_\_ (print)  
Is eligible to pick up or drop off my child at the Spectrum Academy,  
& his or her phone number is \_\_\_\_\_.

\* As the parent or guardian, I certify that \_\_\_\_\_ (print)  
Is eligible to pick up or drop off my child at the Spectrum Academy,  
& his or her phone number is \_\_\_\_\_.

\* As the parent or guardian, I certify that \_\_\_\_\_ (print)  
Is eligible to pick up or drop off my child at the Spectrum Academy,  
& his or her phone number is \_\_\_\_\_.

\* As the parent or guardian, I certify that \_\_\_\_\_ (print)  
Is eligible to pick up or drop off my child at the Spectrum Academy,  
& his or her phone number is \_\_\_\_\_.

\*As the parent or guardian, I certify that \_\_\_\_\_ (print)  
Is eligible to pick up or drop off my child at the Spectrum Academy,  
& his or her phone number is \_\_\_\_\_.

**NOTE: To pick up a child without a placard you must come into the office and show ID.**

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

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

Daytime phone numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Evening phone numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## Spectrum Academy Charter Student Computer Use Agreement

Internet resources can be valuable for a student's education. School internet access is a privilege which may be authorized as well as withdrawn. Students are expected to be aware of and abide by the following:

- 1. Student Personal Safety**
  - a. Personal contact information may not be entered on internet sites open to Public access. This includes student address, phone numbers, and e-mail addresses.
- 2. Internet Use**
  - a. Students may use school internet access, including e-mail, only for teacher- directed educational activities.
  - b. Students may use school internet access only when authorized and only when supervised
- 3. Prohibited Computer Uses**
  - a. Students are strictly prohibited to:**
    - i. Access or create files or materials without authorization**
    - ii. Access or create offensive, profane, or pornographic files**
    - iii. Use internet games, multi-user domains, IRC'S or web chat**
    - iv. Plagiarize works or violate copyrights or trademarks**
    - v. Damage, alter, or modify software or hardware**
    - vi. Attempt to bypass computer security**
- 4. Expectation of Privacy**
  - a. Students have no expectation of privacy in files, disks, documents, etc., That have been created in, entered in, stored in, downloaded from, or used on school equipment.
- 5. Disciplinary Action**
  - a. Disciplinary actions will be taken to meet the specific concerns related to Violations of this agreement (e.g. loss of access to computers, suspensions, law enforcement involvement, etc.)

For further information contact your student's teacher or school administration.

Student Name \_\_\_\_\_

Grade(2007-2008)\_\_\_\_\_ Date \_\_\_\_\_

If I have the opportunity to use school computer equipment, I will do so subject to the provisions of the Student User Agreement.

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

**THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR SCHOOL**

**Spectrum Academy: Emergency Contact and Medical Information for a Child**

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<b>Child's Name</b>	<b>Date of Birth</b>	<b>M</b>	<b>F</b>	<b>Sex</b>
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<b>Parent's/Guardian's Name</b>	<b>Parent's/Guardian's Name</b>
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<b>Home Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
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<b>Address</b>	<b>Address</b>
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<b>City, State Zip Code</b>	<b>City, State Zip Code</b>
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**Alternative Emergency Contacts**

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<b>Primary Emergency Contact</b>	<b>Secondary Emergency Contact</b>
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<b>Home Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
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<b>Address</b>	<b>Address</b>
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<b>City, State Zip Code</b>	<b>City, State Zip Code</b>
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**Medical Information**

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**Hospital/Clinic Preference**

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<b>Physician's Name</b>	<b>Phone Number</b>
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<b>Insurance Company</b>	<b>Policy Number</b>
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**Allergies/Special Diets**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my rights to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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<b>Parent's/Guardian's Signature</b>	<b>Date</b>
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# Spectrum Academy Charter School

## MEDICATION ADMINISTRATION RELEASE FORM

I hereby certify that \_\_\_\_\_ has previously had at least one dose of the prescribed medication listed and did not have an adverse reaction from it. I requested that this medication(s) to be administered at school as prescribed by the physician. I understand that any school employee who administers this prescription to my child in accordance with written instructions from the physician or dentist (and USD #385 Board of education policy) shall not be liable for damages as a result of adverse drug reaction suffered by the pupil, because of administering such a drug or because of a mislabeled or altered product. I hereby authorize Spectrum Academy personnel to exchange information regarding dispensing and monitoring of this medication with \_\_\_\_\_, the attending physician or dentist, or with the pharmacy as identified on the label of the prescribed medication container.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage and times to be administered.

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Teacher/Grade(2007-2008) \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Medication #1	Medication #2	Medication #3
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Route: _____	_____	_____
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Dosage: _____	_____	_____
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Special Directions:	_____	_____
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_____	_____	_____
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_____	_____	_____
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Time of Dosage: _____	_____	_____
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Start date of RX: _____	_____	_____
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End date of RX: _____	_____	_____
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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Date

# Spectrum Academy

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Spectrum Academy to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Spectrum Academy Web site.

Deny permission to use my child's image at all.

Grant permission to use my child's image in the following ways (mark all that apply):

**Limited usage:** I want my child's image used within the Spectrum Academy setting Only (not in the larger community).

**Limited Usage:** I want my child's image used for educational materials only (not marketing). This could be either within Spectrum Academy or in the larger community. One example of this could be videos in parent education classes.

**Limited usage:** I want my child's image used on printed materials only (no digital Or video use).

**Unrestricted usage:** I give unrestricted permission for my child's image to be used In print, video, and digital media. I agree that these images may be used by Spectrum Academy for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

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Parent/Guardian Signature

Date

Parental Agreement to School Policies

I, \_\_\_\_\_, verify that I have read and understood all the policies attached to this statement, and in the parent hand book (attendance policy, dress code, disciplinary action, lunch policies, transportation requirements, and day care procedure, etc.) as set forth by the Spectrum Academy Board of Trustees. I have discussed these policies with my child(ren) and will enforce and support these policies.

Child(ren): \_\_\_\_\_

Child(ren): \_\_\_\_\_

Child(ren): \_\_\_\_\_

I further understand, that as a parent of a student at the Spectrum Academy that I also commit to supporting and participating in school operations, and I plan to volunteer in at least one committee per year.

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Parent/guardian Signature Date

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Acknowledged by Date

**THIS FORM MUST BE RETURNED TO THE SPECTRUM ACADEMY. THIS IS REQUIRED FOR FULL ENROLLMENT REGISTRATION OF YOUR CHILD.**

## **Before & After Spectrum Day Care Policy**

Day care is a privilege.  
Any violent behavior or aggression will lead to dismissal  
from the day care program.

### **School Hours**

School hours are from 9-3:30 Monday through Thursday, And 9:00-1:30 on Friday.

The building will be open Monday-Friday from 8:30 A.M. to 5:00 P.M. to accommodate teachers and janitorial services. Children cannot be dropped off prior to 9:00 A.M. or picked up past 3:40 P.M. (Monday-Thursday). On Fridays all children must be picked up prior to 1:40 P.M.

### **Day Care Policy**

If you need to drop your child off early or pick them up late you can do so by making DAY CARE ARRANGEMENTS with Kelly, the Administrative Assistant, you must give her **at least 24 hours notice** that you will need this service. If we do not have staff to watch your child the service cannot be offered. With prior knowledge you can drop your **ENROLLED CHILD** off as early as 8:00 A.M. and pick them up as late as 5:00 P.M. Daycare will be available at a drop off cost of \$10.00 for children being dropped off prior to 9:00 A.M. or children that stay after 3:40 P.M., as long as prior arrangements are made. The cost will not be billed in quarter hours or half hours, if your child arrives at the school prior to 9:00 A.M. or stays after 3:40 P.M. you will be charged \$10.00 to pay the staff that must stay and watch them.

**Children must be signed in personally to the Daycare staff by a parent/guardian in AM and in PM signed out personally from daycare**  
**If you are late to pick up your child from daycare, A fee of \$1.00 per minute will be charged and need to be paid on that day.**



**Daycare policies continued**

A reserved per-paid spot is available for a discount rate of \$50.00 a week for before and after school care, and \$25.00 for morning or only afternoon care. Children without a reserved per-paid spot in day care coming early and staying late will accrue \$20.00 in fees daily, which will be invoiced monthly. Checks can be made out to the Spectrum Academy. If a check is returned, you will be responsible for any bank fees and will have to pay with cash or a cashier's check after that point. Please pay for daycare services in advance. All daycare MUST be paid for within 5 days from the date of service or a late payment of \$10.00 may be added.

**Children may not be dropped off prior to 8:00 A.M. and may not stay at the school past 5:00P.M. without calls being made to DSPD.**

- I will be needing Daycare services     AM     PM  
 Monday  Tuesday  Wednesday  Thursday  Friday  
\_\_\_\_\_ number of children in Daycare  
 I will **NOT** be needing Daycare services.

Parental Agreement to Daycare Policies

I, \_\_\_\_\_, verify

That I have read and understand all of the policies attached to this statement, as set forth by the Spectrum Academy. Failure to abide by these regulations could jeopardize my child's eligibility for daycare.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Acknowledged by

\_\_\_\_\_  
Date

Best number to reach guardian before or after school \_\_\_\_\_

# Volunteer Confidential Agreement

This Confidential Information Agreement dated this \_\_\_\_\_ day of \_\_\_\_\_ is made by and between The Spectrum Academy, and \_\_\_\_\_, (volunteer).

WHEREAS, this agreement shall be effective as of the first date of disclosure of any introduced third parties or proprietary or confidential information.

WHEREAS, the parties establish terms governing the use and protections of certain information that either party may disclose to the other in the course of discussion and volunteering.

WHEREAS, the intent of the parties hereto is to provide the highest care and protection of either parties Confidential Information not less than is such Confidential Information were their own.

NOW, THEREFORE, The Spectrum Academy and volunteer, in consideration of the premises, the terms and provisions of this Agreement, the mutual benefit to be gained by the performance hereof and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, hereby agree as follows

1. Each party agrees that Confidential Information disclosed to it under this Agreement may not be disclosed to agents.
2. The parties agree not to disclose information regarding the Spectrum Academy, and Students.
3. For purposes of this Agreement, Confidential Information shall mean information, including all information retaining to students.
4. Confidential Information shall not be deemed to be in the public domain merely because any part of the Confidential Information is included in the general disclosures or because individual features or components are now publicly known. Each party's obligations with respect to the Confidential Information.
5. Due to the nature of this Agreement, a violation therein of its terms by either party might cause irreparable harm to the party leaving no adequate remedy at law, therefore in the case of a breach of this Agreement, the parties consent in advance to entry of a preliminary injunction and entitled to specific performance.
6. This Agreement contains the entire agreement of the parties, and shall be binding, addendum and collateral.
7. Any disputes, violations or breach, or threat of violation or breach of this Agreement shall be brought in the courts of DAVIS COUNTY, without reference to its conflicts of laws principals.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date