Parental Permission Statement
For Student Volunteers

I give permission for my son/daughter to participate in the NEISD Partners in Education Program. I understand that my son/daughter will be expected to follow the standards established for all members of this volunteer program.

NEISD will perform a criminal background check for each student. The results may be made available to the sponsoring teacher of your child’s program.

- Name of Volunteer: ___________________________________________
- Date of Birth: ________________________________________________
- Parent/Guardian Name: ________________________________________
- Address: ____________________________________________________
- City/State/Zip Code:  __________________________________________
- Phone (home) __________________________
  (work)  __________________________

____________________________________________________     _________________
Parent/Guardian Signature  Date

My time and services will be donated willingly and without outside influence, whether real or imagined, and without any compensation from NEISD.

____________________________________________________     _________________
Student Signature  Date

School: _________________________________

Volunteer Program. Rev. 11/05