WALDEN WEST OUTDOOR SCHOOL VOLUNTEER ATTENDANCE FORM





Student Name:	School:	

The above student has my permission to attend at Walden West Outdoor Science School as a volunteer cabin leader the week of ______ (date of trip).

Parent/Guardian Name: ______ Date: ______ Parent/Guardian Signature: ______ Date: ______

Each student is responsible for adhering to their school's rules, policies for absences, and completing assigned work.

The above student has applied to be a volunteer cabin leader at Walden West Outdoor Science School (Walden West) operated by The Santa Clara County Office of Education (SCCOE). Walden West offers science education for 5th and 6th grade students in a residential camp setting. Cabin leaders are an important part of the program. They act as role models to student campers and have the opportunity to gain experience working with peers while developing valuable leadership and mentoring skills.

TEACHERS: Please sign that this student has informed you of their participation before attending Walden West. (If school is on break the week of attendance, teacher signatures are not required.)

Period	Class	Teacher (Printed Name)	Teacher Signature	Date
0				
1				
2				
3				
4				
5				
6				
7				

ADMINISTRATION: Please sign that this student is in good academic standing, has a satisfactory attendance record, is emotionally stable and has a strong desire to participate in service learning. Volunteers should possess the maturity necessary to uphold the responsibilities of a cabin leader and to act as a role model for elementary school students.

Title:	
Phone:	
Date:	
	Phone:

ATTENDANCE OFFICE: Please note this absence and sign below.						
Name:	Signature:					
Email:	Phone:	Date:				