

**LEBANON COUNTY CAREER AND TECHNOLOGY CENTER**

**VOLUNTEER APPROVAL FORM**

Program/Department: \_\_\_\_\_

Supervising Staff Member: \_\_\_\_\_

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

Volunteer Name: \_\_\_\_\_

Volunteer Affiliation: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Time(s) of Service: \_\_\_\_\_

Describe the activities to be performed by the volunteer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>For Office Use Only:</b></p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Denied    Signature of Administrator _____</p> <hr/> <p><b>If checked, obtain and submit following:</b></p> <p><input type="checkbox"/> Volunteer Affirmation</p> <p><input type="checkbox"/> Acknowledgement</p>
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