Parent/Guardian Volunteer Commitment Form

School Year: _____

Wellington Collegiate Academy welcomes and appreciates parents and guardians who volunteer their time to support our students, teachers, staff, school programs, and activities.

Please complete this form to indicate your volunteer-hour commitment for the school year.

IMPORTANT SCHOLARSHIP VOLUNTEER REQUIREMENT

PLEASE NOTE: Parents/guardians of students who are awarded a Wellington Collegiate Academy (WCA) scholarship are required to complete a **mandatory minimum of 15 volunteer hours per school year**.

Parent/Guardian Information

Parent/Guardian Name: _____

Student Name: _____

Student Grade: _____

Phone Number: _____

Email Address: _____

Volunteer Hours Commitment

Please select your volunteer-hour commitment:

- ☐ 10 Volunteer Hours
- ☐ **15 Volunteer Hours (Required as part of the WCA Scholarship)**
- ☐ 20 Volunteer Hours

Scholarship Families: If your student receives a WCA scholarship, you must select a commitment of at least 15 hours.

Volunteer Opportunities

Please check any areas where you may be interested in volunteering:

- ☐ Classroom Assistance
- ☐ School Office Assistance
- ☐ School Events and Special Programs
- ☐ Field Trips
- ☐ Fundraising Activities
- ☐ Student Activities
- ☐ Campus Beautification/Clean-Up
- ☐ Lunch or Arrival/Dismissal Assistance
- ☐ Parent Engagement Activities
- ☐ Other: _____

Availability

Preferred Day(s):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Special Events/Weekends

Preferred Time:

☐ Morning ☐ Afternoon ☐ As Needed

Parent/Guardian Volunteer Agreement

WELLINGTON Collegiate Academy™

I understand that volunteering at Wellington Collegiate Academy is an opportunity to support the school community. I agree to follow all school policies, procedures, safety requirements, confidentiality expectations, and staff directions while volunteering.

I understand that volunteer opportunities and schedules are based on the needs of the school and may require prior approval, scheduling, identification, background screening, or other requirements as applicable.

Scholarship Acknowledgment: If my student is awarded a Wellington Collegiate Academy scholarship, I understand and acknowledge that I am required to complete a **minimum of 15 volunteer hours during the school year**.

Selected Volunteer Commitment:

☐ 10 Hours ☐ 15 Hours ☐ 20 Hours

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Manually sign or electronically sign by typing your name

Date: _____

Thank you for supporting Wellington Collegiate Academy and contributing your time to our school community!