



## **High School Student Volunteer Opportunities**

*Be a caring neighbor - Become a NOC Volunteer*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Mode of Communication:  Email  Cell Phone  Home Phone

Visit our website - [www.noc-sc.org](http://www.noc-sc.org)

Stay connected to NOC - **Find and "Like" our page on Facebook**  
to see photos and updates from the communities.

Please indicate, in order of preference, those areas in which you have special skills, experience, or interest.

\_\_\_ After School Tutoring/Homework Support/Computer-based Learning/Enrichment  
(Grades Pre-K-5<sup>th</sup>, 3:30-4:30/Mon-Fri OR Grades 6<sup>th</sup>-8<sup>th</sup>, 4:30-5:30/Mon-Fri)

\_\_\_ Summer Program Tutoring

\_\_\_ Health Screening (assisting health care professionals; periodic schedule)

\_\_\_ Special Event Planning (holiday parties, recognition ceremonies; periodic schedule)

\_\_\_ Fundraising (on-going work; hours flexible)

\_\_\_ Volunteer Recruitment/Scheduling

\_\_\_ NOC Office Support (clerical, data entry, marketing)

Other ways in which you might volunteer:

\_\_\_\_\_

**Where** would you be willing to volunteer?

\_\_\_ Hilton Head: Cordillo @ Providence Church | Island Lutheran | New Oaks

\_\_\_ Bluffton/ Lowcountry Presbyterian

*Return to: Neighborhood Outreach Connection, P.O. Box 23558, Hilton Head Island, SC 29926*

\_\_\_\_ Beaufort: Waters on Ribaut | Marsh Pointe Center

\_\_\_\_ NOC Office, 4 Dunmore Court, Hilton Head Island

**Parent/Guardian Permission**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a volunteer at Neighborhood Outreach Connection's Learning Center.

We will indemnify and hold the Neighborhood Outreach Connection (NOC) and its staff and volunteers harmless against all claims, demands, damages, liabilities and costs that directly or indirectly result from, or arise in connection with NOC's active outreach programs and when in sessions at the Learning Center.

Name of Child: \_\_\_\_\_

Address/City/State \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/ Guardian Name/Emergency Contact:**

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Allergies or Medical Conditions:**

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