



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

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-5th, 3:30-4:30/Mon-Fri OR Grades 6th-8th, 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 | Island Lutheran | New Oaks

___ Bluffton/ Lowcountry Presbyterian | Old Town

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

____ Beaufort: Waters on Ribaut

____ 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:

