



Do you need community service hours?

MCC Kids College is now seeking

VOLUNTEER COUNSELORS

For

Kids College 2009 – 2010

Volunteer Opportunities Includes:

- + Escorting students
- + Assisting in the classroom
- + Assisting students during breaks
- + Participating in various campus activities throughout the year
- + Field Trips
- + Having fun!!!
- + And Much More...

Minimum Qualifications:

- Sophomore, Junior or Senior for the 2009-2010 School year
- Recommendation Letter from a School Administrator
- Recommendation Letter from a Teacher
- Must be available to volunteer at least 30 hours during June, July and August

Fill out the application on the reverse side or pick one up at the MCC CE Office

Please return application with recommendation letters to:
MCC Kids College 1400 College Drive Waco, Texas 76708

Contact Phone Number: (254) 299-8888

Email: kidscollege@mclennan.edu

Website: www.MCCKidsCollege.com

McLennan Community College Kids College
Volunteer Counselor Application

NAME: _____ AGE: _____

EMAIL ADDRESS: _____ T-SHIRT SIZE: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

PARENT PHONE: _____ CELL PHONE NUMBER: _____

IN CASE OF EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

REFERENCES:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I certify that _____ has my permission to participate in the MCC Kids College Volunteer Program and authorize the staff of Continuing Education to act for me according to their best judgment in any emergency requiring medical attention. It is understood that I will be responsible for the cost of any emergency transportation and for subsequent emergency care. I hereby release and hold harmless McLennan Community College, including without limitation, its officers, directors, regents, employees, agents and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while participating in this program at McLennan Community College. I know of no mental or physical problem which may affect my child's ability to safely participate in this program. I further certify that the above mentioned person has medical insurance in case of an emergency. In case of an emergency the physician to be contacted is listed below.

I hereby grant McLennan Community College permission to publish photographs and video of which my child is included in whole or in part or use in advertising or any other lawful purpose whatsoever for McLennan Community College. I hereby waive any right that I may have to inspect and approve the finished product, the advertising copy that may be used in connection therewith, or the use to which it may be applied.

Parent/Guardian Signature: _____ Date: _____

Physicians Name: _____ Phone Number: _____