



Westfield Academy Volunteer Experience

Westfield Academy & Central School
 203 East Main St., Westfield, NY 14787
 Ph. 716-326-2151; Fax: 716-326-2157

Organization Approval for Student Volunteers

Organization: _____	Contact Names: _____
Address: _____	
Phone: _____ Fax: _____	
E-mail: _____	

Type of Organization – Please check all applicable

Non-profit Business Service Club Religious Other (please explain) _____

Description of organization’s mission/purpose/statement of purpose:

The organization will provide the student with opportunities that can be classified as community service and/or not for profit. (Please be assured that all information provided to the student and included in any report on or from the student will be held in strictest confidence by Westfield Academy & Central School and will not be released in any way).

Program supervisor has read and agrees to the guidelines for student volunteers.

Signature of Organization Supervisor _____
Date

- This form needs to be filled out only once.
- Please contact WAVE Coordinator for contact changes. (idamcott@wacs2.wnyric.org)

List all pre-determined community service projects. Contact WAVE Coordinator for any future projects or as project(s) arise.

Proposed Project (s)	Date(s)	Times	Number of students

WAVE Committee Approval of Organization _____ Date _____
 _____ Date _____