Carrie Colglazier Memorial Scholarship Workday Sign up March 23, 2019

| Student's/Athlete's Name | | | Grade | _ |
|--|-------------------------|---------------|-------|----|
| Student/Athlete Cell Phone Number | | | | |
| Parent's Name Contact Number | | | | |
| Are you involved in? (circle) FFA | Girl's Track | Girl's Soccer | NHS | |
| Are you or your parents willing to drive to your | job site? (circle) | Yes | No | |
| Are you or your parents willing to take other stu | udents to your job site | ? (circle) | Yes | No |
| If so, how many other students could you or you | ır parents take? | | _ | |
| If you have another commitment that day and can only work a half day—please provide the time you are available | | | | |
| By signing and turning in this form you agree to volunteer from 8:00 am to 4:00 pm on Saturday, March 23rd. | | | | |
| Student/Athlete Signature | | | Date | |
| Parent Signature | | | Date | |
| Return this form to your sponsor or coach by March 8 | | | | |
| This form will be returned to you with the portion below completed by the placement committee | | | | |
| You will be reporting to | | | | |
| Contact Number | | | | |
| Email | | | | |
| You will be working with | | | | |

You will need to report to your job site by 8:00 a.m.

If you have questions please contact Jim Self - 317-517-1594, Greg Davidson - 317-828-1554, Jenn Hill - 317-403-4874, Julie Alano - 317-372-5451, Jennifer Jacobs - 317-753-5162