

KOREAN ENGLISH PROGRAM PARENTS ORGANIZATION (KEPPO)

APPLICATION FOR STUDENT VOLUNTEER

MIDDLE & HIGH SCHOOL STUDENTS

Please complete all items of	arefully:			
Date:				
Name:				
Age:Birthdate	(First) (Middle,		Gender: [\square Male / \square Female
Address:				
(Number) (Street	eet)		(City) (Zip Code) hone (studen	
E-mail address:				
With Whom Do You Live? Print Name of Mother:	Both parents) (Father) (Mother)	(Other)		
Father:				
Middle / High School:			Current Grad	e:
KEPPO is a non-profit organizelanguage learning. Student Voon their job assignments. Assothers. The assignment may	lunteers will serve in ignments may subje	many different a	areas of the KE d some jobs a	PPO program depending re more strenuous that
KEPPO does require that Stud program.	ent Volunteers atter	nd training sessi	ons virtually u	pon acceptance into the
Please complete the follow	ving questions. Atta	ch extra sheet of	paper for answ	ers #2-9, if you need:
 Do you speak a lang If 'yes,' what other l 	=		_	

2.	What does volunteering mean to you?					
3.	Why do you believe it's important to be a affect this?	ny do you believe it's important to be a reliable volunteer and how does attendance ect this?				
4.	What (or who) brings you most meaning to	brings you most meaning to your life? Why?				
5.	What is one thing you care deeply about?	Elaborate?				
6.	Do you have any special skills to sharing with children age 5 to 11 years old as a talent donation? Like origami, storytelling and singing etc.					
7.	. What do you feel you can contribute to KEPPO's values? Choose one value that stands out to you the most and explain why.					
8.	Do you have any idea or wish activity whic	h you want to do with KEPPO family?				
<u>-</u>	have an interesting to join <mark>2022 Summer F</mark> <mark>NOT</mark> available.	un Class Camp, please indicate days and				
_	June 20th-August 12th: 8-week program - Zoo					
	eekday schedule begins at 10:00 AM or 2:00 PN The schedule must vary depends on the volunte	 I. Each class will be 45 minutes (15 minutes break eering category. 				
☐ Mor	nday □	Tuesday				
		Thursday				
		Saturday				

Person to notify in case of emergency:				
Name:	(Last)	(First)	(Middle)	Relationship to you:
Address:				
Address:	(Nur	nber) (Street)		(City) (Zip Code)
Home Phone	2:			Cell Phone:
E-mail addre	ss:			
OR				
Name:				Relationship to you:
	(Last)	(First)	(Middle)	
Address:				
				(City) (Zip Code) Cell Phone:
Tiorne i none	••			
E-mail addre	ss:			
to KE	PPO stud	ents, KEPPO	parents, KEF	ation I may obtain directly or indirectly, regards PO staff and KEPPO business. curate and correct to the best of my knowledge.
PARENTS' CO	ONSENT			
to our son/da	ughter be	coming a mer	mber of the St	ents of the above-named applicant do hereby consenudent Volunteers of KEPPO, and doing volunteer worlember they must fulfill the above listed requirements
(Father's or Guardian	o's Signature)		<u>-</u>	(Mother's or Guardian's Signature)
				OGRAM PARENTS ORGANIZATION • keppohep@gmail.com

www.keppo.org

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