

Champlain Valley Union High School
BUDDY PROGRAM
Caring to Make a Difference
Student Application Form

Student Name _____ ID# _____ Date _____

House _____ CVU Advisor _____ Year of Graduation _____

Home Phone _____ Home Town _____



Students may earn elective credit for participation in volunteer community service activities, both at CVU and beyond.

BUDDY PROGRAM: Full Year First Semester Second Semester Only

When are your free blocks (example: W2, R3)

Sem 1 _____ Sem 2 _____

Preferred Elementary School:

Charlotte Shelburne Hinesburg Williston Central Allen Brook Any school

Preferred Age (circle all that apply): K 1 2 3 4

Preferred Match: Boy Girl Either

Transportation Buddy Van Own car When did you get your license? _____

Carpool w/ _____

Parent permission to carpool

I give my son/daughter permission to carpool with another student or drive other students.

Parent signature _____

SEE OTHER SIDE FOR MORE



STUDENT RESPONSIBILITIES:

I understand that I must meet all of the following responsibilities. I will:

1. Meet with MaryAnne Gatos, Community Learning Coordinator, to discuss requirements.
2. Complete this form and return it to the Direction Center.
3. Participate in Buddy training.
4. Keep an accurate written record of hours on a Buddy calendar.
5. **Attend one Reflection seminar each quarter. The dates will be posted.**
6. Always call my Site Supervisor or Host Teacher when I am unable to attend as scheduled for any reason.
7. Contact MaryAnne Gatos, Community Learning Coordinator, immediately if I have any questions or concerns with my Buddy placement, schedule, or responsibilities.

I understand that if I do not follow these responsibilities, I will not be able to earn elective credit.

Student Signature _____ Date _____

PARENT APPROVAL:

I have read this application and reviewed goals and responsibilities with my child. I give my approval for my child to participate in this course as part of his/her CVU program. I understand the risk and responsibilities that community-based learning present, but agree this is an appropriate program for my child to participate in as part of his/her learning experience during high school.

I understand the importance of reliability for my son/daughter. I understand that if my child is involved in the BUDDY program that s/he may be transported to and from the elementary school in a school van. If I have questions or concerns, I will call the Direction Center at 482-7137.

Parent/Guardian Signature _____ Date _____

CVU FACULTY/STAFF APPROVAL

Please read carefully before signing

As a faculty/staff member who has worked closely with this student, please take a few minutes to discuss the Buddy Program commitment. Consider the intended community service involvement, its responsibilities and your perception of the student's ability to responsibly follow through with this commitment. The Buddy Program relies on your assessment of this student's ability to participate reliably and be a positive, healthy role model for an elementary school student. **If you have any questions or concerns do not sign this form; please contact MaryAnne Gatos in the Direction Center to discuss them.**

Thank you for your time, effort, and careful thought.

Advisor Signature _____ Date _____

House Director Signature _____ Date _____

Case Manager Signature (if applicable) _____ Date _____

Return this form to MaryAnne Gatos, Community Learning Coordinator, in the Direction Center.
Questions? Call MaryAnne at (802) 482-7195 or e-mail: mgatos@cvuhs.org