



Professional Service Agreement

Create a Culture • Close the Gap • Ensure Safety • Engage the Community

Legal Name: _____

Preferred Badge Name: _____ Work Place: _____

Preferred Phone Home Cell (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Home Address: _____

City: _____ Zip: _____ Date of Birth: ___ / ___ / _____ Gender: Female Male

Email Address: _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Program Name: _____ Date(s): _____

Program Position: _____ Paid Unpaid intern/volunteer (unpaid positions are still reimbursed for mileage and other expenses)

Health or dietary concerns: _____

By signing this contract, I agree to serve the entire length of the program session indicated above; I will exhibit appropriate behavior conducive to a professional work environment; I will act as a positive role model to all student delegates; I will not allow other professional agreements or obligations to hinder my ability to fully execute the duties of my role or interfere with any program activities; All material I present, teach, or instruct or aid in presenting, teaching, or instructing will be representative of the Goals and Objectives of Washington Student Leadership; I give permission for photographs, slides, or videos to be used for information, publication, presentation, or other education purposes; I understand that while it is not a state-sanctioned entity, the Association of Washington Student Leaders strives to honor and adhere to the educational, personal conduct, and environmental standards outlined by the Office of Superintendent of Public Instruction and the Washington State Legislature.

Signature: _____ Date: _____

If you are under the age of 18 you will need your parent's permission:

As the parent or guardian, I give my permission for my son/daughter to volunteer as a counselor at the Cispus or Chewelah Peak Learning Center or other AWSL program location. By signing this form I give permission for photographs, slides or videos of my child to be used for information, publication, presentation or other educational purposes. I authorize the Association of Washington School Principals to obtain medical care for my son/daughter in the event such care is necessary. In the event of an emergency I understand that every effort will be made to contact the parent(s) or guardian of the delegate. Permission is hereby granted to the health care professional or accredited hospital and their associates to perform necessary medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. I also agree to be responsible for the payment of such care.

Signature of Parent or Guardian: _____ Date: _____

PLEASE RETURN ORIGINAL TO:
Association of Washington Student Leaders
2142 Cispus Road, Randle, WA 98377-9305
Phone: 360.497.5323 | Fax: 360.497.5324