

## 2021 ESY Volunteer Student Application

Thank you for your interest in becoming a volunteer for Middletown's Extended School Year Program. This year the program will be held at Harmony Elementary School for pre-school and elementary students and Thorne Middle School for middle and high school students. The program will run 8:30 – 12:30 Monday through Friday from July 6 through August 6, 2021

Volunteer opportunities are open to Middletown High School students **ONLY**  
**All Applications must be submitted by June 4, 2021**

### **New Volunteers:**

Please answer the following questions in short essay form:

1. Tell us what you hope to gain from your ESY experience.
2. Describe any extracurricular interests or previous community service contributions.

**Complete your essay with the handwritten phrase, "The above answers are solely my own." followed by your signature.**

4. Have your teacher/advisor/counselor write a letter of reference.

Mail the following to: Pupil Services Department, PO Box 4170, Middletown, NJ 07748  
Attn: Michele Tiedemann

- a. Student Application (page 2)
- b. Student Essay written and signed by student
- c. Teacher/advisor/counselor recommendation

### **RETURNING VOLUNTEERS:**

Please answer the following questions in short essay form:

1. Describe your previous ESY experience and tell us how it impacted your life.

**Complete your essay with the handwritten phrase, "The above answers are solely my own." followed by your signature.**

Mail the following to: Pupil Services Department, PO Box 4170, Middletown, NJ, 07748  
Attn: Michele Tiedemann

- a. Student Application
- b. Description of previous ESY experience

# 2021 Middletown ESY Volunteer Student Application

## STUDENT INFORMATION

Form must be typed and must be completed in full

Full Name:

Preferred Name:

Mailing Address:

City:

State:

Zip:

Phone:

E-mail:

High School and Graduating Class:

Are you a 2nd year ESY volunteer? Yes  No  Are you a 3rd year ESY volunteer? Yes  No

## PARENT INFORMATION

Fathers First Name & Last Name:

Father's Daytime Phone:

Mailing Address (if different):

Mother's First Name & Last Name:

Mother's Daytime Phone:

Mailing Address (if different):

### Preference and Availability:

Everyday  Monday  Tuesday  Wednesday  Thursday  Friday

Dates NOT available, if any:

Preference: Harmony  Thorne Middle School

PARENT/GUARDIAN ENDORSEMENT: I concur in the decision of my child to apply as an ESY volunteer. To my knowledge my child is emotionally and physically able to meet the demands of the ESY program. I accept responsibility for this judgment. I understand that there are risks arising from the activities and duties of ESY Volunteers. I further understand that, as a condition of my child's final acceptance as a ESY volunteer, I will be required to execute a document releasing and indemnifying Middletown Township and related persons from liability to the full extent of the law and that I will be bound by such document.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_