Community Service Activities for LCMS Bobcats
Asynchronous Day – Wednesday, February 14th

LCMS Bobcat students and staff will be participating in community service activities on **Wednesday, February 14th** as a way to give back to our supportive community. For these community service projects, we will be volunteering at the Louisa County Resource Council, Louisa County Arts Center, Louisa Animal Shelter, and an initiative with the Meals of Hope program (located in the Louisa County High School gym). These are excellent opportunities for students to be involved in service projects that benefit our community!

Students participating in the community service activities at the Louisa County Resource Council, the Louisa County Arts Center, or the Louisa Animal Shelter will meet at the stadium lot at 11:30 a.m. and will ride a school bus to the locations. All students who participate in the activities must ride the school bus and will be accompanied by school staff. We will return to the stadium lot at 2:00 p.m. for parent pick-up, and refreshments will be provided.

Students participating in the Meals of Hope program will go directly to the Louisa County High School gym. Parents/Guardians can park in the LCHS senior parking lot to drop students off at 11:30 a.m. Students will enter through Door 34, which is the LCHS Gym entrance to the right side of LCHS when facing the school. Parents/Guardians can pick up students at 2:00 p.m. and park in the senior parking lot. Students will leave from the LCHS Gym.

Please complete, sign, and return this permission slip to the LCMS main office no later than Friday, February 2nd.

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Choice of activities includes (please select one):

☐ *Louisa County Resource Council (meet in front of the stadium lot at 11:30)*

☐ *Louisa County Arts Center (meet in front of the stadium lot at 11:30)*

☐ *Louisa Animal Shelter (meet in front of the stadium lot at 11:30) *Signed waiver required*

☐ *Meals of Hope (located at the Louisa County High School gym; enter Door 34 at LCHS)*

- Helping pack meals with elementary students
- Measure, pour, weigh, pack, and/or create a Kind Card to accompany each meal
- Manning the "compliment art table"

Student's name (please print): _____ has my permission to attend the community service activity on Wednesday, February 14th. I understand that my child is to observe and obey all school rules and regulations throughout the activity.

In case of an emergency, I give permission for my child to receive emergency medical care.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Signature of Student: _____

Phone Number(s) and name(s) of person(s) to contact in an emergency:

Name:_____ Phone Number: _____

Name:_____ Phone Number: _____

Any other information we should know (i.e., allergies, medical conditions):

_____

Louisa County Animal Shelter

Junior Volunteer Waiver

In consideration of my son/daughter/ward being accepted into the Junior Volunteer Program, I agree to always be present during his/her volunteer services. I agree if another guardian will be present at times, they will sign a waiver as well.

I, being the parent or legal guardian, hereby give my consent to allow my son/daughter/ward to perform volunteer services for Louisa County Animal Shelter. I fully understand that his/her services are subject to the volunteer agreement as well.

I recognize that while performing services in a voluntary capacity handling animals, there exists a risk of injury, including physical harm to my son/daughter/ward. On behalf of myself, my son/daughter/ward, my heirs, relatives, and personal representatives, I hereby release, discharge, indemnify and hold harmless the Louisa County Animal Shelter, the County of Louisa, agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with his/her volunteer service. This might include costs, attorney's fees, and court costs incurred by the Louisa County Animal Shelter in connection with his/her volunteer services based on damages or injuries which may be incurred or sustained by him/her in any way connected with his/her volunteer work. Such damages or injuries might include, but are not limited to animal bites, scratches, accidents, injuries, or personal property damage.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Release of Liability and Indemnification. I further acknowledge that all services are performed at his/her own risk.

Student's Name_____ Birth Date____/____/____

Name of Parent/Legal Guardian_____

Signature of above_____ Date____/____/____

Address_____

Mrs. Amanda Harper Principal - LCMS
(540) 894-5457

***The administrator/school representatives accompanying students will serve as the parent/guardian**