

Proof of Facility Video/Usage permission

Congratulations,

Your volunteer application has been approved. Please note that if you change your preferences on the Volunteer Portal to share your email and telephone number - this personal information will be shared with all district volunteers.

We look forward to working with you. If you have any questions, please contact your school's volunteer coordinator.

Thank you,

District Volunteer Coordinator

You now have access to the Volunteer Portal for Hanover County Public Schools . This free program will allow you to track your volunteer hours, sign up for events, and communicate with the district Volunteer Coordinator and fellow volunteers.

Your Volunteer Portal user account information is listed below. User name:

elisabethmariahbatten@gmail.com

First-time Portal Users: Click [HERE](#) to create a new password. Returning Portal Users: Click [HERE](#) to sign in.

You can download a Help Sheet by clicking [HERE](#). If you have any additional questions, please contact your Volunteer Coordinator for assistance.

Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name: Bella Salunga
(Please check the appropriate box(s) below.)

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

I am the student named above and am more than 18 years of age. I have read and understand the project description given in the letter provided with this form, and agree to the following:

DO give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate, as well as unlimited use of the material to be used in diverse educational settings within an unrestricted geographic area. This allows for video materials to be used for the following purposes: conference presentations, educational presentations or courses, informational presentations, online educational courses, educational videos, and website usage for NMCA and Mariah Batten Certified Teacher Candidate ONLY.

DO give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate. I understand that my child's name and any other personally identifiable information about my child will not appear on any of the submitted materials.

I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate.

Signature of Parent or Guardian: Mr Musick Date: 2/5/21

Signature of Student: Isabella Salunga Date: 2/5/21

Date of Birth: 11/24/02 MM DD YY

Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name: Seije Grady
(Please check the appropriate box(s) below.)

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

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I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate.

Signature of Parent or Guardian: Lawn Grady Date: 2/6/21

Signature of Student: Seije Grady Date: 2/6/21

Date of Birth: 06/07/04 MM DD YY

Elisabeth Mariah Batten

(Teacher Candidate Signature)

Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name: Rachel Elizabeth Holley

(Please check the appropriate box(s) below.)

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

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I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of

video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate.

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Signature of Parent or Guardian: Rhonda K. Holley Date: 2/5/21

Signature of Student: Rachel Holley Date: 2/5/21
Date of Birth: 07 / 18 / 04 MM DD YY

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District Volunteer Coordinator

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Student Release Form

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PERMISSION SLIP

Student Name: Lilly Trace
(Please check the appropriate box(s) below.)

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

I am the student named above and am more than 18 years of age. I have read and understand the project description given in the letter provided with this form, and agree to the following:

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I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate.

Signature of Parent or Guardian: David Trace Date: 2/5/2021

Signature of Student: Lilly Trace Date: _____

Date of Birth: ____ / ____ / ____ MM DD YY

Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name: Katelyn Wood
(Please check the appropriate box(s) below.)

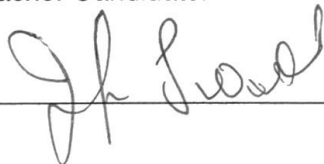
I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

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I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate.

Signature of Parent or Guardian:  Date: 02/10/2021

Signature of Student: Katelyn Wood Date: 02/10/2021

Date of Birth: 07/10/04 MM DD YY

Student Release Form

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PERMISSION SLIP

Student Name: Isabella Evanko
(Please check the appropriate box(s) below.)

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

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Signature of Parent or Guardian:  Date: 2/6/21

Signature of Student: Isabella Evanko Date: 2/6/21

Date of Birth: 2/20/23 MM DD YY

Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name: Maggie McQuillen
(Please check the appropriate box(s) below.)

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

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I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in NMCA Certified Teacher Candidate.

Signature of Parent or Guardian: M McQuillen Date: 2/6/21

Signature of Student: Maggie McQuillen Date: _____
Date of Birth: 06/25/03 MM DD YY