

**Student Volunteer Application Form and
Parental Consent Form For Flat Rock Brook Nature Center**

If you are a high school student interested in volunteering, print out this form. Fill out the information and have your parent fill out the consent section. Fax it to us at 201-567-0399 or mail it to Flat Rock, 443 Van Nostrand Ave, Englewood, NJ 07631. This form as well as a form filled out by your parent must be completed before participation in our programs. Thank you for your willingness to volunteer. We will be in touch with you soon.

Name _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ E-mail _____

School _____ Grade ____ Year Graduating _____

Are you fulfilling a community service requirement? Yes _____ No _____

Put a check mark next to the category below in which you are interested:

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Trail Crew | <input type="checkbox"/> Animal Care | <input type="checkbox"/> Summer Camp helper |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Events: | <input type="checkbox"/> Holiday Sale <input type="checkbox"/> Nature Day |

When would you be free to volunteer: _____Weekdays _____Evenings _____Weekends

Comments: _____

Your signature

Date

Please have your parents fill out the parental consent form on the next page.

Parental Consent Form for Minor Volunteer Participation in Flat Rock Brook Activities

Name of Volunteer _____ Birth Date _____

Participants Medical Insurance Coverage:

Name of Policy Holder: _____

Name of Insurance Company: _____ Policy No.: _____

Participant is Allergic to: Medications: [] Yes [] No Specify: _____

Food items: [] Yes [] No Specify: _____

Bee Stings: [] Yes [] No

Other: Specify: _____

Is participant on any medication? _____ Yes _____ No Specify: _____

Special needs (physical or emotional): _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Or Legal Guardian _____ Home/Business Phone _____

In the event parents/guardian cannot be reached, contact:

Name _____ Relationship _____ Phone _____

Family Doctor _____ Doctor's Phone _____

I (as parent/guardian) give permission for my child (named above) to participate in this program sponsored by the Flat Rock Brook Nature Association (FRBNA). I recognize that there may be risks in this activity and release and hold harmless FRBNA, its personnel, trustees & the City of Englewood. In the event my child needs medical attention and I am unable to be reached by phone, I consent to emergency medical care for my child.

Signature: _____ Date: _____

Parent/guardian