

Teen Volunteer Form



Requirements:

- Minimum age is 14 years old

Name: _____
(last) (first) (middle)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Phone: _____ Email: _____

Preferred method of Contact: phone email T-shirt Size: _____

Emergency Contact Name: _____ Phone: _____

School you attend: _____ Grade: _____

Skills and Interests:

I want to volunteer because: (Please check all that apply. Be honest)

- | | |
|---|--|
| <input type="checkbox"/> Make a difference | <input type="checkbox"/> Explore new areas of interest |
| <input type="checkbox"/> Connect with your community | <input type="checkbox"/> Expand your horizons |
| <input type="checkbox"/> Feel involved | <input type="checkbox"/> Get outside |
| <input type="checkbox"/> Contribute to a cause you care about | <input type="checkbox"/> Strengthen your college application |
| <input type="checkbox"/> Use your skills in a productive way | <input type="checkbox"/> Community service hours for High School |
| <input type="checkbox"/> Develop new skills | <input type="checkbox"/> Other |
| <input type="checkbox"/> Meet new people & make new friends | |

Availability:

Times you are available for volunteer work: (please check all times appropriate)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 am to Noon							
Noon to 3 pm							
Other							

Please mark volunteer opportunities you are interested in:

Conservation

- Seed Collection
- Gardens
- Steward
- Trails

Environmental Education

- Program Assistant: Weekends and/or afternoon

Special Events

- Earth Aid
- Hidden Lakes Derbies: Saturday; once a month April-October
- Throughout the year; weekdays & weekends; times will vary

Other:

Over →

Hobbies, skills, interests: _____

Previous volunteer experience: _____

Why are you interested in volunteering at Hidden Oaks?

Permissions

PARENT PERMISSION TO PARTICIPATE

I, the undersigned parent or guardian of the named minor, do hereby request that she/he be permitted to participate in Natural Resources volunteer activities beginning at the date of signature and continuing for one year.

PARENT PERMISSION TO PROVIDE A PHYSICIAN AND HOSPITAL TREATMENT

I hereby give my permission for the Bolingbrook Park District to call a physician or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for this.

PHOTOGRAPHY

I understand that my child or I may be photographed or videotaped while participating in a Bolingbrook Park District Program. I give permission for photos and/or videotapes of my child or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Park District.

WAIVER

As a participant in Volunteer activities, I recognize and acknowledge that there are certain risks of physical injury and I and those in my charge agree to assume the full risk of any injuries, including death, damages or loss which I and those I my charge may sustain as a result of participating in and any and all activities connected with or associated with such use of Park District Facilities or Park. I agree to waive and relinquish all claims I and those in my charge may have as a result of use of Park district Facilities or Parks against the Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I and those in my charge may have or which may occur to us on account of our participation in the use of Park district Facilities or Parks.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all losses sustained from injuries, including death, damages and losses sustained by me and those in my charge and arising out of, connected with, or in any way associated with the activities in the use of Park District Facilities and Parks.

I have read the above permissions and fully understand Program Details and Waiver and Release of all claims.

Printed Name of Parent or Guardian _____

Parent/Guardian Signature _____ Date: _____