

Youth Volunteer Application

Name _____

Address _____

City, State/Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Birthday (m/d/y) _____ Grade _____ School _____

Parent Name _____ Cell Phone _____

Email _____

Are you comfortable with releasing your contact info to other volunteers in your work group?

Yes No

How do you prefer to be contacted?:

Email Phone No Preference

I am interested in:

- | | |
|---|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Visitors Center/Front Desk |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Greenhouse & Gardens | <input type="checkbox"/> Trails & Grounds |

I am available:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> A.M. |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> P.M. |
| <input type="checkbox"/> Wednesday | |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Saturday | |
| <input type="checkbox"/> Special times, as needed | |

Why are you interested in volunteering at the Nature Center? _____

Student Signature _____ Date _____

Youth Volunteer Emergency Form

In the event an emergency, the New Canaan Nature Center may need the following information:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Parent Name _____ Cell Phone _____

Parent Name _____ Cell Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Allergies or medications emergency personnel should know:

Medical Insurance Carrier _____

Account # _____ Group # _____

Name of Insured _____

Parent Signature _____ Date _____

Youth Volunteer Emergency Release

The health information provided on the Volunteer Emergency Form is complete and correct as far as I know.

In the event of an emergency, I give permission for the staff of the NCNC to administer first aid and/or obtain emergency medical treatment for the child herein described. If my child has been prescribed medication to treat an allergic reaction (including but not limited to an Epi-Pen or inhaler) I give permission for my child to self-administer said medication at the NCNC. I understand that every effort will be made to contact me and/or emergency listings. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the NCNC to hospitalize, secure proper treatment for, and/or order injection, anesthesia or surgery for the person named below. I understand that, if necessary, my child will be transported by the New Canaan Ambulance Corps to Norwalk Hospital. I agree that any cost incurred for transportation and/or treatment will be my responsibility.

Name of Volunteer _____

Signature of Parent/Guardian _____ Date _____

Photo/Video/Media Release

I give permission for my child's photograph/video to be taken while participating in volunteer activities and to be used in New Canaan Nature Center publications, advertising and promotions.

Signature of Parent/Guardian _____ Date _____