

## Youth Volunteer Form - Hands of the Future, Inc.

Volunteer's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Fears: \_\_\_\_\_

Favorite Things: \_\_\_\_\_

Why do you want to volunteer?

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As a volunteer, I will do my best to assist Ms. Zonda to provide the best nature experience possible for the children in the Junior Nature Club. I will listen to their guidance and follow the rules established for everyone.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one:

I hereby grant Hands of the Future, Inc. the right to photograph my child and use the photo and/or other digital reproduction of my child or other reproduction of their physical likeness for publication processes, whether electronic, print, digital or electronic publishing via internet.

Please do not photograph my child

As the responsible parent of the above minor, I agree to let him/her volunteer to help with the activities of the Junior Nature Club. I further understand that nature is not controllable and there exists the possibility of injury. I agree not to hold the Sycamore Audubon Society or Hands of the Future, Inc. liable for any accident that may occur.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for volunteering!