

morris county park commission

Student Volunteer Application Form

If you are a high school student (16 & up) or a college student interested in volunteering, please complete this form. Have your parents fill out the consent section if you are under 18.

You can either drop it off, fax it to Jennifer Godin at 973.656.2475, mail it to 472A Boonton Ave. Boonton, NJ 07005 Attention: Jennifer Godin, or email it to Jennifer at jgodin@morrisparks.net. This form as well as the form filled out by your parents must be completed before participation in our programs. Thank you for your interest in volunteering with us. We will be in touch with you soon.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone _____ Email: _____

School: _____ Grade: _____ Year Graduating: _____

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

If yes, please describe _____

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

___ Special Events

___ Summer Camp

___ General Office helper

When would you be free to volunteer: _____ Weekdays _____ Evenings

_____ Weekends

Comments: _____

Why do you want to volunteer at Pyramid Mountain Natural Historic Area?

Your signature

Date

Please have your parents fill out the parental consent form on the back of this page.

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morrisparks.net

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morris county park commission



Student Volunteer Application at Pyramid Mountain Natural Historic Area

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 _____

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Please provide a personal (not a relative) or work reference:

Reference Name: _____

Phone Number: _____

Parental Consent Form for Minor Volunteer Participation

I (as parent/guardian) give permission for my child (named above) to participate in this program sponsored by the Great Swamp Outdoor Education Center. I recognize that there may be risks in this activity and release and hold harmless GSOEC, its personnel, commissioners, and the city of Chatham. 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