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 247 Southern Blvd., Chatham, NJ 07928 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 the Great Swamp OEC?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

_________________________________________    ______________________
Your signature                                    Date

Please have your parents fill out the parental consent form on the back of this page.
Student Volunteer Application
at the Great Swamp Outdoor Education Center

Name of Volunteer ___________________________ Birth Date _______________________

Participants Medical Insurance Coverage:
Name of Policy Holder: ___________________________ Policy No: ____________________
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 ____________________________

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 pro-
gram 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