

# 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 Pamela at 973.541.1971, mail it to 472A Boonton Ave. Boonton, NJ 07005 Attention: Pamela Gilligan, or email it to Pamela at pgilligan@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:

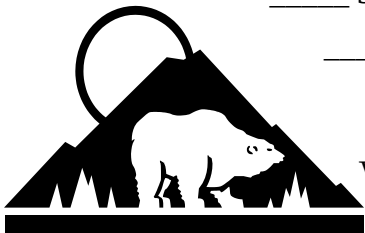
\_\_\_ Special Events

\_\_\_ 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.

 Facebook.com/MorrisParksNJ

 Twitter.com/MorrisParksNJ

morrisparks.net

*enjoy the experience*

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 \_\_\_\_\_

.....  
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: \_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_