



Volunteer Application (Minor)

Name _____

Address _____ City _____ State _____ ZIP _____

Phone (day) _____ (evening) _____ other _____

E-mail _____

Date of Birth _____
(must be at least 16 years of age)

Male Female

Number of hours needed: _____ Transportation? _____ yes _____ no

Date that hours need to be completed by: _____

Emergency Contact:

Name	Phone(s)	Relationship to VIP
1. _____	_____	_____
2. _____	_____	_____

Position(s) Interested In:

- Adopt-A-Park
- Adopt-A-Trail
- Horticulture / McKinnis Garden
- Living History
- Maintenance and Field Projects
- Outdoor Recreation
- Programs
- Scout Project
- Stewardship – Wildlife Monitoring
- Special Events
- _____

Park Location(s) Interested In:

- Any Parks**, where needed
- Blue Rock Nature Preserve
- Heritage/Greenway Trail through Findlay
- Litzenberg Memorial Woods
- McKinnis Homestead (at Litzenberg)
- Riverbend Recreation Area
- Riverside Park Waterfront areas
- Oakwoods Nature Preserve and/or "Doc" Phillips Discovery Center

Day(s) Available:

- Any time**
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Times Available (example: 3:30pm-8pm, when needed, call for availability):

My current skills are:

Do you have any physical limitations (allergies, etc.)?

**Volunteer
Emergency Medical Form
Hancock Park District**

Name of Volunteer _____ D.O.B. _____

Home Address: _____ Home Phone # _____

City: _____ State: _____ Zip: _____

If under 18 years of age: Parent/Legal Guardian: _____ relationship: _____

Phone (where parent/legal guardian can be reached during day time) _____

Alternate Person to Contact in Case of Emergency: _____

Relationship of above: _____ Phone # _____

Emergency Medical Authorization-Consent for Treatment of Minor (under 18 years of age)
Hancock Park District will make every reasonable effort to contact parent/legal guardian of child left in our care before authorizing any medical treatment.
In the event that the above named child has an accident and the HPD cannot contact me, I give permission to have the child properly cared for by my personal physician and dentist and/or authorize treatment and/or hospitalization of my child by an emergency medical physician on staff at _____ (hospital of preference) in case of an accident or illness that may arise during my absence or availability.

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Does volunteer have any health problems, allergies, or disabilities? If so, explain.

Last Tetanus or DPT: _____ Weight: _____ Height: _____

Any special medications? _____

Medical Insurance Company & Policy Number:

PLEASE PRINT:

Other than myself _____, the following
people have permission to pick up _____ (child's name) from
Volunteer Work. Please list up to 3 persons who have permission to pick up your child. (These people
may be required to show driver's license or other photo ID before taking child off of park property.)

Name:

Phone :

Permission to Participate

My child has permission to participate in all scheduled activities while volunteering. I understand the
Hancock Park District does not furnish accident insurance and all medical bills are the responsibility of
the parent/legal guardian.

Printed name of parent/legal guardian:

Signature of parent/legal guardian:

 Date: _____

Witness: _____ Date: _____