



Volunteer Form

High School Applicant

Name: _____ Address: _____

Date of Birth: _____ City/State/Zip Code: _____

Phone #: _____ Social Security # _____ Current Age: _____

Spoken Languages: _____ Email: _____

Parent(s) Name: _____

Parent(s) Phone #: _____

Do you have transportation? Yes No

School Attending: _____

Current School Grade: _____ Guidance Counselor Name: _____

Clubs and Activities

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Previous Volunteer/Work Experience:

Do you need any accommodations? Yes No

Availability:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| | | | | | |

Signature: _____

Date: _____

Continuation of Volunteer Form High School Applicant

If under the age of 18, parent/guardian to complete this section:

1. I give my consent for my child to participate all activities arranged and supervised by the staff of Girls Inc of Meriden.
2. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Inc. of Meriden responsible in case of an accident or any injury.
3. I give permission for my child to receive emergency treatment and to be hospitalized at my expense if necessary. I understand that every effort will be made to contact me before taking this action.
4. Do you give permission for photographs and videos to be taken of my child during program/events at Girls Inc of Meriden to be used for public relations purposes in newsletters, brochures, annual reports, social media, newspapers, television? Yes No

Parent/Guardian Name: _____ Relationship: _____

Signature: _____ Date: _____