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##### **2019 Teen Summer Volunteer Program Registration**

**Applicant Information:**

### Do you want to help the environment and learn about working at a nature center? This summer we will hold a weekly outdoor volunteer work day for students aged 13 and up. Come and spend Wednesday mornings working on our 30-acre property with other like-minded kids. We’ll work on clearing invasive vines, planting, weeding, mulching, trail maintenance, caring for young trees in our reforestation area, and more! Participants who work for the morning will have the option to stay and help with camp activities in the afternoon.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about Riverbend?**

**Why are you interested in volunteering this summer?**

**Please list any skills or previous experiences that could be of benefit as a Riverbend volunteer:**

**The program will be offered from 9:30 – 12:00 over eight Wednesdays. Sign up for a few days or all of them. Which days will you be able to volunteer?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **June 19** |  | **July 17** |  | **August 7** |
|  | **June 26** |  | **July 24** |  | **August 14** |
|  | **July 10** |  | **July 31** |  |  |

**Volunteer Emergency Contacts & Liability Waiver**

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be completed before volunteer can begin work at Riverbend. All info will remain confidential.

**Emergency Contact Information**

|  |  |  |
| --- | --- | --- |
| Name | Phone | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Allergies:

Medical Conditions (that may affect your ability to do certain tasks.):

Is there any other information that Riverbend should know that might be useful in an emergency?

**Liability Waiver:**

The undersigned agrees not to hold Riverbend Environmental Education Center and its employees responsible for any liability resulting from negligence on the part of the participant or others not employed by or representing Riverbend. The undersigned also agrees not to hold Riverbend responsible for any expenses, claims, or losses over and above its equitable share of liability or for any amount in excess of actual economic damage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if volunteer is under 18) Date

Please return this form to Lorna Atkinson at the address below or e-mail to latkinson@riverbendeec.org