

SEABROOK ADVENTURE ZONE

ELO/VOLUNTEER REGISTRATION FORM

forrest@seacoastyouthservices.org

ELO Student/Volunteer Name: _____

Date of Birth: / / Age: _____ Male / Female (circle)

Address: _____

Phone (s): H: _____ W: _____ C: _____

Email: _____

Race: (circle) White, Black, Alaskan/American Indian, Asian, Hawaiian/Pacific Island, White & Black, Other

Guidance Counselor Name: _____ E-Mail: _____

EMERGENCY CONTACTS

Name: _____ Relationship to Participant _____

Address: _____

Phone (s): H: _____ W: _____ C: _____ E-mail: _____

VOLUNTEER DAYS & TIMES (Circle All that Apply)

M

T

W

R

F

Homework Zone (3:00—4:00) Academic Mentors, Homework Help, Tutoring

Adventure Zone (4:00—5:30): Program Support, Program Leadership, Student Support, etc.

X_____ In the event of an emergency SYS/SAZ will attempt to contact me prior to any medical treatment. I give permission to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.

X_____ I give permission to be transported by SAZ, including their contracted providers, to/from program activities and/or home as needed.

X_____ I give permission for the use of various media representations of my child, including photo, audio, video and written, for education, outreach and recognition purposes.

X _____
ELO Student/Volunteer Signature

_____/_____/_____
Date

X _____
Guidance Counselor Signature

_____/_____/_____
Date

X _____
Parent/Guardian Signature (Under 18 Only)

_____/_____/_____
Date