

DEVRIES TEEN VOLUNTEER APPLICATION

Name: _____ Home Phone: _____ Cell Phone: _____

Street Address: _____ Email: _____

City/Zip Code: _____

What school do you attend? _____ Present Grade: _____

How did you hear about us? _____

Personal Reference: Name: _____ Phone: _____

Name of family friend or relative to contact in an emergency, if parents cannot be reached:

Name: _____ Phone: _____

As a volunteer at DeVries Nature Conservancy:

- I will attend an orientation and/or training(s) as needed to perform my duties
- I will contact my supervisor at DNC immediately if I cannot work my scheduled time
- I will be punctual, conscientious, professional and courteous in fulfilling my duties
- I will follow all the rules and regulations of the DeVries Nature Conservancy

Volunteer's Signature _____ Date: _____

Parent Authorization:

 Please initial appropriate answers and sign:

The person herein described has my permission to volunteer with the DeVries Nature Conservancy, except as noted by me:

_____ [] yes [] no

Does your child have any medical conditions you feel we should know about? [] yes [] no

If yes, please explain _____

This health information is correct to the best of my knowledge and permission is given to provide medical care for this minor in the event of an emergency. [] yes [] no

DNC has permission to release volunteer hour records to the appropriate school or agency. [] yes [] no

Has the child ever been convicted of a crime? []yes []no If yes, was crime sex or child abuse related? []yes []no

Parent/Guardian's Name: (print) _____ Cell phone: _____

Home Address: _____ Email: _____

Signature: _____ Date: _____



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