



1000 Islands Youth Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ Age: _____ Grade: _____ School Year: _____

Emergency Contact: _____

Telephone: _____ Relationship to Youth: _____

Please provide us with the name and number of two adults (not family members) whom we can contact regarding your dependability such as a teacher, coach or clergy.

1. Name: _____ Phone Number: _____

How do you know this individual? _____

2. Name: _____ Phone Number: _____

How do you know this individual? _____

Please indicate below which hours you are available to volunteer. We will schedule your hours based on this availability.

Total hours desired per week: _____

Days and Times Available:

Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

I _____ (parent or guardian) give my child permission to volunteer at 1000 Islands Environmental Center. I acknowledge that I have read the provided Youth Volunteer Policy and Procedures with my child. My child and I understand and agree to follow the policies and procedures of the 1000 Islands Environmental Center.

Parent/Guardian Signature

Date