



## ECOSOURCE VOLUNTEER FORM

Volunteers are an important part of any organization's team. At EcoSource we appreciate the incredible volunteers we have worked with over the years. We offer supportive and exciting opportunities for volunteers looking to connect further to their communities and contribute to a healthier environment.

EcoSource also works with many high school students to provide volunteer opportunities that assist in the completion of the 40 hour volunteer mandate.

We welcome and encourage student and community volunteers to participate in programs throughout the year. If you are interested in volunteering, please fill out the following information.

***Students under the age of 18 who are interested in volunteering with EcoSource MUST have their parent or guardian sign the PERMISSION FORM below.***

### Volunteer Contact Information

- If you are 18 or under, please complete this form with the help of a parent or guardian. If you are over 18, you may complete the form on your own.
- All participants (and parent/guardian if applicable) MUST sign this form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Does the volunteer have:

A history of medical diseases? Y/N If so please list: \_\_\_\_\_

Any severe allergies to food or other substances? Y/N If so, please list: \_\_\_\_\_

Medication for a medical condition they are currently taking? Y/N If so, please list: \_\_\_\_\_

Any other concerns you may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

*Growing a Green Community*



## Volunteer Permission Form

Students under the age of 18 interested in volunteering at EcoSource must have their parent or guardian read & sign this form.



*We protect and respect your privacy. Your personal information is used to communicate within our organization and will not be shared with any outside parties*

**Name of volunteer** \_\_\_\_\_ has my permission to volunteer with EcoSource.

### Parental Contact Information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

In the unlikely event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf, and has been notified that he/she has been granted this authority and may be contacted by EcoSource.

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### Informed Consent

- 1) I have read and understood the information provided in this form about volunteering for EcoSource (and if volunteer is under 18, give permission for my son/daughter to volunteer). I hereby willingly consent to release EcoSource from all liabilities and waive all claims and demands arising from and personal injuries incurred while participating in the volunteer opportunity.
- 2) I understand that photographs and/or videos may be taken of the participant and may be used in the promotion of EcoSource. They may be published or used for any application in newspapers, magazines, film, television commercials, posters, slide presentations or otherwise displayed to the public or used for educational, fundraising, information or training purposes—either in whole or in part by EcoSource.
- 3) I understand that I will not receive any compensation for photographs or videos taken of the participant at the event.

I, (Print name of volunteer or if volunteer is under 18, name of Parent/Guardian)

\_\_\_\_\_ have read the attached information and understand that each volunteer is fully responsible for his or her safety while volunteering with EcoSource.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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