



VOLUNTEER INFORMATION		
First Name:	Last Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Site:	E-mail:	Age:
Date of Birth:	How did you hear about the program?	
Home Address:	City:	Postal Code:
Home Phone:	Mobile Phone:	Cell Phone:
Any Medical/Special Needs:	Does the child have allergies of which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
KEY INFORMATION		
Have you supervised youth before :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Person:
Are you able to drive:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to handle food:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Number:
Do you have a police check:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:
Do you have any special talents:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reference 1.:		
Reference 2.:		
Please Note That This is a Peanut Free Environment		
***Parent/Guardian Consent***		
<ol style="list-style-type: none"> <li>Activity Permission: Permission is granted for my child to participate in all programs activities, unless I advise you otherwise, in advance, in writing.</li> <li>Media Release: I hereby consent and grant permission that Kareative Interlude and the Nu Narratives programs, their event partners and respective media representatives take pictures, videotape or digitally record my child while he/she is engaged in their program activities and also authorized to use these for any promotional outreach or advertising purposes</li> <li>Provision of Care/Emergency: I have provided Kareative Interlude and Nu Narratives with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize Kareative Interlude and Nu Narratives to secure medical care for my child. I hereby waive any claim against Kareative Interlude and Nu Narratives, event partners, volunteers and/or staff which may arise from any injury my child may incur as a result of his/her participation in program activities.</li> <li>Transportation: I will be responsible for getting my child to the site of the program between 5:15 to 5:30 pm and picking him/her up latest by 7:15 p.m. I will also provide my child with the necessary supplies, as may be required.</li> <li>Food Provision: I grant permission for the program to provide my child with adequate food/snacks and drinking substance on a daily basis as my child may require</li> </ol>		
Signature of Volunteer		Date (Day/Month/Year)