Volunteer Form

I have read carefully the following rules and regulations for this Friends of Brooker Creek Preserve (FOBCP) event. I understand that failure to follow them will result in my not being allowed to participate.

1. All participants must complete this form. For volunteers under 18, a parent/guardian must sign the form. All information must be provided.

2. Volunteers under 16 must be accompanied by a parent, guardian, or responsible adult. For each group of five under-16 volunteers, the volunteer group must provide at least one parent, guardian, or responsible adult to oversee the group. This is in addition to the Members of FOBCP who are leading the event.

3. No power tools will be allowed at any FOBCP event.

4. Volunteer safety is the first priority of FOBCP. Failure of any volunteer to follow the rules or who acts in an unsafe manner will be asked to leave the event.

Date of Event __________________ Group You Are With______________________________

Volunteer Name (print)__________________________________________________________

Emergency Name & Phone________________________________________________________

Volunteer Signature: ______________________________ Date__________________________

For volunteers under the age of 18, a Parent/Guardian must complete the following:

I hereby give permission for ____________________________ to participate in this event. I further consent that Friends of Brooker Creek Preserve obtain necessary emergency medical treatment and/or transportation for him/her in the event of an accident, injury, or sudden illness while he/she is engaged in the event activity. I will (check one)

☐ be with my child for the event.    ☐ allow another adult to be responsible for my child.

Parent/Guardian Printed Name: ________________________________________________

Parent/Guardian Signature: ____________________________________________________

Permission to use photos of child participant:  ☐ yes    ☐ no

Please list any allergies, medical conditions, etc.____________________________________

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