

**Youth Volunteer Form
Crown Point Assistant (CPA)**

Assisting at Crown Point is more than just fulfilling an obligation to serve as set by a school, but freely giving of your time and energy because you want to experience and support the mission of Crown Point. Youth 16 years of age and under must be accompanied by a parent or guardian while volunteering.

Date: _____ Home Phone: _____ e-mail: _____

Name: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Parents' / Legal Guardians' Names: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Do you have any medical or physical condition or special needs of which the Crown Point staff should be aware? If "yes", please explain: _____

In case of emergency contact: _____

Have you ever been arrested and/or convicted of any crime? If yes, please state the nature of the crime and when it occurred**: _____

**Please note: A criminal record will NOT necessarily prevent an applicant from being a volunteer. A criminal record will be considered as it relates to the specifics of the volunteer position being served here at Crown Point.

The State of Ohio requires a background check of all volunteers over 17 that will be around children. This is a "Civilian Background Check" form. Please check here _____ if you consent to this procedure.

All information will be considered confidential
Parent/Legal Guardian Consent and Waiver Form

I (We) _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize and consent to the above named child serving as a volunteer at Crown Point Ecology Center and do hereby for myself and my heirs and assigns, waive any and all claims for damages or injuries I(we) may or will have against Crown Point Ecology Center and the Sisters of St. Dominic of Akron, Ohio, or any agent, employee, volunteer or representative of either for any and all injuries or damages suffered by said minor while traveling to or from, while on the premises of, or while participating in any activities of Crown Point and further agree to indemnify and hold harmless those parties from any claims whatsoever made on behalf of said minor child.

Parent/Legal Guardian's Signature

Date

Authorization for Treatment

I hereby give permission to the medical personnel selected by the Crown Point staff to order x-rays, routine tests, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Crown Point staff to secure and administer treatment, including hospitalization, for my child as named above.

Parent/Legal Guardian's Signature

Date

Please indicate the day(s) and times when you are able to assist in the gardens:

Days	Mon	Weds	Thurs	Fri	Sat
Between 8am & Noon					
Between 1pm & 4pm					