

BOROUGH OF ELMWOOD PARK
182 Market Street
Elmwood Park, NJ07407



RESIDENTS ASSISTANCE PROGRAM

VOLUNTEER REGISTRATION FORM

LAST NAME: _____

FIRST NAME: _____

AGE (*If under 18 yrs old*): ____

HOME ADDRESS: _____
(*Street Address*)

(*City, State, Zip*)

PARENT/GUARDIAN'S NAME: _____
Under 18 yrs old

EMAIL ADDRESS: _____ CELLPHONE: _____

EMERGENCY CONTACT INFORMATION

Please list two (2) Emergency Contacts in the order you would like us to follow:

1st EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

2nd EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

WAIVER/PERMISSION SLIP

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MEDICAL INFORMATION

LIST ALL KNOWN ALLERGIES

Some Examples:

Food, Mold, Insects

SPECIAL NEEDS:

Some Examples:

Medical Devices

EpiPen

Prescription Medicine(s)

Allergy Medicine(s)

PERMISSION:

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I HEREBY ACKNOWLEDGE and CONSENT:

1. A records check conducted by the Elmwood Park Police Department.
2. A check of the Megan's Law Sexual Offenders Registry.
3. Understand participation in this program is completely voluntary and that all participants are volunteers.

Volunteer Signature

Print Name

Date

FOR PARTICIPANTS UNDER 18 YRS OLD -- PARENTAL CONSENT

I UNDERSTAND THIS ACTIVITY CARRIES INHERENT RISK AND AS SUCH, ACKNOWLEDGE MY CHILD WILL BE EXPOSED TO THIS RISK AS A PARTICIPANT IN THIS ACTIVITY;

HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE EVENT AS DESCRIBED ABOVE.

AND PROVIDE FURTHER PERMISSION FOR ANY AND ALL MEDICAL ATTENTION NECESSARY BE ADMINISTERED TO MY CHILD IN THE EVENT OF AN ACCIDENT, INJURY OR SICKNESS.

Parent/Guardian - SIGNATURE

Parent/Guardian - PLEASE PRINT

PARTICIPANTS 18 YRS OLD & OVER

AND UNDERSTAND THIS ACTIVITY CARRIES INHERENT RISK AND AS SUCH, ACKNOWLEDGE I WILL BE EXPOSED TO THIS RISK AS A PARTICIPANT IN THIS ACTIVITY;

THIS RELEASE IS EFFECTIVE FOR THE DURATION OF THE EVENT/PROGRAM FROM THE DATE I EXECUTE THIS PERMISSION SLIP.

SIGNATURE

PRINT NAME

DATE