RESIDENTS ASSISTANCE PROGRAM
BOROUGH OF ELMWOOD PARK
BERGEN COUNTY, NEW JERSEY

182 MARKET STREET
ELMWOOD PARK, NJ 07407

201-796-1457 EXT. 2015 / 2013
FAX 201-794-0976

VOLUNTEER REGISTRATION FORM 2026-2027

NAME: _____AGE: _____

HOME ADDRESS: _____

_____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PARENT/GUARDIAN NAME: (if under 18 yrs old) _____

EMERGENCY CONTACT INFORMATION

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

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

MEDICAL INFORMATION

LIST ALL KNOWN ALLERGIES: _____

_____

LIST ANY SPECIAL NEEDS: _____

_____

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. Participation in this program is completely voluntary and that all participants are volunteers.

I 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.

_____	_____	_____
Volunteer Signature	Print Name	Date

FOR PARTICIPANTS UNDER 18 YEARS 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	Print Name	Date