

BOROUGH OF MONTVALE
12 DEPIERO DRIVE MONTVALE, NJ 07645 201-391-5700



SNOW ANGELS VOLUNTEER PROGRAM
VOLUNTEER REGISTRATION FORM

Return completed form Attn: Nevene Gayed or ngayed@montvaleboro.org

LAST NAME: _____

FIRST NAME: _____

AGE (*If under 18 yrs. old*): _____

HOME ADDRESS: _____
(Street Address)

(City, State, Zip)

PARENT/GUARDIAN'S NAME: _____
(*If under 18 yrs old*)

EMAIL ADDRESS: _____ CELLPHONE: _____

EMERGENCY CONTACT INFORMATION

1st EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

2nd EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

PERMISSION:

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

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;

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

Parent/Guardian – SIGNATURE

Parent/Guardian – PLEASE PRINT