

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 (<i>If under 18 yrs. old</i>): _____
HOME ADDRESS: _____ <i>(Street Address)</i>

<i>(City, State, Zip)</i>
PARENT/GUARDIAN'S NAME: _____ <i>(If under 18 yrs old)</i>
EMAIL ADDRESS: _____ CELLPHONE: _____

EMERGENCY CONTACT INFORMATION		
1 st EMERGENCY CONTACT: _____		
RELATIONSHIP: _____	CELLPHONE: _____	
2 nd EMERGENCY CONTACT: _____		
RELATIONSHIP: _____	CELLPHONE: _____	

PERMISSION:

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

<u>FOR PARTICIPANTS UNDER 18 YRS OLD -- PARENTAL CONSENT</u>	
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