

City of Deer Park Volunteer Registration

Date _____ Age _____

Name _____

Telephone _____ Drivers License # _____

Address _____

City, State, Zip _____

School _____ Grade _____

Department _____

Type of Volunteer Work _____

Time Available Per Week: Hours _____ Days _____

.....
In Case of Emergency Notify _____

_____ \ _____
Work #

_____ \ _____
Home #

Address

Volunteer Signature

Department Head

Parental Release (for Minors)

I am aware that my son\daughter, a minor, is participating in a City of Deer Park Volunteer Program. I understand that as a volunteer my child will not be paid, nor will he\she receive any benefits. I understand that my child will not be asked to perform any duties which would put him\her in danger or that are beyond his\her capabilities.

Parent Signature

Date