

City of Thornton Youth & Teen Volunteer Corps

Please complete this form and return to:



Jenny Dowdell
Thornton Community Center
2211 Eppinger Boulevard
Thornton, CO 80229
720-977-5934

Please print legibly or type:

Name: _____

Date: _____

Address: _____

City: _____

Zip: _____

Email: _____

Home Phone: _____

Birth Date: _____

School Attended: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone : _____ Work Phone: _____

Do you have any medical condition/s that would limit your ability to perform your duties as a volunteer?

Do you have reliable transportation to and from the Community Center located at 2211 Eppinger Boulevard?

Hobbies and Special Interests: _____

Are you doing this program for documented community service hours? ____ Yes ____ No

References:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Applicant Signature: _____

Please turn over and complete the back



In the event of an emergency, staff will make every effort to contact the Emergency Contact on the front of this form.

Emergency contact to call if parent can not be reached and medical authorization may be obtained:

Name: _____ Phone # _____

Address: _____ Relationship: _____

Name: _____ Phone # _____

Address: _____ Relationship: _____

Hospital of Choice: _____
Name/Address Phone #

Any Allergies or Health Problems we need to be aware of: _____

Special Instructions: _____

Emergency Medical Authorizations:

I, _____, hereby give my permission to the City of Thornton Staff to call a doctor for medical or surgical care for my child, _____, should an emergency situation arise. I also authorize Medical Personnel to treat my child once they arrive.

It is understood that a conscious effort will be made to locate me or my spouse before any action will be taken, but if it is not possible to locate us, this expense will be excepted by us.

Signature of Parent or Legal Guardian

Date