

PROJECT CHILDD
TEEN VOLUNTEER APPLICATION 2015-2016

Name: _____

Address: _____

Telephone Number: (Home) _____

(Other) _____ Email: _____

Best way to contact you: _____

Parent/Guardian Name _____

Telephone Number (if different from above) _____

School: _____

Guidance Counselor: _____

Why have you chosen Project CHILDD for your community service?

Please return this application and the TEEN permission form(s) signed by your parents.

I will be working:

____ °Project CHILDD on Saturdays at Montefiore Children's Hospital

____ Project CHILDD on Sundays at the Pelham Art Center

____ Teen Project CHILDD on Fridays at the Daronco Town House

____ Both Project CHILDD and Teen Project CHILDD (in Pelham)

**PROJECT CHILDD
TEEN PERMISSION FORM**

A) I hereby give permission to my child _____ to participate in PROJECT CHILDD. The program is held on regularly scheduled weekends as follows:

___ Saturday afternoons at Montefiore Children's Hospital

___ Sunday afternoons at the Pelham Art Center

___ Friday Evenings at the Daronco Town House

The teens will socialize with children/teens with special needs while assisting them with creative and artistic activities. I understand that staff from the Project Community, Inc. (formerly, Nurses' Network of America Inc.) will attend all sessions, to supervise the care of the children and provide guidance for the teens.

Parent Signature

Date

B) I hereby give permission for my child _____ to be photographed and/or videotaped during his/her participation in Project CHILDD. I understand that all photographs and/or videotapes will become the property of Project CHILDD.

Parent Signature

Date

C) I will not hold Project CHILDD or Project Community, Inc. (formerly The Nurses Network of America, Inc.) responsible for any accidents or injuries to my child while he/she is participating in the program.

Parent Signature

Date