

City of Thornton Youth & Teen Volunteer Corps

Please complete this form and return to:



Jenny Dowdell
720-977-5934
Jenny.dowdell@cityofthornton.net

Please complete thoroughly:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Email: _____

Home Phone: _____ Birth Date: _____

School Attended: _____

Emergency Contact Name: _____ Relationship: _____

Phone : _____ Email: _____
Best number to reach emergency contact during our program hours

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 various volunteer projects?
_____Yes _____No

If you do not have transportation to our projects, do you have transportation to the Thornton Community Center located at 2211 Eppinger Boulevard? _____Yes _____No

Do you have your own mask to wear at every project? _____Yes _____No

Are you doing this program for documented community service hours? _____Yes _____No
*You will need to provide documentation to be signed by staff at each volunteer project you attend!

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