



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Youth Volunteer Form (under 18)

IDENTIFICATION AND EMERGENCY FORM

Participant's Information

Teen's Name: _____ Birth date: ____/____/____ Sex: _____
 Address: _____ City: _____ Zip code: _____
 Home phone number: (_____) _____ E-mail: _____
 Cell phone number: (_____) _____ School: _____ Grade: _____

Parental or Guardian Information

Father's Name: _____ E-mail: _____
 Address: _____ City: _____ Zip code: _____
 Day time phone #: (_____) _____ Evening phone #: (_____) _____
 Mother's Name: _____ E-mail: _____
 Address: _____ City: _____ Zip code: _____
 Day time phone #: (_____) _____ Evening phone #: (_____) _____

Additional Person(s) Who May Be Called in an Emergency

1. Name: _____ Relationship _____
 Day time phone #: (_____) _____ Evening phone #: (_____) _____

PHYSICIAN TO BE CALLED IN EMERGENCY

Physician's Name: _____ Phone #: (_____) _____
 Physician's Address: _____ City: _____ Zip code: _____
 Medical Plan: _____ Medical #: _____
 Chronic illness and/or allergies: _____
 Medication taken on a regular basis: _____

I give my son/daughter permission to volunteer with Project Cornerstone _____
Parent/Guardian Signature

Please complete, sign and return to the address below: