



**Teen Volunteer FORM
Warren Tot Center Summer 2019**

TEEN'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

PARENT CELL # : _____ TEEN's CELL #: _____

PARENT E-MAIL: _____

SCHOOL ATTENDING: _____ GRADE: _____

BIRTH DATE: _____ GENDER: _____

For the Parents

INSURANCE CARRIER: _____

INSURANCE NUMBER: _____

DOCTOR: _____

In case of emergency please call: _____

Home Telephone Number: _____

Cell Phone Number: _____

Date of Last Tetanus: _____

Sessions and Dates: Monday, Wednesday, Friday 9:00-12:15

Check weeks you will volunteer

Week 1 July 1-July 5: _____

Week 2 July 8-July 12: _____

Week 3 July 15 -July 19: _____

Week 4 July 22-July 26: _____

Mail to Mrs. Joan Carlson

10573 Gateridge Rd

Cockeysville MD 21030

MUST ATTEND MANDATORY SET UP AND ORIENTATION DAY

Thursday JUNE 28th from 10:00-12:00 at Warren Activity Room