



Children's Miracle Network, Metro New York Volunteer Application

Thank you for your interest in becoming a volunteer with the New York Metro Children's Miracle Network. Please complete the information requested below. If you have any questions, please do not hesitate to contact us at (732) 748-2150.

I-General Information

First Name: _____ Middle I: _____ Last Name: _____

E-mail: _____

Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Age: Under 18 _____ Over 18 _____ Date of Birth (if under 18): _____

If under age 18 please have parent or guardian complete the following:

First Name: _____ Middle I: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Signature of Parent or Guardian: _____

II-Emergency Contact

Whom should we contact in case of an emergency?

Name: _____ Relationship: _____

Home Number: _____

Cell Number: _____

III-Comments

Please feel free to note any pertinent information you would like the Children's Miracle Network to be made aware of regarding your volunteer work for our organization:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. Falsification of information may disqualify me from volunteer service and may justify my dismissal at a later date. I release from all liability or responsibility all persons or organizations requesting or supplying information regarding my character and qualifications.

I understand that I will receive information that is confidential in nature. I acknowledge that I am committed to protecting the confidentiality of all information that I come in contact with, both oral and written. I understand that any misuse of information is grounds for termination of my volunteer service without prior notice.

Signature of Applicant:_____ Date:_____

Parental/Guardian Permission (*required* for volunteers under 18 years of age): I, the undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with the Children's Miracle Network.

Signature of Parent or Guardian:_____ Date:_____

Please return completed application and required documentation to the address or fax listed on the front.

Please note: The information provided on this application is strictly confidential and will not be shared with individuals external to Children's Miracle Network.