



# BeachesSandbox

## High School Volunteer Application Form

Applicant's Name: Last First Middle				Date of Birth:	
				Pronouns That You Identify With:	
Street address:		Province	City	Postal Code	
Which school do you currently attend? What grade are you in?					
Applicant's Phone Number and Email Address:					
1 <sup>st</sup> Parent/ Guardian Name (applicants under 18:)		Home Phone	Cell Phone	Alternative Phone	
Street Address:			City	Unit	
			Province	Postal Code	

Students must include at least two references from their high school (references may include a coach, teacher, guidance counselor, etc...)		
Referee Information	Contact Information	Referee Signature
Name: Relationship:	Phone Number or Email Address:	
Name: Relationship:	Phone Number or Email Address:	
Name: Relationship:	Phone Number or Email Address:	

**\*\*\* REFEREES:** Please ensure you provide a number or email address Beaches Sandbox may contact you at.

**In the event of an emergency, and the parent/ guardian(s) cannot be reached, please supply an emergency contact:**

Name (first and last):	
Relationship to Participant:	
Phone Number:	
Additional Details:	

### Health Information

Special health problems? Yes or no? If yes, specify.	Allergies, food, environmental, including drug reactions. Yes or no? If yes, specify.
Regular medications Yes or no? If yes, specify.	If you have an anaphylactic allergy, do they carry an epi-pen?
Do you have any dietary restrictions? (ie; gluten intolerant, lactose intolerant, vegan/ vegetarian?)	

### Consent to Medical Care

**I give permission that I/my child, \_\_\_\_\_, may be given first aid/emergency treatment by qualified staff member, certified in First Aid and CPR C, at Beaches Sandbox:**

Date	Parent/Guardian Signature
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When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider or hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.  
I also give my permission for my child to be transported by ambulance to an hospital for treatment.

Date	Participant or Parent Guardian Signature
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### Availability

Please select at least two days a week you are available to volunteer for a minimum of two hours.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Please write your available hours for each day selected.						