



MINOR'S VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____

CELL PHONE #: _____

BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

HOW DID YOU FIND OUT ABOUT US? _____

REFERRED BY: _____ PHONE: _____

VOLUNTEER EXPERIENCE: _____

VOLUNTEER OPPORTUNITIES:

SHANE'S CLUB (monthly play dates at playgrounds) _____

SPECIAL EVENTS (10K in Fall or Gala in Winter or Tea in the Spring) _____

PARENT/GUARDIAN NAMES: _____

CELL PHONE #: _____

I give permission for my child _____ to participate as a volunteer with Shane's Inspiration. I hereby assume full responsibility for my child and hold harmless Shane's Inspiration for bodily injury fatal or otherwise or damage/loss of property.

Parent/Guardian's signature: _____ Date: _____

Witness: _____

Shane's Inspiration ~ 15213 Burbank Boulevard, Sherman Oaks, CA 91411

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Fostering a bias-free world for children with disabilities through Inclusive Playgrounds and Programs