



shanesinspiration.org



## VOLUNTEER SIGN-UP FORM FOR MINORS

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

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:

MY PLAYCLUB (monthly play dates at playgrounds) \_\_\_\_\_

SPECIAL EVENTS (Walk & Roll, Gala, Golf) \_\_\_\_\_

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: \_\_\_\_\_

*Please note that the State of California has mandated that all volunteers under the age 18 (17 or younger) must be accompanied by a parent or guardian while volunteering. Thank you for your help enforcing this.*

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

(818) 988-5676 Fax: (818) 988-5677

Web: [www.shanesinspiration.org](http://www.shanesinspiration.org) E-mail: [marci@shanesinspiration.org](mailto:marci@shanesinspiration.org)

Our mission is to foster social inclusion for children with disabilities through Inclusive Playgrounds and Programs.