



**CONNECT**

## Teen Volunteer Application

I would like to help with the CONNECT After-school Program on Tuesdays during the school year from the Elementary Dismissal until 5:00pm. I understand that I will be under adult supervision throughout this time. I will be helping with a variety of activities which may include, walking elementary student to Rittman United Methodist Church after school, snack time, crafts, games, sitting with students during stories times.

Date: \_\_\_\_\_

Volunteer Name (Please Print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text  Yes  No

Email Address: \_\_\_\_\_

Teacher Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Parents, Thank you for considering to allow your teen to help in the CONNECT After-school Program for the Elementary students. Please know that there will be adult supervision at all times and every effort will be made for the safety of the children. This opportunity will allow your teen to develop leadership skills, while helping younger children enjoy an afternoon of learning, fellowship, and fun. They will come to the Rittman United Methodist following school on Tuesdays during the school year until 5:00pm.

**\*\*\* Please sign the back of this form.**

My teen will return home in the follow way:

\_\_\_\_\_ will be picked up at 5:00 by \_\_\_\_\_.

\_\_\_\_\_ will walk home at 5:00. (Please note that it may be dark by the time.)

**Permission and Liability Waiver**

I, the undersigned, do hereby attest and state that I am parent/guardian and/or other duly appointed legal representative of the above-named student and that I am fully authorized to make all the representation contained herein. I give my permission for the above-named student to be released from the Rittman Schools at the end of the school day on Tuesdays for the purpose of attending the CONNECT After-school Program. I recognize in connection with such program that certain risk may occur, including but not limited to, hazards of accidents, personal injuries, and acts of third person. I hereby voluntarily assume such risk. In consideration of the benefits to be attained by my child in participating in this program, I do hereby waive, release and forever discharge from any liability whatsoever the Rittman United Methodist Church, church leaders, CONNECT leaders and volunteers for any actions or caused of actions whatsoever which may be occasioned by or arise from my child attending this After-school Program.

**Medical Information and Release**

If my child has medical conditions that the CONNECT leaders and volunteers should be aware of. Please list and explain them below. If I cannot be reached, I hereby authorize the CONNECT Program staff permission to act on my behalf in a medical emergency.



\*\*\* An additional Emergency Medical Form must be submitted before a teen may help with this program.

**Allergies – Food & Medicine**



**I, the undersigned, do hereby attest and state that I have carefully read the above release, know its content, and I sign this release at my own free act.**

**Legal Guardian’s Signature** \_\_\_\_\_

I give permission for those leading the CONNECT Program to take photos of my child for printed flyers and promotional purpose. **Yes No (Circle One)**

**Parents’ Names: (printed)** \_\_\_\_\_

**Parents’ Signatures:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\_\_\_\_\_ **Phone #** \_\_\_\_\_

**Thank you for your cooperation in filling out this information. Please return paperwork to Pastor Ruthie Trigg, Rittman United Methodist Church – 211 N. Metzger Ave Rittman, OH 44270. If you have any questions please call Pastor Ruthie at 330-715-5506.**

**Thank you!**