

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PARENT/GUARDIAN (if applicable): \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_

How did you learn about Flynn Fields? \_\_\_\_\_

Check the area(s) that interest you:

- Animal handling
- Grounds keeping
- Facility repair
- Help with children's activities
- Other: Please explain \_\_\_\_\_

Have you ever been convicted of a crime?

- Yes -Please explain \_\_\_\_\_
- No

Driver's License # and State Where Issued: \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

**INITIALS:** \_\_\_\_\_ I UNDERSTAND THAT ALL INFORMATION (WRITTEN OR VERBAL) ABOUT PARTICIPATION WITH FLYNN FIELDS WILL NOT BE SHARE WITH ANYONE WITHOUT THE WRITTEN CONSENT OF THE PARTICIPANT(S) AND THEIR PARENT/GUARDIAN IN THE CASE OF A MINOR

**PHOTO RELEASE**

**INITIALS:** \_\_\_\_\_ I  DO  DO NOT CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY FLYNN FIELDS OF ANY AND ALL PHOTOGRAPHS AND OTHER OTHER AUDIO/VISUAL MATERIALS TAKEN OF ME FOR ANY USE FOR THE BENEFIT OF THE ORGANIZATION.

I understand that the information provided above is accurate and to the best of my knowledge. I know of no reason why I should not participate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Volunteer

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent of Legal Guardian (If volunteer is under 19)