

# Youth Volunteer Application



Thank you for considering a volunteer position at Nova's Ark. We believe that people enrich their own lives when they enrich the lives of others. **Please note that you must be at least 12 years of age to be able to volunteer at Nova's Ark.**

**PLEASE PRINT: VOLUNTEER INFORMATION**

*Office Use Only:* PIN #:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(DD/MM/YYYY)

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PLEASE SHARE SOME OF YOUR PERSONAL REASONS FOR BECOMING A VOLUNTEER AND WHAT YOU ARE LOOKING TO GAIN FROM THE EXPERIENCE AT NOVA'S ARK:

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How did you hear about Nova's Ark?  Friend  Website  Event  Newspaper  Other \_\_\_\_\_

**MEDICAL INFORMATION**

Health Card #: \_\_\_\_\_

Medical/Other Concerns : \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

I HEREBY GIVE MY PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN A VOLUNTEER POSITION AT NOVA'S ARK. I REALIZE THAT THE POSITION INVOLVES WORKING DIRECTLY WITH ANIMALS AND THEIR ENVIRONMENT. AS A RESULT, SCRATCHES, BRUISES, BITES AND DIRT BECOME PART OF THE OVERALL EXPERIENCE. WITH TIME, MY CHILD MAY HAVE THE OPPORTUNITY TO INTERACT WITH THE THERAPY ANIMALS AND SPECIAL NEEDS CHILDREN. I ALSO UNDERSTAND THAT PHOTOGRAPHS WILL BE TAKEN OF MY CHILD AT NOVA'S ARK. I UNDERSTAND THAT THESE PHOTOGRAPHS WILL ONLY BE USED ON THE NOVA'S ARK WEBSITE, SCRAPBOOKS FOR CAMPERS, AND PRESENTATIONS.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_