BOROUGH OF MONTVALE

12 DEPIERO DRIVE MONTVALE, NJ 07645 201-391-5700

SNOW ANGELS VOLUNTEER PROGRAM *VOLUNTEER REGISTRATION FORM*

Return completed form Attn: Nevene Gayed or ngayed@montvalenj.gov

LAST NAME: _____

FIRST NAME: _____

AGE ***(If under 18 yrs. old)***: _____

HOME ADDRESS: _____
(Street Address)

_____
(City, State, Zip)

PARENT/GUARDIAN'S NAME: _____
(If under 18 yrs. old)

EMAIL ADDRESS: _____ CELLPHONE: _____

EMERGENCY CONTACT INFORMATION

Please list two (2) Emergency Contacts in the order you would like us to follow:

1st EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

2nd EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

For Participants Under 18 Years Old- Parental Consent

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SNOW ANGEL PROGRAM.

_____ _____
Parent/Guardian – SIGNATURE Parent/Guardian – PLEASE PRINT

_____
DATE