

COMMUNITY ACCESS Naperville

Internship Application

Name _____ Birth Date _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email address _____

What is the best way to reach you? email home phone cell phone

Medications: _____ Allergies: _____

Emergency Contact Person: _____

Emergency Contact Person's cell phone: _____

Emergency Contact Person's home phone: _____

Alternative Emergency Contact Person: _____

Alternative Emergency Contact Person's phone: _____

Medical Aid Authorization

In the event of an emergency, and I am unable to communicate, I understand and authorize Community Access Naperville staff and volunteers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature

Date

Parent/Guardian's Signature (if volunteer is younger than 18)

Date

Please note: The cost of all transportation and activities will be covered by CAN. However, you should plan to either bring your lunch or to buy lunch if the "CAN plan" includes a restaurant outing. CAN sessions often involve a significant amount of walking outdoors, so please wear comfortable shoes and dress for the weather. Thanks very much for helping out at Community Access Naperville!

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Photo/Video Release Form

I hereby give permission for my images, captured during Community Access Naperville sessions through video, photo and digital camera, to be used solely for the purposes of Community Access Naperville or First Congregational United Church of Christ, Naperville's promotional material and publications, and I waive any rights of compensation or ownership thereto.

Signature of employee or volunteer

Date

Signature of parent or legal guardian of participant or
volunteer under age 18

Date

Permission to Transport

I grant permission for Community Access Naperville staff members or parent volunteers to transport myself or my child to programmed outings when planned destinations are not reachable by foot or public transportation, or when weather conditions make it too difficult for the group to walk or utilize public transportation.

Signature of employee or volunteer

Date

Signature of parent or legal guardian of participant or
volunteer under age 18

Date

Liability Release Form

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against Community Access Naperville, including its officials, agents, volunteers, and employees.

I do hereby fully release and forever discharge Community Access Naperville from any and all claims for injuries, damages or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with this program.

Signature of employee or volunteer

Date

Signature of parent or legal guardian of participant or
volunteer under age 18

Date