## 2024 Hermann Park Conservancy Job Shadow Interest Form



Name of Stud	dent/Teen:		Date:			
Parent/Guard	lian's Name	9:				
- Address/City,	/State/Zip:					
Home Phone	or Parent's	Cell Numl	Student/Teen Cell Phone Number:			
Parent's Ema	il:		Student Email:			
Name of Sch	ool:		Grade Entering in the Fall:			
Name/organ	ization that	referred y	Organization's contact information			
Character ref	erences: (tv	vo adults, r	no relatives,	you have kno	wn for at least one y	ear, current/previous employers, counselor, minister,
etc.)					•	. , ,
•			Ye	ears Known		
Cell #						
Name			_			
Phone #			_			
Cell #						
Availability	Thursday	Friday	Saturday	Optional date: 8/7/2024		

Availability	Thursday	Friday	Saturday	Optional date: 8/7/2024
From 8:30am To 12:30pm				

In case of an emergency,	whom would you wish u	us to notify?	
Name	Relation	ship	
Home phone	Cell	Work phone	
Name	Relation	ship	
Home phone	Cell	Work phone	
Any medical condition/all	ergies:		_
Student's Signature:		Date:	-
Parent/Guardian Complete	e Section Below: (if appl	licable)	
In order to benefit from this in a timely manner.	program, your teenager r	requires 100% support from you. Pl	ease make certain your teen arrives on time and picked up
Park Conservancy at Hemral time period, and that my tee	nn Park. I understand that n will commit to at least 20	the program will run for approxima	e in the Job Shadow volunteer program with the Hermann tely 4 hours approximately per day during an agreed upon schedule starting in July 2024 or an agreed upon of time from start date.
	• •	•	of my knowledge. I authorize the Hermann Park my teen's acceptance and placement as a volunteer.
Print (Parent/Guardian) Nam	ne:		
Signature:		Date:	_
Please send to: Voluntee	Department, Hermann	Park Conservancy, 1700 Herman	nn Drive, Houston, Texas 77004, or email

volunteer@hermannpark.org.