

Eco-Guide Shadowing Volunteer Consent Form

Volunteer Information

Full Name

Date of Birth

Email

Phone Number

Emergency Contact

Contact Name

Contact Phone

Relationship

Consent & Acknowledgements

☐

I have read and understand the information about the Eco-Guide Shadowing Program.

☐

I consent to photos or videos being taken of me for program purposes.

☐

I release the program and its organizers from any liability during my volunteer activities.

☐

I have provided any relevant medical information and agree to notify the organizers of any changes.

Relevant Medical Information

Volunteer Signature

Date

Guardian Signature (if under 18)

Date