

2024

Hermann Park Conservancy Job Shadow Interest Form



|                                      |                                    |
|--------------------------------------|------------------------------------|
| Name of Student/Teen:                | Date:                              |
| Parent/Guardian's Name:              |                                    |
| Address/City/State/Zip:              |                                    |
| Home Phone or Parent's Cell Number:  | Student/Teen Cell Phone Number:    |
| Parent's Email:                      | Student Email:                     |
| Name of School:                      | Grade Entering in the Fall:        |
| Name/organization that referred you: | Organization's contact information |

Character references: (two adults, no relatives, you have known for at least one year, current/previous employers, counselor, minister, etc.)

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

| Availability              | Thursday | Friday | Saturday | Optional date:<br>8/4/24 |
|---------------------------|----------|--------|----------|--------------------------|
| From 8:30am<br>To 12:30pm |          |        |          |                          |

In case of an emergency, whom would you wish us to notify?

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home phone\_\_\_\_\_ Cell\_\_\_\_\_ Work phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home phone\_\_\_\_\_ Cell\_\_\_\_\_ Work phone\_\_\_\_\_

Any medical condition/allergies: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Complete Section Below: (if applicable)**

In order to benefit from this program, your teenager requires 100% support from you. Please make certain your teen arrives on time and picked up in a timely manner.

*I give my child, \_\_\_\_\_, permission to participate in the Job Shadow volunteer program with the Hermann Park Conservancy at Hemrann Park. I understand that the program will run for approximately 4 hours approximately per day during an agreed upon time period, and that my teen will commit to at least 20 hours during the designated time schedule starting in July 2024 or an agreed upon commitment of hours following the summer 4-week program or within a 6 month period of time from start date.*

*I certify that the information of this application is complete and correct to the best of my knowledge. I authorize the Hermann Park Conservancy Volunteer Services Department to use this information in determining my teen's acceptance and placement as a volunteer.*

Print (Parent/Guardian) Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to: Volunteer Department, Hermann Park Conservancy, 1700 Hermann Drive, Houston, Texas 77004, or email [volunteer@hermannpark.org](mailto:volunteer@hermannpark.org).