

Authorization and Consent

I confirm that by signing this:

- That my answers are truthful and complete to the best of my knowledge.
- I give permission to the Friends of Rye Nature Center to use my date of birth to ensure I am not on the NY State Sex Offender Registry.
- I have read and understand the Animal Volunteer guidelines.
- I will provide two references upon request.
- I acknowledge that I agree to abide by the FRNC Volunteer Health Regulations.
- In a medical emergency, I give the Friends of Rye Nature Center staff permission to take me (my child) to a hospital for examination and treatment of injuries and/or to receive other necessary care.

Volunteer Signature

Date

Parent/Guardian Signature (if volunteer is under 18)

Date