RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

Volunteer at Holiday Giving

STUDENT UNION
GAITHERSBURG STUDENT UNION

Friday - November 22, 2019
2:45 - 4:00pm

Saturday - November 23, 2019
11:30am - 6:30pm

Activity Center at Bohrer Park
506 S Frederick Ave
Gaithersburg, MD 20877

Student Union Members
(Grades 9-12)
SSL HOURS!

StudentUnion@gaithersburgmd.gov
301-258-6350 office)
301-948-8364 (fax)
506 South Frederick Avenue
Gaithersburg, MD 20877

Volunteers will unload the food truck on Nov 22. On Nov 23, we will assist with set-up & clean-up, stock food tables, greet & assist families through distribution lines, & run a children's station. Bring a lunch and/or snacks. Space is limited! Register early!

Please note: Students are assigned to stations & are not always under direct staff supervision. Volunteers must work Independently & complete assigned tasks to earn SSL Hours.

SU November Holiday Giving 11.22.19 & 11.23.19

Parent's Last Name_____ Parent's First Name_____
Address _____City/State/Zip_____
Home Phone_____ Work Phone _____ City Resident □ Nonresident □
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Holiday Giving	ACBP		
			Holiday Giving	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

_____ _____
Print Parent/Guardian Name **Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y**□ **N** □
Please specify:
_____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid $ ____n/a_____ Cash □ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ___/___
Signature (name on card) _____
Print Name_____

Office Use Only: # 9432
Rec'd:_____ Initials _____
W P M F Resident: Y N
Pr: _____ Date:_____