

**Give a Kid a Dream NJ, Caresparc Consulting, Inc**  
**2021 Sustainable Health & Wellness Village® Festival**  
**Individual Volunteer Information & Release**

**Volunteering during COVID-19:**

- All volunteers must complete the pre-screening survey.
- Please do not volunteer if you are sick or live with someone who is at high risk.
- Personal Protective Equipment including masks, gloves, and sanitizer will be provided and must be used by all volunteers.
- Masks must cover mouth and nose and be worn at **all times**. Avoid touching your eyes, nose, and mouth.
- Clean and wash your hands before, during, and after volunteering for a minimum of 20 seconds. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
- All volunteers must follow the safety protocols established by the Host Cities, Counties and the their local health departments / public health officials
- Volunteers who do not follow these guidelines will be asked to leave.
- NO VOLUNTEERS UNDER 18 YEARS OF AGE PERMITTED IN THIS ACTIVITY.

Give a Kid a Dream NJ, Caresparc Consulting, Inc. will take all precautions necessary to provide and maintain a safe environment for its volunteers. I understand that volunteerism with the Sustainable Health & Wellness Village® Festival will involve working outdoors and can sometimes include but is not limited to, lifting, working tools, and with or around heavy equipment. I am expected to follow safety rules at the Give a Kid a Dream NJ (*located at 10 Pearl Street, Long Branch, NJ 07740*). I hereby accept and assume full responsibility for any injury I might suffer while volunteering. As a volunteer, I grant Give a Kid a Dream NJ, Caresparc Consulting, Inc. permission to use images of me for the purpose of illustration and promoting its mission through any medium.

I hereby give permission to use, and/or publish images of me through any medium for promotional or other uses furthering the mission of Give a Kid a Dream NJ, Caresparc Consulting, Inc.

**I have read the safety rules for volunteering, and I agree to take responsibility when volunteering. I will notify Caresparc Consulting, Inc. staff coordinator if I am allergic to bees, or have an Epi-Pen.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (day of event): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Additionally, I acknowledge having read and understood the above consent form.

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