Karen Nash Memorial Butterfly Garden Inc.& KNMBG Youth Gardener’s Garden Club (2020)  
 COMMUNITY/ KNMBG VOLUNTEER REGISTRATION

(Families, College students, Adults,) June 2020 to September 2021

Please submit this form when you volunteer at a Gardening Session at Memorial School’s Karen Nash Memorial Butterfly Garden, 300 W. Stewart St.,Washington, NJ 07882. (One form filed/updated each year.)

For more info, email KNMBG Garden Club Pres. Amanda Orenstein at [KNMBG.YouthGardeners@gmail.com](mailto:KNMBG.YouthGardeners@gmail.com)

PRINT - Participants must file this form annually to participate in KNMBG Inc.& KNMBG GC activities.

Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name(s) of parents:\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth names\_\_\_\_\_\_\_\_\_\_\_\_age\_\_\_, \_\_\_\_\_\_\_\_\_\_\_age\_\_\_, \_\_\_\_\_\_\_\_\_\_age\_\_\_\_, \_\_\_\_\_\_\_\_\_\_age\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_, Birthdate\_\_\_\_\_\_\_\_\_\_, Birthdate \_\_\_\_\_\_\_\_\_, Birthdate\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NJ \_\_\_\_\_\_\_\_\_\_   
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Student Pre-K - Gr. 1\_\_\_\_\_, Student Gr. 2-6 \_\_\_\_\_, *Teen Grade \_\_\_\_\_, College Student \_\_\_\_\_Yr.\_\_\_\_, Scout Leader\_\_\_\_\_, Teacher \_\_\_\_\_, KNMBG Bd. \_\_\_\_\_, Boro Green Team \_\_\_\_\_, Other\_\_\_\_\_\_\_\_\_\_\_\_\_*

New Member: \_\_\_ Returning: \_\_\_Optional- Allergies:Bee/Other =\_\_\_\_\_\_\_\_\_\_\_\_\_ Carry an Epipen?\_\_\_\_\_

(Circle Town): Washington Boro/ Washington Township / Franklin / Mansfield / Oxford / Other \_\_\_\_\_\_\_\_\_

I plan to participate: Month \_\_\_\_\_\_\_\_Yr\_\_\_\_\_to Month\_\_\_\_\_\_\_\_\_\_Yr\_\_\_\_\_\_\_.

STUDENT SHIRT SIZE (if no indication, a Youth Large will be ordered; 1 shirt per student)   
**Circle one: Youth S/Youth M/Youth L/Adult S/Adult M/Adult L/Adult XL/Adult XXL/ Adult XXXL**

EMERGENCY CONTACTS:  
 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ 2nd: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ 2nd: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ **RELEASE of RESPONSIBILITY - I assume all responsibility for any accident or injury or illness related to KNMBG garden and club activities and will not hold Memorial School, the Washington Borough Bd. of Education, the KNMBG Executive Board, the KNMBG Youth Gardeners of Memorial School, or anyone associated with the Karen Nash Memorial Butterfly Garden, Inc. responsible.**

**PRINT Volunteer name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Volunteer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Parent/Guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

PHOTO RELEASES \*I give permission for all listed above to be photographed (MUST circle one) **Yes / No** I give permission for a photo of all listed above to be published as follows:   
 \* In newspapers, magazines, grants, and photo exhibits (MUST circle one) **Yes / No**   
 \* KNMBG Facebook page (MUST circle one) **Yes / No**   
 \* KNMBG/ Garden Club slideshow or educational videos (MUST circle one) **Yes / No**   
 \* In a BOOK or MAGAZINE publication and educational articles about Gardening with children **Yes / No** Health Insurance name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Name of Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 PRINT NAME of Parent/Guardian Signature DATE  
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ADDITIONAL KNMBG TEEN/ COLLEGE VOLUNTEER INFO

***Teen/College Volunteers only-complete this section to join Youth Gardeners*: School Gr.:** \_\_\_\_ Age: \_\_\_\_

DOB:\_\_\_/\_\_\_/\_\_\_\_ Circle College Student Class Freshman, Soph, Junior, Sr. Grad.

CIRCLE if earning Service hrs:

SCOUTS Troop #\_\_\_\_\_ Leader’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leader’s email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FFA/ SAVE CLUB/ NJHS/ NHS/ CHURCH/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Club Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advisor’s email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian of minors #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_   
 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will parent volunteer? Yes/No

Parent/Guardian of minors #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_   
 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will parent volunteer? Yes/No

Additional parent/grandparent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional - Any parent/guardian Allergies: Bee / Other concerns= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: COLLEGE BOUND STUDENTS are asked to notify us if you plan to major in college to study Botany, Agriculture, Biology, Wildlife, Forestry, Environmental Science, Sustainability, Conservation, or any other Garden or Environmental science fields of study; you may qualify for a Garden Club of NJ Scholarship. Please ask about competitive TEEN Essay, Poetry, and art Award Contests.