



# Teen Volunteers Needed!

Sunday, Oct. 14

7:30am to 11:30am

Lake Metroparks Lake Erie Bluffs  
Lane Road Shelter, Perry Ohio

Teen volunteers are needed to assist with directing and cheering on runners around the trail, family activities, refreshments, set-up/tear-down help, and more.

Event will be held rain or shine: volunteers should be able to walk, sit and stand for periods and work independently. Volunteers will get t-shirts and refreshments, credit for school and scouts, and help raise funds to provide health and dental care to neighbors in need!

**To sign-up, complete and return the form below via**

**Mail: LCFC, 54 S. State St., #302, Painesville, OH 44077; Fax: 440.352.8107**

**Email: [volunteer@lakefreeclinic.org](mailto:volunteer@lakefreeclinic.org)**

**Questions? Contact Robin Ott at 440.754.0175 or [rott@lakefreeclinic.org](mailto:rott@lakefreeclinic.org)**

Volunteer Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian Permission *\* If under 18 , must be completed by adult parent/guardian\**

*I, give permission for my child, \_\_\_\_\_, be a volunteer for Lake County Free Clinic (LCFC). If there is an emergency and I or the person (s) listed below cannot be reached, please take him/her to the nearest medical facility and act on my behalf until I am contacted. I will hold harmless LCFC harmless in all legal issues that may arise from this decision. I release LCFC from all liability claims and rights of action of any kind which the above named volunteer(s) now has or may have for personal injuries, property damage, and other losses incurred as a result of participating as a volunteer for LCFC, including injuries, property damage and losses which are presently known, as well as those which are unknown, but which may develop or be discovered in the future. I understand that as a volunteer, myself and my child(ren) may be videotaped, audio taped, interviewed, and/or photographed. I agree to allow LCFC to keep, as their property, the products of such videotaping, audio taping, interviewing, and/or photographing.*

Emergency Contact Name \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_