



I AM INTERESTED IN VOLUNTEERING!

We give community service hours that are required in High School.
If you are under age 18, parent's consent & contact information is required.

Student's Name: _____ Age: _____ Grade: _____

School: _____ Student's Email: _____ Student's Phone#: _____

Parent(s) Name: _____

Email(s): _____ Phone #: _____

I consent to Trumbull Health Department sending volunteer information directly to my child.

Parent Signature: _____ Date: _____

As events come up, we will contact you or your child via email with details of the event.

Are you interested in joining our **Teen Advisory Group (TAG)** ?

Yes No Maybe, I need more info

The TAG consists of 8th-12th grade students interested in promoting public health to teens. Activities include planning and coordinating events appropriate for school-age kids. Service hours are given for all meetings and activities attended.

Mail completed form to: Trumbull Health Department 335 White Plains Rd, Trumbull CT 06611 OR

Email form to: Siacozzi@trumbull-ct.gov

Make sure your information is legible!