



## 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 8<sup>th</sup>-12<sup>th</sup> 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: [Sjacozzi@trumbull-ct.gov](mailto:Sjacozzi@trumbull-ct.gov)**

# Make sure your information is legible!