

**Ocean County Historical Society  
Application for High School Community Service**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

High School \_\_\_\_\_

Teacher/Advisor \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

\*Visit the Ocean County Historical Society web page for days and hours of operation. Days and times you are available for community service will be discussed.

I agree to allow my child \_\_\_\_\_ to volunteer at the Ocean County Historical Museum as a participant in the community service program for high school students.

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

**Parental Consent and Release Form  
for Participation in the Ocean County Historical Society's  
Community Service Student Volunteer Program**

I, the undersigned, do hereby consent to the participation of my child

\_\_\_\_\_ in volunteer activities sponsored by the Ocean County Historical Society Museum, located at 26 Hadley Avenue, Toms River, New Jersey.

I also agree to forever hold harmless the Ocean County Historical Society and all its board members, volunteers, and any and all individuals and organizations assisting or participating in volunteer activities held by the organization from any and all claims, that may have arisen from personal injuries to my child or property damage resulting from my child's participation in the OCHS's volunteer program.

I further affirm that I have read and understand the contents of this form. I understand that my child's participation in this program is strictly voluntary.

\_\_\_\_\_  
**Signature of Parent or Guardian**

Please return this application, release form, and letter to:

Ocean County Historical Society  
Undergraduate Internship Program  
26 Hadley Avenue  
Toms River, New Jersey 08753