



GFWC New Tampa Junioresettes

Dear Girls and Parents,

We would like to take a moment to welcome you to the 2017-2018 GFWC New Tampa Junioresettes. We are looking forward to an exciting year of volunteering. Some of you are returning and we are so glad to have you back! Others are about to venture into a sisterhood and become new members and community volunteers.

Please read over the following information and complete the paperwork so that you can begin volunteering right away. **Without these forms filled out, notarized and in our Junioresette binder**, you will not be able to participate even if your parent is present at an event.

If you are a returning Junioresette, you may bring your completed application and dues to the meeting **Monday, August 21st at 7:00 PM (6:30 hands-on project) to Compton Park Clubhouse**. If you are a new member, bring your completed paperwork and dues to the September meeting, September 18th, at Compton Park Clubhouse.

As part of the General Federation of Women's Clubs, the GFWC New Tampa Junioresettes maintains three advisors to assist with club meetings and projects during club meeting times. For outside projects to occur we will need parent chaperones to be confirmed. We are sending the calendar out early so that you can confirm one or two outside project chaperone opportunities. As a chaperone, you will be given all emergency contact information for the members who you are responsible for during that project. You are also expected to stay with the members and chaperone what they are doing.

The GFWC New Tampa Junior Woman's Club is our sponsoring club and assists in community service throughout the Tampa Bay Area. If you are interested in information on joining and becoming a volunteer in our community outside of chaperoning, please let Haadhaq know and she is happy to pass on this information.

The annual dues for Junioresettes are \$55.

You may pay by check made out to GFWC New Tampa Junioresettes and bring it to the meeting or mail it to GFWC New Tampa Junioresettes, PO BOX 46183, Tampa, FL 33647.

If you have any questions please feel free to contact us anytime.

Sincerely,

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GFWC New Tampa Juniorette 2017-2018 Application

Member Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Birthday: _____ Age: _____

School: _____ Grade: _____ Graduation Year: _____

Parent Name: _____

Parent Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone: _____

Parent Name: _____

Parent Address: _____

Home Phone _____ Cell Phone: _____

Emergency Contact Name (other than parent):

_____ Phone: _____

As a member of the GFWC New Tampa Juniores for the 2017-2018 year, you must attend at least 3 general meetings, complete at least 5 hours of community service and participate in at least 1 fundraising activity over the year.

A signed copy of the Juniorette agreement, the notarized medical release form, copy of medical insurance card (front and back), photo release form and dues of \$55 along with parent signatures must be complete for this application to be accepted.

I fully understand by signing this application to become a Juniorette that I am to act in a responsible, mature and respectful manner as I will be a representative of the GFWC New Tampa Juniores. Inappropriate behavior may serve as grounds for dismissal from the club. It is also my responsibility to notify the Juniorette Advisor(s) and/or the President when I will be unable to attend a volunteer opportunity that I have signed up for.

Juniorette signature: _____ Date: _____

Parent signature: _____ Date: _____

PERMISSION/MEDICAL AUTHORIZATION/RELEASE

I, _____, as parent/legal guardian of _____, hereby give my permission for my daughter's attendance and participation in GFWC New Tampa Juniorette club meetings and events. In the event of illness or injury, I authorize to give consent for any necessary emergency medical treatment on behalf of my daughter. I understand that the GFWC or GFWC Florida, its members or chaperones are not liable for expenses incurred, including hospital or emergency transportation, for the treatment of any such injury or illness and that I am liable for all such expenses. In the event of a medical emergency, I further authorize the Juniorette Advisor(s) and/or chaperones to provide the medical services provider with insurance information. **A copy of my child's insurance card is attached for that purpose, as well as a list of any known allergies and any medications my child may be taking at this time.**

The Juniorette Advisor(s) and/or Chaperone has my consent to render any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to the minor under the general or special supervision and when the need for advice of any physician or surgeon licensed to practice in the state of Florida, when the need for such treatment is immediate.

As consideration for allowing my daughter to attend and participate in GFWC New Tampa Junioresettes club meetings and events, I release and forever discharge the GFWC, the GFWC Florida, its members and chaperones from any and all claims, actions, or liability which I or my daughter have or may have against the GFWC, the GFWC Florida, its advisors, members and chaperones concerning or in any manner connected with or arising from my daughter's attendance and participation in the events/meetings, including any and all acts of negligence occasioned by the GFWC, the GFWC Florida, its advisors, members and chaperones.

_____, 201____.

DATE

Individually, and as Parent/Legal Guardian of

Juniorettes Name

Parent/Guardian Signature

Sworn and subscribed before me in the State of Florida, County of _____ by _____, who is personally known to me or produced the following identification _____, on this _____ day of _____, 201____.

Notary

Medical and Insurance Questionnaire

The applicant is under the care of a physician for the following conditions(s):

Current treatment (include current medications):

Any medically-prescribed meal plan or dietary restrictions?

Any allergies (food, drugs, plants, insects)?

Special health and/or behavioral considerations:

Insurance Information:

Please attached a copy (front and back) of your insurance card

Signature of Parent/Guardian

Juniorette Agreement

I, _____ pledge to abide by the following agreement while I am a member of the GFWC New Tampa Juniorettes.

- I will not leave the place I am volunteering without first notifying an advisor.
- I will behave in a manner that will reflect a positive image of the Juniorettes.
- I will abide by the Juniorette By-Laws (located on the Juniorettes website)
- While volunteering, I will abstain from the use of illegal drugs and alcohol.

I understand that failure to abide by this agreement can result in my having to leave the meeting or event that my parent will be notified to pick me up, and/or other disciplinary action may be taken.

Juniorette Signature

Date

Photo Release

Please circle grant or decline

I hereby **grant/decline** permission to the GFWC New Tampa Juniorettes the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of the GFWC New Tampa Juniorettes.

Signature of Parent/Guardian

Date