



## Junior Curator Information Sheet York County Heritage Trust

Please print or type:

Name: \_\_\_\_\_ M ( ) F ( )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Emergency Contacts:

First Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Second Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Signature of Junior Curator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Junior Curator Parental/Guardian Permission Sheet**  
**York County Heritage Trust**

Name of Junior Curator: \_\_\_\_\_

Date: \_\_\_\_\_

Special Needs/ Medical Conditions:

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I give permission for \_\_\_\_\_ to participate in the Junior Curator Program of the York County Heritage Trust. I have read and signed his/her Junior Curator Application and verify that their emergency contact information is valid and current. I have indicated on this sheet any special needs or medical conditions of my child that may be relevant to their volunteering experience. I also agree to allow the York County Heritage Trust and other local organizations to use photographs/recordings and video recordings of my child as a Junior Curator taken for promotional use and for the York County Heritage Trust website.

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

Date: \_\_\_\_\_