

**The Student Conservation Association, Inc.**  
**APPLICANT SIGNATURE FORM**  
**for Conservation Crews**

**I have read** the attached information about the Student Conservation Association's Conservation Crews. I support SCA's objectives of serving parks, forests, and resource areas while providing crew members with field experience and conservation education. I realize that if I am offered and accept a conservation crew member position, the area at which I am selected will be counting on my assistance for the period agreed upon. I will then make every effort to fulfill my commitment to that area and to SCA.

IF FOR SOME REASON IT BECOMES NECESSARY FOR ME TO WITHDRAW MY APPLICATION, I AGREE TO NOTIFY SCA IMMEDIATELY SO THAT I WILL NOT DEPRIVE SOMEONE ELSE OF THE CHANCE TO PARTICIPATE.

I understand that my participation in this crew is contingent upon my agreement that I will abstain from the use of tobacco, alcohol, illegal drugs, or from engaging in sexual activities for the duration of my participation with SCA. I also understand that the living and working conditions will be primitive and I will work hard, often for long hours. I certify that I filled out this application in my own words, and that all of the statements made in this application are true to the best of my knowledge.

I certify that all of the statements made in this application are true to the best of my knowledge and I may be dismissed if false information is presented.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo and Quote Release: In consideration of submitting this application, I recognize that by applying to SCA programs, I grant SCA freedom to use my name, likeness and/or words in the production of publicity, educational and promotional materials.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**QUESTIONS BELOW ARE FOR APPLICANTS UNDER 18 YEARS OF AGE**

Check here if the applicant's parents maintain separate households but share joint legal custody of the applicant. *(Please note if you checked the box at left the signatures of both parents are required below before we can review this application.)*

I have read the attached information describing the Student Conservation Association's Conservation Crews. Having discussed the program with the applicant, I authorize him/her to apply for and to participate in the program.

**First Parent/Guardian**

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

Print Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Second Parent/Guardian**

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

Print Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Evening Phone: \_\_\_\_\_