



1900 Kane Street - Houston, TX 77007
713-802-9370
713-802-9403 (fax)
www.meca-houston.org

VOLUNTEER APPLICATION

(Under 18 Years of age requires a parent's signature)

First Name: _____ LastName: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Artist : Y/N

E-mail Address: _____

Employer, Organization or School: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relationship: _____

Phone: _____ Cell: _____

Would you like to be added to the MECA mailing list? Yes _____ No _____

ACCIDENT OR INJURY RELEASE

I agree to release MECA, its executive director, instructors, staff, and board of directors from any liability that may result due to accident whether on the premises or in transit while I am a participant of the MECA program. I hereby give permission for the directors, instructors or staff of MECA to aid or take me to the nearest medical facility available in case of sickness or accident while under their supervision.

Parent or Guardian Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____