

Dream It Forward



Participant & Consent Form

Thank you for your interest in participating in Pathways' *Dream It Forward Challenge!* To be eligible to participate, you must first volunteer at least four or more hours to help a child with a disability, then complete this consent form. If you are under the age of 18, this form must also be signed by your parent or legal guardian. Any information you send us will be posted on our website in accordance with the options you check in section 2 (below). If a group of two or more people took part in the same activity, a separate consent form must be filled out by each individual who volunteered, and then all forms and any other information related to that activity should be mailed together in one envelope.

VOLUNTEER'S NAME _____ AGE _____

IF GROUP ACTIVITY, LIST NAME (i.e., school or organization) _____

DATE(S) AND # HOURS YOU VOLUNTEERED _____

EMAIL _____

PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

DESCRIBE HOW YOU HELPED _____

(Use back for more space)

1. If you want your story to be considered for Pathways' "Monthly Highlight Challenge" on our website and newsletter:

Submit a letter no longer than one page (12 font text) describing your activity, and up to two photos, along with your consent form(s). Entries received by the first of each month will be eligible to be published in our newsletter and website within a two-month time frame. For example, if we receive your entry in the month of July, we will review it and, if it is chosen, notify you in August. It will then be featured in our newsletter and on our website in September. **Every** person (including adults 18 or older) **recognizable** in the photos or wishing to be identified by name must check the boxes below and sign this written consent before we list them on Pathways for Exceptional Children's website and/or newsletter for the "Monthly Highlight Challenge."

2. This section must be completed by all adult volunteers, and parent or guardians of volunteers under the age of 18:

If you are entering the "Monthly Highlight Challenge," and want us to use your photos, check the first box below to give your consent for photo usage. Otherwise, leave the photo box blank and just complete the remaining information about how you want your name to appear in our publications:

I give Pathways for Exceptional Children permission to print my (circle one or both): self, child's (check the following): photo , full name , first name and last initial , initials only , in conjunction with the **Dream it Forward Challenge** as described. I understand that photos and/or other materials sent to Pathways for Exceptional Children will not be returned. I also understand that Pathways for Exceptional Children cannot assume any responsibility whatsoever for the selection, monitoring, or supervision of any of the activities relating to the **Dream It Forward Challenge**.

I understand that any activities done for this challenge are under the full discretion, supervision and responsibility of the parents, guardians and/or adults involved with the schools or organizations designated to oversee and ensure the safety and well being of all children involved.

* Adult/Parent/Legal Guardian (print name) _____ Date _____

* Adult/Parent/Legal Guardian Signature _____

3. Mail forms and information to: Pathways for Exceptional Children "Dream It Forward Challenge," 4 Cherokee Ct., Montville, NJ 07045
Scanned forms and digital photos can be emailed to mvtpec@aol.com. Photos can be JPG, TIF, or PNG; minimum 300dpi for our printed newsletter.



Questions? Email us at mvtpec@aol.com or visit our website at www.PathwaysKids.org.