INFORMATION SHEET
Summer Student Program
1719 Herr House & Native American Longhouse

Name of Student_________________________________________ Age__________
Street Address________________________________________________________________________
City, State & Zip Code____________________________________________________________________
Email Address__________________________________________________________________________
Telephone ___________________________ Cell phone ____________________________
Emergency Contact______________________________________________________________________
Emergency Contact Telephone Number _________________________________________________
Allergies ____________________________________________________________________________

Please circle below which half day or full day you plan to volunteer:

Monday 9:00-12:30 12:30-4:00 9:00-4:00
Tuesday 9:00-12:30 12:30-4:00 9:00-4:00
Wednesday 9:00-12:30 12:30-4:00 9:00-4:00
Thursday 9:00-12:30 12:30-4:00 9:00-4:00
Friday 9:00-12:30 12:30-4:00 9:00-4:00

Dates I will not be available to volunteer: ________________________________________________
____________________________________________________________________________________

Orientation: I will attend. Yes _____ No _____
An adult will be attending orientation with me. Yes _____ No _____

1849 Hans Herr Drive, Willow Street, PA 17584 (717) 464-4438 www.hansherr.org
MEDICAL RELEASE FORM
Summer Student Program
1719 Herr House & Native American Longhouse

I give permission for ________________________________ (student’s name) to receive emergency medical treatment at a local medical center, hospital or doctor’s office, in the event that I cannot be reached.

_______________________________________    __________________
(Parent signature)                        (Date)

_______________________________________
(Emergency contact)

_______________________________________
(Phone number)
CODE OF CONDUCT AGREEMENT
Summer Student Program
1719 Herr House & Native American Longhouse

As a Summer Student Program participant at the 1719 Herr House & Native American Longhouse, I agree to the following Code of Conduct.

I will:
• Arrive on time; Museum is open from 9:00 AM until 4:00 PM;
• Be dressed in appropriate clothing (it will be provided for you);
• Stay on the 1719 Herr House property and not cross Hans Herr Drive;
• Be accountable to the 1719 Herr House staff* for my actions and my whereabouts;
• Complete the chores that I am assigned;
• Call ahead of time when I will be unable to come to the 1719 Herr House & Native American Longhouse.

I understand if I break this Code of Conduct Agreement, the following will occur:
• 1st offense: I will receive a warning
• 2nd offense: I will make a phone call to my parents
• 3rd offense: I will be excused from the program for the remainder of the season

______________________________________
(Student signature)

______________________________________
(Parent signature)

*The 1719 Herr House staff is David Schrock, Donnalee Mylin, and Michael Bodner.
APPROVED TRANSPORTERS
Summer Student Program
1719 Herr House & Native American Longhouse

The following people have my permission to pick up my child from the Summer Student Program at the 1719 Herr House & Native American Longhouse:

1. ________________________________
2. ________________________________
3. _________________________________________________________________________
4. _________________________________________________________________________

__________________________________________  __________________________
(Parent signature) (Date)