

National HERMANITAS® Program

A-3: Hermanitas Application/Parental Permission Form

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Allergies or Special Needs (Please Explain): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Telephone: _____ E-mail: _____

Name of MANA Chapter or Affiliate: _____

HERMANITAS® Coordinator Name: _____

Emergency Contact: _____

Telephone: _____ Relationship to Student: _____

As the Parent/Legal Guardian of _____, (*Hermanita*)
I hereby allow her to participate in all activities and functions of the
HERMANITAS® program. I am aware, and will support her
empowerment as a Latina through education, leadership development,
health and cultural awareness, and community activism. I am aware
there may be some workshops about abstention and prevention of teen
sex, drugs, alcohol and substance abuse. I understand that by allowing
my student to travel and participate at the HERMANITAS® activities, I
am not holding MANA, A National Latina Organization, the MANA
Chapter/ Affiliate, and/or any program volunteers responsible or
liable in case of an accident.

In case of an emergency, _____ (Coordinator)
can present the following information:

Insurance Carrier: _____ **Insurance Number:** _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

National HERMANITAS® Program

A-4: Transportation Permission Form

Volunteer drivers are an essential component of the HERMANITAS® program success. We appreciate the willingness to provide personal transportation, making it possible for students to participate in certain activities, where they otherwise may not have had the opportunity. As a volunteer driver, you should be aware of the responsibility you are taking on:

In circumstances giving rise to auto insurance claims, the insurance maintained by the driver/owner of the vehicle would apply first. If the limits of the liability under the owner's policy failed to satisfy the legal liability involved, the Chapter/Affiliate policy may become effective.

All volunteer drivers must provide the following information:

Name: _____

Address: _____

Phone: _____ Email: _____

Drivers License #: _____ Exp: _____

Have you ever been convicted of reckless driving or driving under the influence of drugs/alcohol within the past five years? Yes No

Are you over 21 years of age? Yes No

Is your vehicle in safe working order? Yes No

Do you have Liability Insurance Coverage? Yes No

Limits of Liability: \$ _____ Limits of Medical: \$ _____

Name of Carrier: _____

Policy #: _____ Exp: _____

I certify that the above information is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damage.

Signature: _____ Date: _____

Printed Name: _____