



# Youth Volunteer Corps Registration and Service Agreement School Year 2009-2010



Please fill out ALL sections of this completely and SIGN this application. Have your parent or guardian sign in the space indicated on reverse. Registration is on a first-come, first-served basis. Return this form today to YVC at 4241 21<sup>st</sup> Ave W Suite 200, Seattle, WA 98119-1250 or your site YVC Coordinator. RETURN FORM TO YVC AT LEAST 1 WEEK BEFORE PROJECT. Projects sometimes fill up fast or get cancelled if forms are not in early.

## Youth Information

Name (First, Middle, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address\*: \_\_\_\_\_  
\*Must be ADULT account for youth UNDER 13 years old

Family Last Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr)  
 Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Fall Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 How did you hear about YVC? \_\_\_\_\_  
 Volunteered w/ YVC before?  No  Yes, for \_\_\_\_ years Project(s): \_\_\_\_\_  
 Do you want to receive occasional YVC project notices by e-mail?  No  Yes

## Parent/Guardian Information

Parent/Guardian (Primary)  Address Same as Youth

Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 With whom does the child live? \_\_\_\_\_

Parent/Guardian (Secondary)

Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_

## Local Emergency Contacts

Authorized to act on behalf of parent(s) if they cannot be reached

Name (1<sup>st</sup>): \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Name (2<sup>nd</sup>): \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

## Health History and Special Needs

ADD  ADHD  Asthma  Physical or Mobility Limitations  
 Hearing-Impaired  Deaf  Diabetic  Special Ed or Learning Disabilities  
 Vision-Impaired  Blind  Epilepsy or Seizures  Dietary Restrictions: \_\_\_\_\_  
 Other, Please explain: \_\_\_\_\_

Allergies:  None  Yes (please list all allergies plus reaction and treatment): \_\_\_\_\_

Details of your **daytime prescription medications (MUST be turned in to Team Leader)**, special needs, health or physical limitations, emotional issues, chronic illness, recent operations or injuries, etc. which might affect your participation in regular activities: \_\_\_\_\_

Date of last DTaP/DTP/DT/Td: Year: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## Demographics (optional)

Completing this information below correctly helps Camp Fire seek and receive funding from the community.

Camp Fire activities are open to all without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities

Number in Family: \_\_\_\_\_ Marital Status of Head of Household: \_\_\_\_\_ Household Income:  Under \$15,000  \$15,001-\$25,000  \$25,001-\$35,000  \$35,001-\$45,000  \$45,001-\$55,000  \$55,001-\$75,000  \$75,001-\$100,000  \$100,001-\$150,000  \$150,001-\$200,000  Over \$200,000  
 Child's Ethnicity: \_\_\_\_\_  
 Single  Married (two parent)  
 Partnership  Foster Parent(s)  
 Immigrant or Refugee from (country): \_\_\_\_\_  Guardianship  Divorced, Separated, Widowed

Read and Sign Back – Both sides of form must be completed

**Enrollment**

Please indicate which upcoming project(s) you are registering for, include the project name and number.

**QUESTION FOR YOUTH:** Why do you want to sign up for this/these project(s)? \_\_\_\_\_

See Flyer/website to fill out the:

**Project Name****Project Number****Project Date**

I want this project: \_\_\_\_\_

I also want this project: \_\_\_\_\_

I also want this project: \_\_\_\_\_

Do you have a way to get to the project(s)\*? \_\_\_\_\_

\*We are unable to guarantee transportation to any project. Transportation is decided by the needs and distance of the project. Most projects are easily accessed by public transportation; please follow this link to plan your trip [http://triplanner.metrokc.gov/cgi-bin/tin\\_page.pl?resptype=U](http://triplanner.metrokc.gov/cgi-bin/tin_page.pl?resptype=U).

**PLEASE NOTE:**

You are signing up for ALL projects you write down – not 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices like in the summer! You may choose more than three. If project is full you will be on a waitlist.

This is a commitment that you must honor. If you need to cancel please do so 2+ weeks in advance!

**Office Use Only**

Proj #1: \_\_\_\_\_

Proj #2: \_\_\_\_\_

Proj #3: \_\_\_\_\_

Reg ID \_\_\_\_\_

Youth # \_\_\_\_\_

Reg Date \_\_\_\_\_

Hours \_\_\_\_\_

 Wait List**Agreement between YVC and all Youth Volunteers – Read carefully and sign below****You, as a youth volunteer, agree to the following:**

- To volunteer on the scheduled day(s) of the project (YES, this is a commitment! Please respect others and keep it)
- To be familiar with YVC and the agency with which we are volunteering
- To ask any questions that occur to you
- To work with a positive attitude and be a positive member of a team working on something important
- To abide by the standards of the YVC and the Central Puget Sound Council of Camp Fire
- To accept YVC's right to dismiss any volunteer for unacceptable performance or disruptive behavior
- To notify your Team Leader or Program Director if, for any reason, you are unable to carry out your volunteer responsibilities

**Youth Volunteer Corps strives to provide the following:**

- Safe and appropriate placements for youth volunteers
- Trained team Leaders to guide and assist at all times
- Time to reflect and discuss the service project as a team
- Recognition of all volunteers for their work and accomplishments


 **Youth Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Authorization – Read carefully and sign below****Parent/Guardian Authorization (or self if 18)** – In order to participate in Youth Volunteer Corps projects and activities, youth volunteers must have your written permission.**Parent's Responsibility** – I will take responsibility to see that my child/ward (or self if 18) is properly prepared for all activities including having the proper clothes and equipment, and being in good health, and will inform the supervisor of any particular physical, mental, social, or other condition of my child/ward (or self if 18) of which the supervisor should be aware.

**Disclosure** – I understand that YVC activities involve a normal level of risk and the adult supervisors will accompany my child/ward (or self if 18) on all projects and activities. I assure that my child/ward (or self if 18) has my permission to participate in all YVC activities, is willing and able to participate in program activities, and is willing to abide by program policies and follow directions of supervisors. In the event my child/ward (or self if 18) is photographed, filmed, or recorded while participating in a Youth Volunteer Corps project, YVC, Camp Fire, or any of its sponsoring agencies, may use the photo, film, or recording for publicity, promotional, or instructional purposes. I understand and agree that participation in the volunteer program is for no definite period and may be discontinued at any time without prior notice from the Youth Volunteer Corps. I release the Youth Volunteer Corps, and the Central Puget Sound Council of Camp Fire USA, from any liability for future reference it may give regarding my child/ward's (or own if 18) volunteering with the YVC.

**Medical Care Authorization** – I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency affecting my child/ward (or self if 18), or if my child/ward (or self if 18) is not feeling well or is unable to function.

**In case of medical or surgical emergency**, after every reasonable effort has been made the contact me (or parent/guardian/emergency contact if 18), the family physician, or relatives or friends named on this form, I hereby give my permission to the physician secured by the adult in charge of the activities, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child/ward (or self if 18). In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or Youth Volunteer signature if 18)

**Print Name:** \_\_\_\_\_

**This program is FREE. It's important to us to keep it that way, out of respect to youth volunteers for making a difference in their communities, and to ensure our program is financially accessible to ALL youth who serve their communities. However, it costs a lot to operate out program (an average of \$100 per youth per project). Can you help keep our program free and accessible by contributing to YVC? Your contribution goes directly to making projects like these happen.**

**YES!!** I am contributing \$\_\_\_\_\_ to help youth have meaningful service experiences and, in turn, help their communities!  
(Thank you!!! Your donation is tax deductible.)

Return to the YVC Coordinator at your site or mail/fax to:  
**We need forms one week before the project at the latest.**

Youth Volunteer Corps  
4241 21<sup>st</sup> Ave W, Suite 200  
Seattle, WA 98199-1250

Phone: 206 461 8550  
Fax: 206 525 3351