



Youth Volunteer Corps Registration and Service Agreement Summer 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 21st Ave W, Suite 200, Seattle, WA 98199-1250.

RETURN FORM TO YVC AT LEAST 1-2 WEEKS BEFORE THE PROJECT. Programs will fill up fast or get cancelled if forms are not turned in early.

Youth Information

Name (first, middle, last) _____ Family Last Name _____ Birthdate ___ / ___ / ___ (Mo/Day/Yr)
 Address _____ Gender: ___ Age: ___ Grade/Year entering in fall: ___ School Attending: _____
 City _____ State _____ ZIP _____ How did you hear about YVC? _____
 Home Phone () _____ *E-Mail Address _____ Have you volunteered with YVC Before? No Yes, for ___ years project(s): _____
*Must be ADULT account for youth UNDER 13 Do you want to receive occasional YVC project notices by e-mail? No Yes

Parent/Guardian Information

Parent/Guardian (Primary) Address Same as Youth

Parent/Guardian (Secondary) Address Same as Youth

Local Emergency Contacts

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

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

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

Contact #1: _____
 Home Phone: () _____
 Other Phone: () _____
 Relationship to child: _____
 Contact #2: _____
 Home Phone: () _____
 Other Phone: () _____
 Relationship to child: _____

* Must provide an ADULT e-mail address to receive project confirmation

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 \$35,001-\$45,000 \$75,001-\$100,000
 Child's Ethnicity: _____ Single Married (two parent) \$15,001-\$25,000 \$45,001-\$55,000 \$100,001-\$150,000
 Immigrant or Refugee from (country): _____ Partnership Foster Parent(s) \$25,001-\$35,000 \$55,001-\$75,000 \$150,001-\$200,000
 Guardianship Divorced, Separated, Widowed Over \$200,000

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. You may draw an arrow if your project carries over into the next week. Please also list your **SECOND AND THIRD CHOICES** in **EACH** week because some projects fill up fast or get cancelled. Thank you!

June 28 – July 2	July 5 - July 9	July 12 – July 16	July 19 – July 23	July 26 – July 30
Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____
August 2 – August 6	August 9 – August 13	August 16 – August 20	August 23 – August 27	Other Projects
Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____	Project Name _____ Project # _____ First Choice _____ Second Choice _____ Third Choice _____

FOR YOUTH: Why do you want to sign up for these project(s)? _____
 Do you have a way to get to the project(s)*? No Yes, _____
*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://tripplanner.metrokc.gov/cqj-bin/itin_page.pl?resstype=U

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

<i>Office Use Only</i>	
Proj #1 _____	Reg ID _____
Proj #2 _____	
Proj #3 _____	Youth# _____
Proj #4 _____	
Proj #5 _____	Reg Date _____
Proj #6 _____	Hours _____

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)

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 our 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 21st Ave W, Suite 200
 Seattle, WA 98199-1250

Phone: 206 461 8550 ext. 230
 Fax: 206 525 3351