



YOUTH VOLUNTEER CORPS VOLUNTEER PROFILE



Today's Date: _____

YOUTH VOLUNTEER INFORMATION

Name _____ Gender M / F Date of Birth _____

Age _____ Grade _____ Ethnicity (optional) _____

Address _____

City _____ State _____ Zip _____ Number _____

Email _____ School _____

How did you hear about YVC? _____

Why are you volunteering? _____

YVC YOUTH AGREEMENT

Youth Volunteer agrees:

- To be on time and work all scheduled project hours OR notify YVC in advance if you cannot.
- To maintain a positive attitude and show respect to everyone at the project.
- To attend any required orientation and training and to participate in all project activities, including games.
- To abstain from profanity, drugs, tobacco, alcohol, sexual activity or violence of any form on projects.
- To keep all personal electronic devices off and out of sight.

YVC agrees:

- To treat the Youth Volunteer with respect.
- To provide the Youth Volunteer with appropriate duties that match his or her skills, experience and interests when possible.
- To provide trained, screened adult Team Leaders to guide and assist the Youth Volunteer on projects.
- To provide orientation, training, and evaluation for the Youth Volunteer as needed.
- To recognize the efforts of the Youth Volunteer and provide confirmation of service hours upon request.

Youth Volunteer Signature _____ Date _____

YVC Representative Signature _____ Date _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s) _____ E-mail _____

Parent/Guardian primary phone # _____ Alt. # _____

Are you interested in joining the YVC carpooling e-mail group? No Yes

PLEASE CONTINUE TO PAGE 2 (YVC PARENT/LEGAL GUARDIAN WAIVER)

OFFICE USE ONLY

Received by YVC _____ / _____ / _____ Added to database _____ / _____ / _____ Parent Waiver Complete?

YVC PARENT/LEGAL GUARDIAN WAIVER

THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

Youth Applicant's Name _____

Disclosure: I understand that adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the YVC program and agree to indemnify the partner agency and its employees or representatives from any such claims.

Medical Care Authorization: At any time due to such circumstances as accident or sudden illness I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a YVC representative or the partner agency will call me prior to leaving or upon arrival at the emergency destination, and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

Photographic/Transportation Release: In the event that my child is photographed or filmed for publicity purposes while participating in a YVC project, the photo or video may be used by YVC or any of its related agencies for promotional purposes. I authorize YVC and/or partner agency staff to transport my child in their vehicles if needed.

Parent/Legal Guardian Responsibility: I will inform YVC of any special need or condition my child has. I understand that withholding this information is unfair to my child and to the YVC representative entrusted with my child's safety. I will be punctual when dropping off/picking up my child from YVC projects, both for their safety and as a courtesy to YVC and its partner agencies. I understand that violating any of these policies may lead to my child's exclusion from YVC programs.

1) Emergency Contact (if unable to reach you) _____ Number _____

2) Emergency Contact (if unable to reach 1st contact) _____ Number _____

Health Care Provider/Family Physician _____ Number _____

Does your child have any allergies? No Yes Explain _____

Is your child currently under medical care? No Yes Explain _____

Please list any other mental, physical, social or other conditions your child has and any medication s/he is currently taking.

For the purpose of our grant reporting, does your child meet any of the following criteria: (a) out-of-school youth, including out-of school youth who are unemployed; (b) in or aging out of foster care; (c) limited English proficiency; (d) homeless or who have run away from home; (e) at-risk to leave secondary school without a diploma; (f) former juvenile offenders or at risk of delinquency; or (g) individuals with disabilities.? No Yes

Sign below to acknowledge you have read and understand this waiver and agree to its provisions; to affirm that you are the parent or legal guardian of the applicant named above; and to verify that all the information you have given is correct.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

Please make sure both pages of this application are complete and mail or fax to:

YVCKC, 4600 W 51st St. Suite 300, Roeland Park, KS 66205 Fax: 913.432.3313

Thanks for your interest in Youth Volunteer Corps! Let us know if you have any questions at 913.432.9822 x305