



Youth Volunteer Corps Volunteer Registration Form



Please fill out ALL sections completely. Have your parent or guardian sign.
Return to the Volunteer Center of Lubbock at 1706 23rd Street Suite 101 Lubbock, TX 79411.

YOUTH INFORMATION

PARENT/ GUARDIAN INFORMATION

| | |
|---|-------------------------------------|
| NAME _____ | PARENT/GUARDIAN _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY, STATE, ZIP _____ | CITY, STATE, ZIP _____ |
| HOME PHONE _____ | HOME PHONE _____ |
| BIRTHDAY ____/____/____(m/d/yr) | EMPLOYER _____ |
| GENDER _____ AGE _____ FALL GRADE _____ | WORK PHONE _____ |
| SCHOOL _____ | WITH WHOM DOES THE CHILD LIVE _____ |
| EMAIL _____ | Child's ethnicity _____ |

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

| | |
|--------------------|-----------------------------|
| CONTACT NAME _____ | RELATIONSHIP TO CHILD _____ |
| HOME PHONE _____ | WORK PHONE _____ |

HEALTH & DIETARY NEEDS

CHILD'S SPECIAL HEALTH NEEDS _____

CHILD'S DIETARY RESTRICTIONS _____

VOLUNTEER ENROLLMENT

WHY DO YOU WANT TO SIGN UP FOR YOUTH VOLUNTEER CORPS?

DO YOU HAVE TRANSPORTATION TO VOLUNTEER PROJECT SITES?

HOW DID YOU HEAR ABOUT YVC?

AGREEMENT BETWEEN YVC & YOUTH VOLUNTEER-Read and Sign below

The Volunteer Center of Lubbock and Youth Volunteer Corps strive to provide the following:

- ✓ Safe and appropriate placements for volunteers
- ✓ Trained Team leaders to guide and assist at all times
- ✓ Recognition of all the volunteers for their work and accomplishments

You, as a youth volunteer agree to the following:

- ✓ To volunteer on the scheduled day(s) of the project (YES, this is a commitment)
- ✓ To be familiar with the YVC and the agency with which you are volunteering
- ✓ To work with a positive attitude and be a productive member of a team working on something important
- ✓ To abide by the standards of the YVC and the Volunteer Center of Lubbock
- ✓ To accept YVC's right to dismiss any volunteer for unacceptable performance of behavior
- ✓ To notify your team leader if, for any reason, you are unable to carry out your volunteer responsibilities

Return to:

Volunteer Center of Lubbock
Attention: Youth Volunteer Corps
1706 23rd Street Suite 101
Lubbock, TX 79411

YOUTH VOLUNTEER SIGNATURE _____ DATE _____

PARENT/ GUARDIAN AUTHORIZATION-Read 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.

Parents Responsibility

I will take responsibility to see that my child (or self if 18) is properly prepared for all activities including having proper clothes and equipment, and being in good health, and will inform the supervisor of any physical, mental, social, or other condition of my child (or self if 18) which the supervisor should be aware.

Disclosure

I understand the YVC activities involve a normal level of risk, and that adult supervisors will accompany my child (of self if 18) on all projects and activities. I assure that my child (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 (of self if 18) is photographed, filmed, or recorded while participating in a project, YVC, the Volunteer Center of Lubbock or any of its sponsoring agencies may use the photo, film or recording for publicity, promotion 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 Volunteer Center of Lubbock from any responsibility for future reference it may give regarding my child(or self if 18) volunteering with the YVC.

Medical

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as possible in case of emergency affecting my child (or self if 18), or if my child (or self if 18) is not well or is unable to function.

In Case of Medical Emergency

After every reasonable effort has been made to 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 _____

Thank you for your interest in the Youth Volunteer Corps, we will be contacting you shortly regarding upcoming projects and activities. If you have any questions, please contact Gloria Caballero at 747-0551 or gcaballero@volunteerlubbock.org.

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