



YOUTH VOLUNTEER APPLICATION
YOUTH INFORMATION

Name		Date
Address		City & State
		Zip Code
Home Phone	Youth Cell Phone	Youth Email Address
School	Grade	Age/ Birthdate

PARENT INFORMATION

Parent/Guardian 1 Name		
Address		City & State
		Zip Code
Home Phone	Cell Phone	Email Address
Parent/Guardian 2 Name		
Address		City & State
		Zip Code
Home Phone	Cell Phone	Email Address

What is motivating you to volunteer? Check all that apply.

- To learn about aging and older adults
- To learn about the power of intergenerational connection to improve health and well-being
- My parents want me to volunteer
- School/ religious organization requires community service hours
- I want to help people
- I wanted to be more involved in my community
- Other: _____

Is there anything else that you'd like us to know?



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DEMOGRAPHIC INFORMATION

This information is confidential. Our funders are interested in knowing the demographic makeup of our volunteers. Participation is optional and will be used to describe our volunteers as a group and not individually. Thank you for your participation.

Racial/ Ethnic:

- African American
- Asian/ Pacific Islander
- Caucasian
- Hispanic/ Latino
- Native American
- Other

Gender: Female Male Other: _____

VOLUNTEER COMMITMENTS

Thank you for volunteering with For All Ages. We are committed to providing you, as a For All Ages volunteer, with a rich experience and in finding a volunteer position that meets For All Ages' needs and is a good fit for you.

- As a Youth Volunteer at For All Ages , I agree to participate fully in the For All Ages **culture**, which includes working as a team, being open and friendly and inclusive of others, and being fully present and positive.
- I agree to let For All Ages know at least **48 hours ahead** of time if I am not able to attend a scheduled volunteer shift.
- I agree that I will communicate, as needed, in regards to any volunteer responsibilities. This is my responsibility not the responsibility of my parent/guardian.
- I understand that the **third time** I do not show up or provide at least 48 hours notice, I will not be allowed to participate in the program.

Volunteer Signature

Date

Parent Signature

Date



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VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY

1. I, _____, agree to work for For All Ages as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do the work, and that For All Ages is not responsible for scheduling my volunteer work. I also understand I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits, upon the termination of this agreement or as a result of this service.
3. I am aware that participating as a volunteer may require periods of standing, lifting and carrying heavy loads and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for For All Ages, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against For All Ages or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of For All Ages and its officers, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future, for injury or damage resulting from my participation in the project.
5. I understand that if I am injured in the course of the project, I am not covered by For All Ages' insurance. I authorize For All Ages to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials provided by For All Ages are and remain the property of For All Ages, and I agree to return these materials to For All Ages at the end of my volunteer service.
7. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Volunteer Signature

Print Name

Date

For All Ages Representative Signature

Print Name

Date

If volunteer is under 18 years of age, parent or guardian must read and sign. This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Parent or Guardian Signature

Print Name

Date



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PHOTO RELEASE

As a non-profit social benefit organization, For All Ages depends on donations from individuals, businesses, organizations and foundations to support our work. Sharing stories about our programs and their impact is vital to our ability to raise funds. We ask for your partnership in this effort by signing the following photo release.

Video, Photographic, Internet Release Agreement

The undersigned enters into this agreement with For All Ages. I have been informed and understand that For All Ages may wish to use my own and/or my child's first name, likeness and speech in its printed and/or electronic communication materials (brochures, videos, websites, social media, etc.).

I grant For All Ages and its designees the right to use such images and information. This grant includes the right to edit, mix or duplicate and to use or re-use the images in whole or in part and in any manner as For All Ages in its sole discretion may elect. For All Ages or its designee shall have complete ownership of the images and any printed materials, video programs and web content (i.e. material accessible over the internet) in which images may appear.

I also grant the right to broadcast, exhibit and otherwise distribute images as well as printed materials, video programs and/or web content either in the whole or in part, and either along with other products.

I confirm that I have the right to enter into this Agreement; that I am not restricted by any other commitments to third parties; and that For All Ages has no financial commitment or obligations to me as a result of this agreement.

I hereby give all clearances, copyright and otherwise, for the use of such images, and I expressly release For All Ages and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above uses and representations.

The rights granted For All Ages herein are perpetual. I hereby acknowledge receipt of reasonable and fair consideration.

Print Parent/ Guardian's Name

Print Youth's Name

Parent/ Guardian's Signature

No, I would like myself and/or my child to opt out of the Photo release.

Date

This release will supersede any previous releases on file.



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EMERGENCY MEDICAL RELEASE FORM

This form is required to participate as a volunteer with For All Ages. Please complete each section thoroughly, sign and date.

Youth's Name Birthdate

Age

Mother's Name

Home Phone

Cell Phone

Work Phone

Father's Name

Home Phone

Cell Phone

Work Phone

Additional person authorized to pick up my child and/or to contact in case of an illness or an emergency:

Name

Relationship

Phone

Allergies – does your child have any allergies to food, medications, insects, etc.? Yes No

If yes, please list above and include protocol.

Health Conditions – does your child currently or in the past have any medical conditions that we may need to know about that would impact their volunteer work, or in the case she/he needs treatment?

Yes No

If yes, please list above.

List any medication(s) currently taken by your child and include protocol.



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EMERGENCY MEDICAL RELEASE FORM (Continued)

Name of Child's Physician:

Phone:

Insurance Company

Policy #/ Medical #

In case of an emergency, take my child to the following hospital (please check one):

Nearest hospital OR _____ (name of hospital)

Emergency Release:

If, in the judgment of the staff of For All Ages, the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs I do hereby agree to indemnify and hold harmless For All Ages (including its officers, directors, staff members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

Print Parent/ Guardian's Name

Parent/ Guardian's Signature

Date