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# Youth Volunteer Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of Birth: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Mailing Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |
| --- | --- |
| Cell Phone: | Do you receive text messages? |
| Email: |  |

**What position(s) are you interested in volunteering for? (you may choose more than one)**

Leaders:

* Early Childhood Education Teacher’s Assistant
* Emergency Management Instructor’s Assistant
* Health & Safety Instructor’s Assistant
* Water Safety Instructor’s Assistant

**What day(s) and time(s) are you available to volunteer? (check all that apply)**

Mondays Thursdays

⃞ Morning (9am to 12pm) ⃞ Morning (9am to 12pm)

⃞ Afternoon (12pm to 3pm) ⃞ Afternoon (12pm to 3pm)

⃞ Evenings (3pm to 6pm) ⃞ Evenings (3pm to 6pm)

Tuesdays Fridays

⃞ Morning (9am to 12pm) ⃞ Morning (9am to 12pm)

⃞ Afternoon (12pm to 3pm) ⃞ Afternoon (12pm to 3pm)

⃞ Evenings (3pm to 6pm) ⃞ Evenings (3pm to 6pm)

Wednesdays Saturdays

⃞ Morning (9am to 12pm) ⃞ Morning (9am to 12pm)

⃞ Afternoon (12pm to 3pm) ⃞ Afternoon (12pm to 3pm)

⃞ Evenings (3pm to 6pm) ⃞ Evenings (3pm to 6pm)

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| --- | --- | --- | --- | --- |
| Have you ever volunteered for this company? | YES  ☐ | NO  ☐ | If yes, when? |  |

## Education & Youth Involvement

|  |  |  |  |
| --- | --- | --- | --- |
| Current School: |  | Current Grade Level: |  |
| Youth Involvement Activities: |  | Youth Involvement Activities: |  |

## Parent/Legal Guardian’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Relationship to Youth Volunteer: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Physical Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- |
| Cell Phone: | Do you receive text messages? |
| Email: |  |

## Acknowledgements, Agreements, Disclaimer and Signature

**Release for Publication**

The Lewis Educational And Recreational Nonprofit, as well as sponsors, corporate representatives, media, schools, other youth organizations and others will be photographing and/or videotaping our programs and activities at times. You may choose to grant or deny LEARN permission to use photographs or videotape of your youth volunteer, alone or in groups, in newspaper articles, newsletters, website, online, brochures, fundraising, activities, videos, photo albums and any other form of use in public understanding and support of the LEARN organization. By granting permission, you have read, understand and agree to release and hold harmless the Lewis Educational And Recreational Nonprofit from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes. By signing below, I understand and agree to the Release for Publication.

**Permission to be photographed and/or videotaped for publication ⃞ YES ⃞ NO**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | | |
| Parent/Legal Guardian’s Signature: |  | | | Date: |  |

**Release of Claims**

I hereby understand and agree to assume all risks and hazards incident to the conduct of such activities associated with the Lewis Educational And Recreational Nonprofit, including any and all transportation. In consideration of participation, I, for myself, heirs, executors and administrators, hereby personally, release, indemnify, save and hold harmless, acquit forever discharge and waive any claims or causes of action which I may now or hereafter have against the LEARN organization, other participating agencies, all corporate sponsors and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents and assigns, of all liabilities, claims, actions, damages, costs or expenses which they or I may now or hereafter have arising out of or in any way connected with participation with the LEARN organization.

I grant permission to the LEARN organization, volunteers and any other individual directly associated with the LEARN organization to take whatever action they deem necessary regarding my youth volunteer’s health and safety in the event of an incident, where the Emergency Contact cannot be reached or in a situation where time is of the essence; and fully release the LEARN organization, volunteers and any other individual directly associated with the LEARN organization from any liability in connection with those decisions.

I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics or emergency personnel and waive my right to informed consent of treatment. By signing below, I understand and agree to the Release of Claims.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Legal Guardian’s Signature: |  | Date: |  |

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s Signature: |  | Date: |  |

**LEAVE THIS SPACE BLANK FOR OFFICE USE ONLY – Orientation**

Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Orientation Given By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History and Information**

All of this information is kept confidential and will only be shared with the medical professional(s) in case of an emergency.

**Volunteer’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Allergies:**  List any and all allergies and reactions to any food, medicines, insect bites, etc. here: |  |

|  |  |
| --- | --- |
| **Food Restrictions:**  List any and all food restrictions here (vegetarian, no meat, gluten free, dairy, etc.) |  |

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| --- | --- |
| **Conditions:**  List any and all health conditions here: |  |

|  |  |
| --- | --- |
| **Medications:**  List any and all medications and reason for the medication here: |  |

**Physician Information and Insurance Information:**

Primary Care Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID & Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_