



# Youth Volunteer Profile and Parent Waiver



THIS IS A LEGAL DOCUMENT, PLEASE READ CAREFULLY

*Information in this waiver is kept confidential and will not affect the youth's ability to participate in Teen Center/YVC programming. It is collected for anonymous grant reporting and internal program improvement purposes only.*

## YOUTH INFORMATION FOR MUSKOGEE TEEN CENTER (TC) AND YOUTH VOLUNTEER CORPS (YVC)

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Adult Shirt Size: \_\_\_\_\_

Preferred Pronoun(s): \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Phone Number: \_\_\_\_\_ Youth Email: \_\_\_\_\_

School: \_\_\_\_\_ Primary Language: \_\_\_\_\_

For those interested in YVC, why would you like to volunteer? \_\_\_\_\_

\_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Emergency Contact #1 (if unable to reach above): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2 (if unable to reach above): \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider/Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the youth have any allergies? No { } Yes { } If yes explain: \_\_\_\_\_

Does the youth live with a physical, mental or learning disability? No { } Yes { } If yes explanation is optional: \_\_\_\_\_

\_\_\_\_\_

Does the youth take any medications that we should be aware of? No { } Yes { } Please list: \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information necessary to provide a safe experience for your youth volunteer. (For example: reasonable accommodations, who can/cannot provide transportation to youth, an unlisted barrier that requires support, etc.)

\_\_\_\_\_

\_\_\_\_\_

If the youth named above meets any of the following criteria, check this box:

- Qualifies for free/reduced school lunch
- Family experiencing housing, food, or income insecurity
- Completing court-ordered service or is a former juvenile offender
- In or aging out of foster care
- Limited proficiency in community's dominant language

If the youth faces a barrier not listed above, check this box:  Explain (optional): \_\_\_\_\_

---

### YOUTH PARENT/LEGAL GUARDIAN WIAVER

**Risk 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 wave any rights, claims of responsibility or liability, or cause of action resulting from illness or personal injury to my child in the TC/YVC program and agree to indemnify the partner agency and its employees of 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 TC/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.).

**Media Release:** Your signature on this release grants permission to use your child's name, photograph, video, audio recording, and/or quote by Muskogee Parks and Rec/ Muskogee Teen Center/Youth Volunteer Corps or any of its related agencies for marketing and other official purposes.

**Transportation Release:** I authorize TC/YVC and/or partner agency staff to transport my child in their vehicles if needed.

**Parent/Legal Guardian Responsibility:** I will inform TC/YVC of any special need or condition my child has. I understand withholding this information is unfair to my child and to the TC/YVC leader entrusted with my child's safety. I will be punctual when dropping off/picking up my child from projects and activities, both for his/her/their safety and as a courtesy to TC/YVC and its partner agencies.

*Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian if the child named above, and to verify all the information you have given is correct.*

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

**Please make sure both pages of this form are complete and return to:**

**The Muskogee Teen Center/YVC or email to: [lhamil@muskogeeparks.org](mailto:lhamil@muskogeeparks.org)**

# Muskogee Parks & Recreation Teen Center

## Rules

1. Respect yourself and others
2. Respect ALL staff and follow their instructions
3. No profanity or offensive language
4. No bullying or rough play
5. No sagging pants, shorts, or revealing clothing
6. No PDA (Personal Display of Affection)
7. No Tobacco of any kind, this includes but is not limited to cigarettes and vaping.
8. Once you check into the Teen Center if you leave you are not allowed to return that day

### Gymnasium/Game Room Rules

1. Return all gym equipment (basketballs, soccer balls, etc.) to its rightful location
2. Return all equipment to the front desk when you have completed play
3. Place all garbage in the waste basket
4. NO FOOD IN THE GYMNASIUM/OR GAME ROOM
5. Please make sure you take all of your belongings when you leave

### WE DO NOT ALLOW ABUSE OF ANY KIND!

**This means.....**

**Physical or sexual abuse** is strictly prohibited. This includes, but is not limited to; striking, hitting, kicking, spitting, slapping, biting, indecent gesturing, lewd remarks, indecent exposure, unwanted physical contact, inappropriate touching, and/or suggestions.

**Emotional or verbal abuse** is strictly prohibited. This includes but is not limited to: foul, demeaning, threatening, or bullying language or abusive statements about a person's race, gender, religion, nationality, color, ethnicity, sexual orientation, disability, age, characteristic or physical attribute.

**This applies to EVERYONE- members, staff, volunteers and visitors.**

**Failure to comply with any of these rules will result in your suspension or removal from our program.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Witness:** \_\_\_\_\_

## YVC YOUTH AGREEMENT

Youth Volunteer Agrees:

- To be on time and work all scheduled project hours OR notify YVC in advance if they cannot
- To maintain a positive attitude and show respect to everyone at the project
- To attend any required orientation and training 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 OR** out of sight during YVC activities (unless told otherwise by a team leader)

YVC Agrees:

- To treat the youth volunteer with respect
- To provide the youth volunteer with appropriate duties that match his or her 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: \_\_\_\_\_

### OFFICE USE ONLY

Received by YVC: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Added to Database: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_