



Youth Volunteer Corps Registration and Waiver

Today's Date _____

Adult T-Shirt Size _____

YOUTH VOLUNTEER INFORMATION

Name _____ Gender _____ Date of Birth _____

Age _____ Grade _____ Ethnicity/Race _____

Address _____

City _____ State _____ Zip _____ Number _____

Email _____ School _____

What about volunteering interests you? _____

How did you find out about Youth Volunteer Corps? _____

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 during YVC activities.

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 _____

PARENT/LEGAL GUARDIAN INFORMATION

Father/Guardian Name _____ E-mail _____

Father/Guardian Home Phone # _____ Cell # _____

Father/Guardian Employer _____ Work # _____

Mother/Guardian Name _____ E-mail _____

Mother/Guardian Home Phone # _____ Cell # _____

Mother/Guardian Employer _____ Work # _____

YVC PARENT/LEGAL GUARDIAN WAIVER

THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

Youth Volunteer's Name _____

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 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 City of Muskogee/ Parks & Recreation 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.).
My child may use sunscreen _____ My child may use insect spray _____

Photographic/Transportation Release: In the event my child is photographed or filmed for promotional purposes while participating in a YVC project, the photo or video may be used by YVC or related agencies for promotional purposes. No photo video may be used. _____
I authorize YVC and/or City of Muskogee/Parks & Recreation staff to transport my child in program vehicle if needed

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

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

Emergency Contact #2 (if we are unable to reach #1) _____ Number _____

Does your child have any allergies? [] No [] Yes Explain _____

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

Please list any mental or physical condition(s) your child has that we should be aware of and any medication s/he is taking. _____

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

*Qualifies for free or reduced school lunch

*Living with a disability

*Completing court-ordered service or is a former juvenile offender

*In or aging out of foster care

*Not currently enrolled in school

*Homeless or has run away from home

*At risk to leave high school without graduating

*Has limited English proficiency

Please note, this information is kept confidential and will not affect the youth's ability to participate in YVC programming. It is collected for anonymous grant reporting and program improvement purposes only.

Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian of 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 _____ Date _____

Please make sure both pages of the form are complete & return to: **YVC- Parks Dept. 837 E Okmulgee Muskogee OK 74403**

OFFICE USE ONLY

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