



## 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 YVC programming. It is collected for anonymous grant reporting and internal program improvement purposes only.*

### YOUTH VOLUNTEER INFORMATION

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

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

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

Volunteer Phone Number: \_\_\_\_\_ Volunteer Email: \_\_\_\_\_

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

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 volunteer have any allergies? No { } Yes { } If yes explain: \_\_\_\_\_

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

Does the youth volunteer 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): \_\_\_\_\_

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### YVC 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 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 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 Youth Volunteer Corps or any of its related agencies for marketing and other official purposes.

**Transportation Release:** I authorize YVC and/or partner agency staff to transport my child in their vehicles 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/their safety and as a courtesy to 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:**

**YVC 837 E Okmulgee, Muskogee, OK 74403 or mail to: lhamil@muskogeparks.org**

## 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_