

Office Use Only
____ Y- _____



239 N. Santa Fe * Salina, KS 67401 * (785) 823-3128
YOUTH ENROLLMENT FORM

Date: _____

First Name: _____ Last Name: _____ Nickname: _____

Phone (home) _____ Phone (cell) _____

Address: _____

City _____ Zip _____

Birth date: _____ Gender: F M E-mail _____

How did you hear about our organization? Family Friend School Agency Staff Church
Newspaper TV Website Other Internet Radio Other _____

Would you like to be included on our listserve to receive volunteer opportunities and other information related to The Volunteer Connection's program? Yes No N/A

Are you interested in joining TVC FaceBook Group Yes No

What is the best way to communicate volunteer opportunities to you? Telephone(voice usage) E-mail
FaceBook Other _____

Education: Grade _____ Year of Graduation _____ School _____

Employment: Yes No Employer : _____ Position: _____

Previous Work Experience: _____

Emergency Contacts:

Parent/Guardian (Primary): Name _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address (if different from child's) _____

City _____ Zip _____

Parent e-mail address _____

Is the parent interested in joining the TVC FaceBook Group Yes No

Parent/Guardian 2: Name _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address (if different from child's) _____

Other Contact: (Authorized to act on behalf of parent(s)/guardian(s) if they cannot be reached)

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

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Health History and Special Needs:

ADD ADHD Asthma Physical or Mobility Limitations Hearing-Impaired Diabetic
 Vision-Impaired Epilepsy or Seizures

Dietary Restrictions: _____

Other, please explain: _____

Do you have allergies? _____ If so, list all allergies _____

Family Physician _____ Phone: _____

Medical Insurance Co.: _____

Policy Holder: _____

Policy #: _____ Group #: _____

Ethnicity (for statistical purposes only) Caucasian/White African-American American Indian/Alaska Native

Hispanic Asian or Pacific Islander Other _____

Other Information:

Do you have transportation available to you? Yes No Comment(s): _____

What knowledge, interests and abilities do you have that you would enjoy using as a volunteer? _____

Previous volunteer services: _____

Possible career interests: _____

Why do you want to volunteer?: _____

Have you ever been adjudicated as guilty of a felony? If so, when and for what reason:

Please provide two character references who can verify your suitability to serve as a volunteer. The references **cannot be relatives and they must have known you for at least one year.** At least one should be an employer, teacher or supervisor if possible.

Name	Address	Phone	Relationship

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Youth Agreement

Please read the following and sign below if you agree to all statements:

I, as a youth volunteer, agree to the following:

- To volunteer on the scheduled day(s) of a project for which I have signed up.
- To notify The Volunteer Connection if, for any reason, I am unable to carry out my volunteer responsibilities.
- To work with a positive attitude and be a productive member of a team.
- To maintain confidentiality while volunteering.
- To not expect or accept monetary compensation for volunteer services.
- To accept The Volunteer Connection's right to dismiss any volunteer for unacceptable performance or disruptive behavior.

Youth Volunteer's Signature _____ **Date** _____

Parent/Guardian Agreement

****Please read the following and sign below if you agree to all statements:**

I understand that my child/ward is enrolling as a volunteer through The Volunteer Connection.

****I will/will not (circle one) permit The Volunteer Connection to photograph, videotape and/or audiotape my child/ward's activities as a volunteer for the purpose of publicizing the activities and services of The Volunteer Connection. I waive all claims, rights and entitlements to payment for such use or for damages caused by such use.**

I understand that volunteer activities to which my child/ward is referred may involve certain risks and I will ascertain the risks and liabilities with appropriate personnel before consenting to my child's/ward's engaging in a volunteer activity with any agency. I do hereby for my child/ward, and for all who may hereafter claim through or for my child/ward, waive and release The Volunteer Connection, its officers, agents, employees and beneficiaries from all claims, rights and causes of action accruing in his/her favor as a result of personal injuries, loss of life, or loss of property while my child/ward participates in volunteer activities. I further agree that no suit or action at law shall be pursued or filed by myself or others on my child/ward's behalf.

The Youth Volunteer Corps Medical Care Authorization -- I understand that reasonable measures will be taken to safeguard the health and safety of all participants in Youth Volunteer Corps projects and that a parent/guardian will be notified as soon as possible in case of an emergency affecting my child/ward. **In case of medical or surgical emergency**, after every reasonable effort has been made to contact the parent/guardians, family physician, or relatives or friends named on this form, I hereby give my permission to the physician secured by the adult in charge of the activities, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child/ward. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment. I have read and agree with all of the above statements, including the liability release and medical care authorization, and I hereby give permission for The Volunteer Connection to refer my child/ward _____ to volunteer opportunities and to participate in all volunteer activities of The Volunteer Connection, including Youth Volunteer Corps projects.

Parent/Guardian Signature _____ **Date** _____

Interviewer's Signature _____ **Date** _____

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Comments: _____

Referrals: _____

Date Withdrawn _____ Reason _____