



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

Date: \_\_\_\_\_

Office Use Only Y- \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (M/D/YY)

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Gender: \_\_ F \_\_ M

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Include me on list serv (e-mail) to get volunteer updates Y / N (circle)

Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian(Primary)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent E-mail Address (parents receive same e-mails as youth): \_\_\_\_\_

**Parent/Guardian/Other Emergency Contact**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (if different than youth and primary contact): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Any physical conditions/limitations we should be aware of? \_\_\_\_\_

How did you hear about The Volunteer Connection? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, for what reason: \_\_\_\_\_

Special interests, activities and skills \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Possible Career Interests: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

**Ethnicity (Optional--for statistical purposes only)**

\_\_Caucasian \_\_African Am. \_\_ Native Am. \_\_Hispanic Am. \_\_Asian Am. \_\_Other \_\_\_\_\_

**The Volunteer Connection 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 when I have signed up to do so. I will call if I am unable to volunteer as promised.
- To work with a positive attitude and be a productive member of a team.
- To not expect or accept monetary compensation for volunteer services.
- To refrain from cell phone use (text/voice), unless approved by a volunteer supervisor.
- To maintain confidentiality while volunteering.
- To accept The Volunteer Connection’s right to dismiss any volunteer for unacceptable performance or disruptive behavior.

Youth Volunteer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Volunteer Connection 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 will inform The Volunteer Connection of any particular mental, physical, social, or other condition that will affect my child/ward’s ability to volunteer or persons my child will come in contact with while volunteering.

\*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.

\*I understand that, depending on the nature of the volunteer opportunity for which my child/ward is being assigned, an investigation into my child/ward’s background may be conducted to obtain information needed for the purpose of considering my child/ward for referral or assignment as a volunteer. I release The Volunteer Connection, its program services and all individuals and agencies connected with these entities from liability or damage in connection with securing such information, and I understand that all information obtained will be kept confidential.

**\*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 \_\_\_\_\_

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**Office Use Only**

Comments: \_\_\_\_\_

Referrals: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_