



# *Youth Volunteer Corps of Greater Kansas City*

## *Youth Application and Agreement*



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Male/Female: \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

How did you hear about YVC? \_\_\_\_\_

*Youth Volunteer agrees:*

- To behave respectfully towards fellow volunteers, Team Leaders and agency staff/clients.
- To attend any scheduled orientations and trainings as required.
- To become familiar with the policies and procedures of YVC and the agency being served.
- To work all scheduled days for the entire time period.
- To notify YVC in advance if you cannot attend your scheduled volunteer projects.
- To be on time for projects.
- To not use profanity, drugs, tobacco and alcohol on projects. YVC has a zero tolerance policy for those things.
- To act as a team member during the project, working with others to reach goals and handle conflicts.
- To maintain a positive attitude while volunteering.
- To participate in the reflections/evaluations of each project and program as required.

*YVC agrees:*

- To provide the Youth Volunteer with appropriate project that matches skills, abilities, experience and interests.
- To provide trained Team Leaders to guide and assist the Youth Volunteer on projects.
- To provide an orientation for the Youth Volunteer prior to the service and an evaluation after the service.
- To recognize the efforts of the Youth Volunteer and provide confirmation of hours upon request.

***I agree to abide by the policies and standards of the Youth Volunteer Corps. I agree to fulfill training requirements and volunteer responsibilities to the best of my ability. If for any reason I am unable to carry out my volunteer responsibilities, I will notify the Team Leader or Program Director immediately.***

Youth Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

YVC Team Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by YVC \_\_\_\_/\_\_\_\_/\_\_\_\_ Added to database \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency Contact Info



**Youth Volunteer Corps of Greater Kansas City  
Parent Permission and Emergency Contact Information**



**Dear Parent/Guardian:** In order to become a participant with the Youth Volunteer Corps of Greater Kansas City, Youth Volunteers must have your written permission.

**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 representative of the Youth Volunteer Corps or the partnering 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.).

**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 partnering agency and its employees or representatives from any such claims. In the event that my child is photographed or videotaped for publicity purposes while participating in a Youth Volunteer Corps project, the picture or video may be used by the Youth Volunteer Corps or any of its related agencies for promotional material.

**Parent/Guardian Responsibility:** I will inform the supervisor of any particular mental, physical, social, or other condition of my child. Withholding this information is unfair to your child and the Team Leaders who are entrusted with your child's safety.

**Please list any mental, physical, social or other conditions that your child has and any medication your child is currently taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider/Family Physician \_\_\_\_\_

Health Care Provider's Phone Number \_\_\_\_\_

**I have read and understand the above statements:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

1) Emergency Contact's Name (if unable to reach you) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2) Emergency Contact's Name (if unable to reach 1<sup>st</sup> contact) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_