



Youth Volunteer Corps Application

A youth based volunteer initiative working to create volunteer opportunities to enrich the youth of Yellowstone County, address community needs and develop a lifetime of commitment to service.

Date ___/___/___

Participant Information (please print)

Name _____ Gender **M / F** Birth Date ___/___/___

Mailing Address _____

City _____ State _____ Zip _____ Cell Phone _____

Would you like to receive text message reminders about YVC activities? YES NO

Home Phone _____

(Daytime) (Evening)

Email Address _____

School _____ Grade Level _____

How did you hear about YVC? _____

Please complete the following as it is collected for anonymous grant reporting and program improvement purposes only.

Please check all that apply for the youth named above:

- Qualifies for free or reduced school lunch
- Completing court-ordered service or is a former juvenile offender
- Living with a disability
- Not currently enrolled in school
- At risk to leave high school without graduating
- In or aging out of foster care
- Has limited English proficiency
- Homeless or has run away from home

Please note, this information is kept confidential and will not affect the youth's ability to participate in YVC programming.

Parent Guardian Information

Parent/Guardian Name(s) _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Phone Number(s) Daytime _____ Evening _____

Medical Emergency Contact Information

Person(s) that will be contacted in the case of an emergency

1. Name: _____ Phone _____

2. Name: _____ Phone _____

MORE ON BACK →

Youth Volunteer Corps Parent/Legal Guardian Waiver

TO BE READ AND SIGNED BY PARTICIPANT'S PARENT OR LEGAL GUARDIAN OR BY PARTICIPANT IF HE/SHE IS 18 YEARS OF AGE)

I understand that (my / my child's) participation in YVC activities and projects is completely voluntary and is being undertaken without promise or expectation of any compensation for participation. I acknowledge that (I am / my child is) reasonably healthy and fit in order to participate safely in Youth Volunteer Corps activities and projects. Please note any special needs, allergies, or considerations that would be helpful to the YVC leaders.

Special Notes Here: _____

Assumption of Risk

I understand that (my / my child's) participation in YVC activities, projects and functions involves a normal level of risk of injury or illness associated with such projects. In consideration for (me / my child) being allowed to participate in YVC , I fully accept and ASSUME all RISKS of participation and all responsibility for losses, costs, and/or damages that (I / my child) may incur as a result of participation in YVC activities, projects and functions. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS United Way of Yellowstone County, Youth Volunteer Corps of America and their officers, employees and agents and any service partners and/or sponsors of any projects or activities, owners and lessees of premises on which the activity takes place from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement costs or other expenses or liabilities that occur as a result of (my/ my child's) participation in Youth Volunteer Corps activities.

Photo/Video Release

I grant permission for United Way of Yellowstone County, Youth Volunteer Corps of America and any service partners and/or sponsors of Youth Volunteer Corps projects or activities to use any photographs, digital imaging, videos, verbal and written statement of (me / my child) while participating in YVC activities, projects or events for promotional, web usage or other uses.

Medical Release

At any time due to such circumstances as accident, injury, or sudden illness, I hereby give permission for United Way of Yellowstone County/YVC personnel to provide and/or seek medical treatment should it become necessary. In the case of an emergency I understand a representative of Youth Volunteer Corps or United Way of Yellowstone County will attempt to call an emergency contact prior to leaving or upon arrival at the emergency destination, and that I will be financially responsible for all related expenses incurred.

Transportation

I understand that I am responsible for providing transportation to and from YVC activities and projects for (myself / my child) and that I am financially responsible for all expenses incurred including those associated with accident and/or injury.

By signing this application, I grant permission for (my/my child's) participation in all YVC events without requiring additional permission forms. I have read the forgoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Parent/Guardian or Adult Participant

Date

RETURN COMPLETED APPLICATION TO:

Attn: YVC, United Way of Yellowstone County, 2173 Overland Ave Billings, MT 59102