



**REGISTRATION FORM**

**(PLEASE WRITE LEGIBLY, THANKS!)**

Today's Date: \_\_\_\_\_

**YOUTH VOLUNTEER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M / F Ethnicity (optional): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**PARENT/LEGAL GUARDIAN INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**OTHER INFORMATION**

Why are you volunteering? \_\_\_\_\_

How did you hear about the Youth Volunteer Corps? \_\_\_\_\_

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**OFFICE USE ONLY**

Received by YVC: \_\_\_\_\_ Added to YDAT: \_\_\_\_\_

Information Complete: \_\_\_\_\_ Youth Agreement Signed: \_\_\_\_\_ Parent Waiver Complete: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN WAIVER**  
**THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.**

**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 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 partner agency and its employees or 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.).

**Photographic Release:** In the event my child is photographed or filmed for promotional purposes while participating in a YVC project, the photo or video may be used by YVC or any of its related agencies for promotional purposes.

**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 safety and as a courtesy to YVC and its partner agencies. I understand that violating these policies may lead to my child's exclusion from YVC programs.

Emergency Contact #1 (if we are unable to reach you): \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact #2 (if we are unable to reach you): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies?  No  Yes Explain: \_\_\_\_\_

Is your child currently under medical care?  No  Yes Explain: \_\_\_\_\_

Are there any special considerations you need to tell us about? List any mental, physical, social or other condition(s) your child has and any medication s/he is taking. \_\_\_\_\_  
\_\_\_\_\_

\*For the purpose of required grant reporting, please tell us if your child meets any of the following criteria:

- qualifies for free or reduced lunch
- completing court-ordered service or is a 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 runaway from home

\*Please note, this information is kept confidential and use for statistical purposes in reporting. Names are not used.  
 My child does not meet any of the above criteria.

**Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian of 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 \_\_\_\_\_ Date \_\_\_\_\_

**YOUTH AGREEMENT:**

- To be on time and work all scheduled project hours OR notify YVC in advance if you cannot.
- To maintain a positive attitude and show respect to everyone (fellow volunteers, YVC staff, and community/agency members) at the project.
- To attend any required orientation and training and to participate in all project activities, including games.
- To abstain from profanity, drugs, tobacco, alcohol, sexual activity and violence of any form during volunteer projects as there is ZERO TOLERANCE.
- To participate in the reflections/evaluation of each project and program.
- To inform a Team Leader prior to volunteering if your service hours are required for court ordered community service and disclose why you were given the service hours.

***YVC agrees:***

- To treat the Youth Volunteer with respect.
- To provide the Youth Volunteer with appropriate duties that matches skills, abilities, experience and interests.
- To provide a trained Team Leader/supervisor to guide and assist Youth Volunteers during the project.
- To ensure time for the team to plan, discuss and reflect on the project.
- To conduct evaluation with the Youth Volunteer on the service experience.
- To recognize the efforts of the Youth Volunteer, and provide confirmation of service hours upon request.

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

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

YVC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make sure both pages of this form are complete and return to:**

***Casey Levene or Morgan Greening***  
**Via email: [Casey.Levene@uwwesternct.org](mailto:Casey.Levene@uwwesternct.org)**  
**[Morgan.Greening@uwwesternct.org](mailto:Morgan.Greening@uwwesternct.org)**  
**Via mail: Youth Volunteer Corps**  
**85 West Street**  
**Danbury, CT 06810**  
**Via fax: 203-790-5182**

**Please Note: Your answers to all the questions on this form are confidential.  
They just allow us to make sure you have the best experience possible!**