

# MINOR VOLUNTEER APPLICATION

310 Fourth Street, Suite 101 • Hollister, California 95023 • (831) 636-2853 • www.youthall.org



## NAME AND CONTACT INFORMATION

Name: First M.I. Last

Address Apartment Number

City State Zip Code

E-mail Address

( ) Telephone Number (day) Gender

Ethnicity (optional) Date of Birth (mm/dd/yyyy)

## EMERGENCY CONTACT

Name: First Middle Last

Relationship

( ) Telephone Number (day) ( ) (evening)

## HEALTH HISTORY

Please describe any medical conditions—including allergies or current medications—that may limit your ability to work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Site: \_\_\_\_\_

Please list your availability:

Monday

Hours Available \_\_\_\_\_

Tuesday

Hours Available \_\_\_\_\_

Wednesday

Hours Available \_\_\_\_\_

Thursday

Hours Available \_\_\_\_\_

Friday

Hours Available \_\_\_\_\_

Sat  Sun

Hours Available \_\_\_\_\_

## SKILLS AND INTERESTS

Do you have a program preference?  CASA Kids Club After School Program  CASA de Milagros  Drop Zone Program

Power School  YA Youth Support Services  Joven Noble  FAMiLiA  Tutoring  Office

Do you have a grade level preference? \_\_\_\_\_

Educational Background: \_\_\_\_\_

Do you hold any special certification?  CPR/first aid  Other (please specify): \_\_\_\_\_

What language(s) do you know? \_\_\_\_\_

Please list any specialized skills, talents, and interests: \_\_\_\_\_

OFFICE USE ONLY [Please list any internal data you will input for each volunteer.]

# VOLUNTEER PERMISSIONS, PARENTAL CONSENT AND WAIVER



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Please fill out this Volunteer Permissions and Parental Consent Form for each child prior to his/her participation as a volunteer at the Youth Alliance. Please return the filled out form to staff members of the Youth Alliance. If you have any questions, you may call our office at (831) 636-2853.

**My child may volunteer at the Youth Alliance (YA), and may participate in activities in and around YA facilities:**

Yes  No

**Please check all days on which the child's parents or guardians will regularly be unable to sign the child out of the facility:**

Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday

**Who else is authorized to sign out the child (including the child)?** \_\_\_\_\_

**Are there any specific dates in which the child's parents or guardians will be unable to sign the child out of the facility (excluding those indicated above)?**

Yes  No

**If yes, please indicate the dates:** \_\_\_\_\_

**If more specific dates arise in the future, please call our office at (831) 636-2853.**

**By signing below, I, the child's parent or legal guardian, agree that:**

- 1. Participation as Volunteer.** I approve of my child's participation as a volunteer and acknowledge that YA is not a licensed day care provider. I understand that YA reserves the right to cancel this volunteer agreement at any time and I and my child reserve the right to cancel my child's participation as a volunteer at any time.
- 2. Policies and Safety Rules.** For my child's safety and that of others, my child will comply with YA's policies, safety rules and Student-Program Leader Agreement and of the school/site rules and its other directions for all Program activities.
- 3. Transportation to and from YA.** I understand that transportation to and from the YA is NOT provided to my child and that I am responsible for picking up my child, unless I have otherwise indicated above.
- 4. Waiver and Release of Claims.** I waive and release any and all claims against the owner or owners of premises on which the YA programs takes place (collectively, the "Landowner"), YA, and YA's and Landowner's directors, officers, agents, employees, other volunteers, and affiliates (collectively, the "Released Parties"), for any liability, loss, damages, claims, expenses and attorneys' fees (collectively, "Liabilities") resulting from death, or injury to my child or property, caused by or arising directly or indirectly from my child's transportation to or from, or participation in, YA's volunteer activities, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release. I understand that YA would not permit my child to participate as a volunteer without my agreeing to these waivers and releases.
- 5. Medical Care Consent and Waiver.** I authorize YA to provide to my child first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services pursuant to California Family Code Section 6910. This consent does not impose a duty upon YA to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my child's participation as a volunteer.
- 6. Publicity.** I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me or my child that YA or others may create in connection with my child's participation as a volunteer. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.
- 7. Volunteer Not an Employee.** I understand that (i) my child is not an employee of YA, (ii) that my child will not be paid for her/his participation, and (iii) my child is not covered by or eligible for any insurance, health care, worker's compensation, or other benefits. I or my child may choose at any time not to participate in an activity, or to stop his/her participation entirely.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Legal Guardian's Name

\_\_\_\_\_  
Date