



Youth Volunteer Corps Registration



YOUTH VOLUNTEER INFORMATION

Name _____ Gender _____ Date of Birth _____

Age _____ Grade _____ Ethnicity _____

Address _____

City _____ State _____ Zip _____ Number _____

Email _____ School _____

Please list any mental or physical condition(s) including allergies or special needs your child has that we should be aware of and any medication they are taking: _____

IF THE YOUTH NAMED ABOVE MEETS ANY OF THE FOLLOWING CRITERIA, CHECK THIS BOX:

- Qualifies for free or reduced school lunch, or enrolled in a school where the majority of students are eligible for free or reduced 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. It is collected for anonymous grant reporting and program improvement purposes only.

YOUTH AGREEMENT

Youth Volunteer agrees:

- 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 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 or violence of any form on projects.
- To keep all personal electronic devices off and out of sight during YVC activities.

YVC agrees:

- To treat the Youth Volunteer with respect.
- To provide the Youth Volunteer with appropriate duties that match his or her experience and interests when possible.
- To provide trained, screened adult Team Leaders to guide and assist the Youth Volunteer on projects.
- To provide orientation, training, and evaluation for the Youth Volunteer as needed.
- To recognize the efforts of the Youth Volunteer and provide confirmation of service hours upon request.

Youth Volunteer Signature _____ Date _____

YVC Representative Signature _____ Date _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s) _____ E-mail _____

Parent/Guardian primary phone # _____ Alt. # _____

Emergency Contact #1 (if we are unable to reach you): _____ Number _____

Emergency Contact #2 (if we are unable to reach #1): _____ Number _____

By signing the liability release, I understand that the contact information may be used by YVC for the purposes of this and other YVC events only.

YVC 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.

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. I release YVC of Corvallis, Corvallis Parks and Recreation, and YVC from any and all liabilities arising from the use of the items for publicity purposes and waive the right to all negatives, photos, tapes, and reproductions, as well as waive my right to inspect or approve the finished photographs and/or videos

Transportation Release: I authorize YVC and/or partner agency staff to transport my child in their vehicles if needed. I hereby give permission for a Youth Volunteer Corps team leader from Parks and Recreation or a school district parent volunteer or employee, to drive my child to and from the Youth Volunteer work site. I understand that the liability that results from the granting of this permission rests with the owner/driver of the vehicle.

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.

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.).

Pursuant to City of Corvallis Administrative Police AP 4-03 Insurance Guidelines for Volunteers, volunteers other than public safety and Mayor/Council are covered by the **City's Excess Accident Medical Policy*** while performing duties for the City. Volunteers are also covered by City automobile insurance during authorized operation of City vehicles. If a volunteer uses his/her personal vehicle for City business, the volunteer must provide primary vehicle insurance coverage.

By signing this release form, I agree to waive and discharge all claims and to hold harmless the City of Corvallis, its Council, commissions and boards, officers, employees, volunteers and agents from any claims for injury or damages that may arise from, or in connection with my volunteer service. I understand this Agreement, and I have read this Agreement in its entirety, and I freely and voluntarily assume all risks and responsibilities associated herewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be in effect thereby and shall remain valid and fully enforceable.

***Excess Accident Medical Policy** – This coverage is in excess of any other health insurance that you have in place. Benefits are payable for eligible expenses that are in excess of benefits paid to the volunteer by any other health care plan. In the event no other health insurance exists, benefits will be payable on a primary basis. The excess accident medical coverage will pay up to \$50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer- related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.** Dental care is covered up to \$500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is \$900 per accident. This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident. The maximum payment under this coverage, including dental and eyeglass expenses, is \$50,000. Accidental Death and Dismemberment Coverage – In addition to the accident medical coverage, the plan will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident. **This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage.**

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 _____

Please make sure both pages of this form are complete and return to Kiaya Melton 1310 SW Avery Park Dr. Corvallis, OR. 97333. Fax: 541-754-1701