Youth Volunteer

**Registration**

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |

First Name Last Name

### Street Address

|  |
| --- |
|  |

City Province Postal Code

|  |  |
| --- | --- |
|  |  |

Home Number Cell Number

|  |
| --- |
|  |

Email Address

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date of Birth (M/D/Y) School Grade

|  |
| --- |
|  |

Availability (Days, Hours)

Do you have transportation?  Yes  No

How did you hear about the VNYN program?

Do you have any volunteer experience?  Yes  No

If yes, please describe your previous volunteer experience.

Why do you wish to volunteer with VNYN?

#### Youth Volunteer Agreement

I understand that there are four pages to this application. I have read and completed this application in its entirety. I agree to abide by the standards of the Volunteer Nanaimo YouthNetwork.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 responsibilities while volunteering for VNYN, I will notify my supervisor as quickly as possible.

Signature Date

#### Parent Agreement

Dear Parent/Guardian:

In order to become a member of the YouthNetwork, and to participate in VNYN projects and activities, youth volunteers must have written permission. Please fill out the below information, sign, and return it to the Volunteer Nanaimo YouthNetwork office. Thank you for all of your help!

**Medical Authorization:**

At any time due to such circumstances as accident or sudden illness, I herby give permission for emergency medical treatment to be obtained for my child. I understand that a representative of the YouthNetwork or Nanaimo Volunteer and Information Center Society 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.).

**Disclaimer:**

I understand that the 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 wave any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the VNYN program, and agree to indemnify Nanaimo Volunteer and Information Center Society 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 YouthNetwork project, the picture or video may be used by the YouthNetwork or any of its sponsoring agencies for promotional material.

**Parent’s Responsibility** – I will inform the supervisor of any particular physical, mental, social, or other conditions of my child of which the supervisor should be made aware.

**Parent, please complete the following information:**

|  |
| --- |
|  |

Parent/Guardian Name

|  |  |
| --- | --- |
|  |  |

Home Phone Business Phone

|  |  |  |
| --- | --- | --- |
|  |  |  |

Emergency Contact Name Number Relationship

|  |
| --- |
|  |

Please List any special medical condition, allergies, medications being taken currently, etc.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Family Doctor’s Name Number Health Care Card Number

**I have read and understand the Parent Agreement:**

Parent/Guardian Signature Date