



Volunteer Application

(PLEASE PRINT LEGIBLY)

TODAY'S DATE: _____

Name of Applicant: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (cell) _____

Circle Days Available: M T W TH F S SU

Time: (Start) _____ (End) _____

Organization (if applicable):

Prior Volunteer Experience:

- 1.
- 2.
- 3.

Education/High School:

Hobbies/Interests:

References

	Name	Relationship	Year(s) Known	Contact Number
1				
2				
3				



Parental/Guardian Contact Information (To be completed by parent or guardian if under 18)

Parent Name: _____

Address: _____

Telephone (home): _____ (cell): _____ (work): _____

Emergency Contact (To be completed by parent or guardian if under 18)

Name: _____

Telephone (home): _____ (cell): _____ (work): _____

Please list child's allergies *To be completed by parent or guardian if under 18*

Volunteer's Rights and Responsibilities

- Sign in and out daily.
- Be consistent and punctual in attendance.
- Report absences and tardiness to staff member as soon as possible. Likewise, notification will be made to the volunteer regarding any changes the program schedule.
- Dress appropriately for the assignment.
- Volunteers are role models.
- Leave all personal belongings in your vehicle.
- Respect the confidentiality of the residents, information regarding the youth may be discussed with staff only.
- Should any discipline problems arise an adult staff member should be informed.



Participant Consent Form

I/We do hereby waive any and all liabilities that the City of Hampton, Virginia, Y.H. Thomas Community Center, its agents or representatives may incur as a result of any injury or other misfortune, which may befall my/our child while engaged in the Youth Volunteer Program held at Y.H. Thomas Community Center Inc. If I/We are not present, I/We agree to let a staff member at Y.H. Thomas Community Center care for my/our child in the event of an emergency.

I/We declare that to the best of my/our knowledge and belief, my/our child is in good health and physical condition to participate in the above program.

By signing below you agree that you have read rights and responsibilities and agree to abide by them at all times while the program is in session.

Signature of Volunteer: _____ Date: _____

(To be completed by parent or guardian if under 18)

Name of Child Participating: _____ Date of Birth: _____

Signature of Parent or Guardian: _____ Date: _____