

Youth Volunteer Application Form

Thank you for generously volunteering your time! Your willingness to give your time and service is greatly appreciated. To volunteer complete this form and return to the Volunteer Coordinator at the parish or school at which you wish to provide volunteer services.

Name: _____ Date: _____
 Address: _____ Home
 Phone or Cell Phone _____
 Emergency contact and phone: _____

1. Are you 18 years of age or older? ♦ Yes ♦ No
2. I am interested in volunteering at: ♦ School ♦ Parish
3. I am interested in volunteering for: _____
4. I am available: ♦ Mornings ♦ Days ♦ Evenings ♦ Weekends
5. Date(s) available: _____
6. Have you ever been convicted of a criminal offense? ♦ Yes ♦ No
7. References: Please provide two personal/professional references.
 - (a) Name _____ Phone _____
 Relationship _____ Years Known _____
 - (b) Name _____ Phone _____
 Relationship _____ Years Known _____

In case of an emergency please contact:

Name: _____ Relationship to me: _____
 Home phone: _____ Cell phone: _____

Code of Conduct:

- 1. Parent/Guardian:** As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (“participant”). I agree to instruct my child to abide by the Youth Participant Code of Conduct and Behavior Guidelines.
- 2. Youth:** As a participant, I agree to conform to the Youth Participant Code of Conduct and Behavior Guidelines. I also understand and agree that my parent/guardian will be notified of any infractions requiring my dismissal.

Medical Permissions (Limited): I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within facilities and/or during or after transportation to a hospital or doctor for emergency medical care. In the event my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel, parish, school, or the Diocese et al.

Liability: I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish, school, Diocese, et al, it's officers, directors, employees and agents associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith as a result of such injury or damage, unless such claim arises from the negligence of the parish, school, Diocese, et al.

Youth printed name Date

*Youth signature

Parent/Guardian printed name Date

*Parent/Guardian signature

****A typed name or electronic signature does not constitute a signature***