

## 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 \_\_\_\_\_

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: \_\_\_\_\_

Allergic reactions (please list all known allergic reactions to medications, foods, plants, insects, etc.):

Medications (please list all prescription medications taken by the youth volunteer applicant including prescription number, quantity received, drug strength, expiration date and dosage schedule. This information will be provided to emergency medical care providers if needed).

**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.

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Youth printed name Date

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\*Youth signature

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Parent/Guardian printed name Date

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\*Parent/Guardian signature

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