

Youth Volunteer Program of Saskatoon

Application Form

Thank you for your interest in the Youth Volunteer Program. Please fill out all areas of this application carefully and thoughtfully. You will be contacted by a member of our staff when volunteer opportunities become available. Please send completed forms to:

Marcy Cook - Program Coordinator
Youth Volunteer Program of Saskatoon
P.O. Box 7543 Saskatoon SK S7K 4L4
955 - KIDS (5437) 955 - 1425 (fax)
yvpsaskatoon@gmail.com

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Date of Birth: _____

E-mail: _____

Please check all areas that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Assisting elderly people | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Building/constructing/ painting | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Assisting disabled persons | <input type="checkbox"/> Working with Animals |
| <input type="checkbox"/> Environment (planting, gardening) | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Fund-raising/organizing | <input type="checkbox"/> Tutoring/teaching |
| <input type="checkbox"/> Working with children (ages 2-7) | <input type="checkbox"/> YVC committee work |
| <input type="checkbox"/> Working with youth (ages 7-12) | <input type="checkbox"/> Festival work – ushering, etc. |

Please answer the following questions:

How did you hear about the Youth Volunteer Program?

Do you have any previous volunteer experience? If so, please describe:

What are some of your reasons for wanting to volunteer with the Youth Volunteer Program?

When are you able to volunteer?

July?

August?

Are there any dates when you will be unavailable (vacation times, etc)? Please identify:

I understand that there are two pages to this application. I have read and completed this application in its entirety.

I agree to abide by the standards of the YVP, and Child & Youth Friendly Saskatoon, the sponsoring agency of the Youth Volunteer Program of Saskatoon. I agree to fulfill training requirements and volunteer responsibilities to the best of my abilities. If for any reason I am not able to carry out my responsibilities while volunteering for the YVP, I will notify a Team Leader.

Youth Volunteer

Date

Signature

Youth Volunteer Program of Saskatoon

Parental Permission

In consideration of the opportunity afforded to my (our) child to participate on a voluntary basis in the Youth Volunteer Program of Saskatoon, I (we) give permission for my (our) child to participate in the YVP and I (we), on behalf of the child, waive the right, claim, claim of responsibility or liability, or cause action arising as a result of the child's participation in the YVP from which any liability may or could accrue against the YVP, its sponsoring agency, or their officers, directors, employees, agents, or representatives, collectively or individually. Without limiting the generality of the above, I (we) on behalf of the child and myself (ourselves), agree that this waiver shall include any rights, claims, claims of responsibility or liability or causes of action resulting from personal injury to the child or damage to the child's property sustained in connection with the child's activities in the YVP and agree to indemnify YVP, its sponsoring organizations, and the Youth Volunteer Program of Saskatoon, and their officers, directors, employees, agents or representatives from any such claim.

Photo and Video Tape Release

I (we) also give permission to the YVP and the Youth Volunteer Program of Saskatoon to use photographs and/or video, and/or audio of my (our) child obtained while participating in the YVP. I (we) release the YVP, its sponsoring agency, and the Youth Volunteer Program of

Saskatoon from any and all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, tapes and reproductions, as well as waive my (our) right to inspect or approve the finished photographs and/or tapes.

_____ **Yes, I will allow photographs and videos of my child to be used on Social Media sites such as Facebook.**

Printed Child's Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Date _____

Dear Parent/Guardian:

In order to become a member of the Youth Volunteer Program of Saskatoon, and to participate in YVP projects and activities, youth volunteers must have written permission. Please fill out the information below, sign and return it to the Youth Volunteer Program of Saskatoon office. Thank you very much for your understanding and for your cooperation.

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 representative of the Youth Volunteer Program of Saskatoon or Child & Youth Friendly Saskatoon will call me prior to leaving for 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.)

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 responsibilities or liability, or cause of action resulting from personal injury to my child in YVP, and agree to indemnify Child & Youth Friendly Saskatoon and its employees or representatives from any claims.

Photography: In the event that my child is photographed or video taped for publicity purposes while participating in a YVP project, the picture or video may be used by the YVP of Saskatoon or any of its sponsoring agencies for promotional material.

Parent's Responsibilities: I will inform the supervisor of any particular physical, mental, behavioural, social, or other condition of my child, which the supervisor should be aware of. If your child needs extra supervision for any reason, it is essential that we know this before problems arise. (The usual ratio of Team Leader : volunteer is approximately 1:8 at jobs, 1:4 for travelling)

Please fill out the following information:

Please list special medical problems or conditions, allergies (nuts, chemicals, insects, animals, etc), or any other information you feel we should be aware of:

Family Physician: _____ Phone Number: _____

Saskatchewan Health Care Number: _____

Emergency Contact Name: _____ Phone Number: _____

I have read and understood the above statements:

Parent or Guardian's Signature

Date