



A teen volunteer program designed to build character, cultivate leadership and inspire collaborative thinking through volunteering

Western Washington Action Team
TEAM CAPTAIN APPLICATION

1. VOLUNTEER INFORMATION

Name:
Address:
City/State/Zip:
Telephone: Cell: Other
High School: Date of Birth Graduation Year
E-mail:

Can we text you? Y or N Are you on Facebook? Y or N Male or Female? (circle)

Easiest way to get in touch with you (circle best) E-mail Facebook Text Phone Call

T-shirt size: S M L XL XXL

2. PARENTAL/GUARDIAN INFORMATION

Name:
Relationship:
Address:
City/State/Zip:
Telephone: Cell Other
E-mail:

3. EMERGENCY CONTACT INFORMATION

Name:
Relationship:
Telephone: Cell Other
City/State/Zip:

#### **4. ABOUT YOU**

**Why do you want to be a Youth Action Team Captain?**

**Have you volunteered in the past? If so, describe what you have done.**

**What other commitments do you have during the school year? Please include sports, clubs, theater and performance involvement, work, etc.**

#### **5. RESPONSIBILITY**

**Action Team Captains are required to attend monthly meetings which are normally on the fourth Saturday of the month. Captains are also expected to share their volunteer experiences with peers and to recruit others by doing presentations. Please describe how you plan to fulfill these responsibilities.**

**How will volunteering benefit your future?**

## PARENTAL/GUARDIAN CONSENT FORM

*Your child has submitted a Youth Action Team Captain application and would like to become a teen volunteer with Volunteers of America Western Washington. Before she/he can be considered, your consent as the child's parent or guardian is necessary. Please contact the following volunteer coordinator if you have questions concerning the volunteer activities:*

**Cathie Hutton**

Office: 425-259-3191, Ext. 2477

E-mail: Vista-Yat@voaww.org

*Please read the following statements and if you agree to provide your consent, sign below:*

I understand that my child named below wishes to be considered for volunteer work with Volunteers of America. I hereby give my consent for him/her to serve in that capacity, if accepted by Volunteers of America. I understand that my child will be provided orientation and training for the safe and responsible performance of his/her duties as a volunteer, and my child will be expected to meet all of the requirements of the position, including adherence to Volunteers of America's policies and procedures. I understand that this is a volunteer position and that my child will not be entitled to receive compensation of any kind for the services contributed and is not an employee.

Upon the acceptance of my child to this Volunteers of America program, in my capacity as the child's parent or legal guardian, I fully release and discharge Volunteers of America and its directors, officers, insurers and employees from any and all claims for personal injury or damage to any property which arise out of or are connected to my child's volunteer services for Volunteers of America, and further agree to indemnify and hold Volunteers of America and its directors, officers, insurers, and employees harmless against all claims, demands, actions, judgments, liabilities, loss, damage, costs and expenses (including reasonable attorneys' fees) which I or my child may suffer because of such personal injury or damage to property.

I hereby also, assign the rights to Volunteers of America Western Washington of the film or video recording, photograph recording, voice recording and/or written recording made of my child by Volunteers of America Western Washington or its agent(s). I hereby authorize the editing, duplication, reproduction, copyright, exhibition and use and distribution of said recording(s) for purposes deemed suitable by Volunteers of America. I hereby waive any right to approve the finished products.

If you wish to *withhold* media rights, please check here

Name of Youth Volunteer: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_

Survey YAT 2012-2013

1. List top 10 interests

2. Out of 10 interests listed above, which three are most important to you?

3. School \_\_\_\_\_

4. Grade \_\_\_\_\_