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Youth Action Team Member Application

Mail to: Youth Action Team Coordinator, PO Box 839, Everett, WA 98206

Youth Action Team is a teen volunteer program designed to build character, cultivate leadership and inspire collaborative thinking through volunteering. Thank you for your interest in applying.

Date filled out: _____ / _____ / _____

I. TEEN INFORMATION

Name: _____ Gender: _____

Street address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ / _____ / _____ High school: _____ Grad year: _____

Home phone (land line): _____ - _____ - _____ Mobile phone: _____ - _____ - _____

E-mail address (required): _____

How did you hear about Youth Action Team? _____

It is vitally important for the Youth Action Team coordinator to stay in touch with you throughout the school year. Our preferred mode of communication is Facebook due to ease and convenience – however, we do send occasional e-mails and text messages. Rest assured that we take your private information very seriously and will only contact you with matters related to Youth Action Team. Bearing this in mind:

Can we “friend” you on Facebook? Y or N Can we text you? Y or N Easiest way to get in touch with you: _____

T-shirt size: S M L XL XXL

II. PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to teen: _____

Street address: check if same as above _____

City: _____ State: _____ Zip: _____

Home phone (land line): _____ - _____ - _____ Mobile phone: _____ - _____ - _____

We send a monthly newsletter to all Youth Action Team members and their parent/guardians – hear about the wonderful ways your teen is serving the community!

E-mail address: _____

Are you willing to occasionally volunteer as an adult chaperone for Youth Action Team events? _____

III. LOCAL EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to teen: _____

Home phone (land line): ____ - ____ - _____ Mobile phone: ____ - ____ - _____

IV. ABOUT YOU

Why do you want to be a Youth Action Team member?

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

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

List your top 10 interests. Please check the 3 interests that are most important to you.

V. RESPONSIBILITY

YAT members are required to commit to a monthly volunteer project (of their choosing) and to attend monthly meetings which are normally on the fourth Saturday. You should expect to spend at least 5 hours a month dedicated to YAT. Please describe how you plan to fulfill these responsibilities.

How will volunteering benefit your future?

Any additional comments?

PARENT/GUARDIAN CONSENT FORM

Your child has submitted a Youth Action Team 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 Youth Action Team coordinator if you have questions concerning the volunteer activities:

Belle Peñaranda, Youth Action Team Coordinator

Phone: 425-259-3191 x2477

E-mail: bpenaranda@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 purposed deemed suitable by Volunteers of America. I hereby waive any right to approve the finished products.

Teen name: _____

Teen signature: _____ Date ____ / ____ / ____

Parent/guardian name: _____

Parent/guardian signature: _____ Date ____ / ____ / ____

In submitting this application, I confirm that I have not been convicted of any misdemeanor, felony or other criminal offenses.

Teen Signature _____ Date ____ / ____ / ____

Parent/Guardian Signature _____ Date ____ / ____ / ____

Please mail completed application to:

Volunteers of America Western Washington
Youth Action Team Coordinator
PO Box 839
Everett WA 98206

or

Submit to your school's Youth Action Team contact.

Any questions, please contact the Youth Action Team Coordinator at bpenaranda@voaww.org.

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