

Youth Volunteer Application

For students ages 13-17



Last Name: _____ First Name: _____ Middle: _____

Address: _____
Street &/or PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Emergency Contact: Name _____ Relationship _____

Home Phone: _____ Cell Phone: _____

Are you volunteering for school or group credit? If yes, explain: _____

Have you ever been convicted of felony, misdemeanor, or any other criminal offense, other than minor traffic violation? No Yes, please explain _____

Are you a court ordered Community Service Volunteer? ? No Yes, please explain _____

SKILLS, TALENTS AND INTERESTS

List specific skills, talents, hobbies or interests that you are willing to share in your volunteer service.

- 1) _____
- 2) _____
- 3) _____

_School Information

School Attending: _____

Current Grade: _____

AVAILABILITY

When are you available to volunteer:

Specific Months: _____

Days of the Week _____

Times of the Day _____

Volunteer Signature date

Parent Signature date



VOLUNTEER AGREEMENT

I understand that my involvement with The Center is purely voluntary and I may withdraw from the activity at any time.

I understand that as a volunteer, I am not an employee under any federal or state law and I am not subject to worker's compensation insurance in the event of any injury or illness related to the performance of the activities, or entitled to any other employee right or employee benefit provided by organizational practice, policy, or state or federal law.

I hereby release Gaston County, its officers and management, from any and all liability resulting from claims of illness or injury, claims for compensation including minimum wage and overtime, and claims for employee benefits during or after the performance of my volunteer services.

Volunteer PRINT Name

Volunteer Signature

date

Parent PRINT Name

Parent Signature

date

CONFIDENTIALITY AGREEMENT

I understand that I have an obligation to safeguard all information to which I have access and I am prohibited from sharing confidential information with other volunteers, participants and anyone outside of the Center. Sharing confidential information about a participant with someone who does not need to know is illegal. The Health Insurance and Portability and Accountability Act (HIPAA) make sure that medical information is protected. A violation of HIPAA privacy rule carries heavy civil and criminal fines.

Confidential Information includes but is not limited to:
medical information, financial information, family information, behaviors observed and even the fact that the participant attends the Center.

I understand that unauthorized disclosure confidential information will result in my dismissal from the volunteer program and may include legal ramifications for my actions.

Volunteer Signature

date



VOLUNTEER HEALTH INFORMATION

Name _____ Date of Birth ____/____/____

Address _____
(Street) (City) (State) (Zip)

Cell Phone _____ Home Phone _____

Physician _____ Physician Phone _____

In case of Emergency Notify (primary contact):

Name _____ Phone _____ Relationship _____

In case of Emergency Notify: (secondary contact)

Name _____ Phone _____ Relationship _____

1. Any chronic illnesses or conditions that you think The Center should know? Please explain.

2. Any physical limitations that The Center should consider when determining your volunteer assignment?

PRINT NAME _____

SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____