

Permission/ Agreement/ Media Release Form

Volunteer Information:

Name: _____ Date of Birth: _____

Address: _____ / _____ / _____
City Zip

Email: _____

Phone: _____ School: _____ Grade: _____

Relevant Allergies/Medical Conditions/Medications: _____

Parent/Guardian Permission:

I give permission for my child/ward to participate in volunteer activities with the Volunteer Center of Santa Cruz County and all of their programs, from **June 1, 2020** until **September 30, 2021**. In consideration of the Volunteer Center of Santa Cruz County, I, on behalf of my minor child, and myself hereby agree to release and hold the Volunteer Center of Santa Cruz County harmless from any and all liability for any injury suffered by my minor child, or myself, arising from or in any way connected to this program. I understand that the program provides excess medical insurance for injuries incurred as part of my child's/ ward's volunteer duties, which will be secondary to existing medical insurance, should they carry medical insurance. I hereby allow my child/ ward to participate in Volunteer Center of Santa Cruz County events during this period. I understand that this is a non-paid position with no promise, expressed or implies, of consideration of future employment.

Parent/Guardian Signature Date

Parent/Guardian Name Relationship to participant

Email Phone

Media Release:

I also grant The Volunteer Center of Santa Cruz County and collaborating organizations permission to use photographs of my child/ward for publications including websites and social media (Facebook, Twitter) to promote volunteerism without financial remuneration.

Parent/Guardian Signature Date

YouthSERVE Volunteer Registration Form

Emergency Contact

Phone

Second Emergency Contact

Phone

I am interested in volunteer positions that are: ☐ Short-term/One day ☐ On-going

Skills and interests (optional): _____

Preferred gender pronouns: ☐ She/Her/Hers ☐ He/Him/Her ☐ Other: _____

Do you have community service hours assigned by the court? ☐ Yes ☐ No

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this application. I understand that this is a non-paid position with no promise, expressed or implies, of consideration of future employment.

Signature of Applicant

Date

The following information is voluntary, and it will help the Volunteer Center evaluate its recruitment practices and compile required statistical reports. The information will be kept confidential and will not be used to discriminate against or give preference to any individual in any volunteer position.

Ethnicity (select all that apply):

☐ African American

☐ Hispanic or Latinx

☐ Other

☐ Asian

☐ Native American

☐ Decline to State

☐ White/Caucasian

☐ Pacific Islander

Do you or your siblings receive free or reduced-price lunches at school? ☐ Yes ☐ No