

Youth Power

CENTRAL SHENANDOAH VALLEY OFFICE ON YOUTH

Applicant's full name (printed): _____

Where do you live? Staunton _____ Augusta County _____ Waynesboro _____ Other _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

Race/Ethnic Background: African American _____ Caucasian _____ Hispanic _____ Other _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of School: _____ Current Grade Level: _____

How did the applicant find out about the Office on Youth?

EMERGENCY CONTACT INFORMATION

Parent/Guardian's Full Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____ Place of Employment _____

In case of emergency, and in the event that the parent/guardian cannot be reached, contact:

Name (printed): _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Medical Insurance Company: _____ Policy Number: _____

Doctor's Name: _____ Phone Number: _____

Does participant have any medical conditions or learning disorders that OOH staff should be aware of?

Is Applicant court involved? Yes ___ No ___ Single-parent family? Yes ___ No ___

Is applicant currently in foster care? Yes ___ No ___

LIABILITY

The Central Shenandoah Valley Office on Youth is neither an employer nor a principal, but is merely offering a volunteer community service program in which my child can participate. I further recognize that sponsoring agencies of this program receive no compensation, fee, or other material benefit from this program. I understand that my child will be involved in a program requiring physical labor and activities. In the event of an emergency, when I cannot be located I hereby grant permission for the sponsoring agencies to take my child to necessary medical treatment. Further, I hereby agree to waive and release any of the Central Shenandoah Valley Office on Youth and participating work sites from liability of any nature whatsoever resulting from my child's participation in programming through The Central Shenandoah Valley Office on Youth.

TRANSPORTATION

- Each participant will be **picked up** from their school on the days of the program and will be transported to the program site by the Office on Youth staff. Transportation will be provided from school to the program site. **The Office on Youth will not be responsible for participants who miss their transportation.**
- All participants must walk home, be picked up by a parent or a pre-approved adult or be transported home by Office on Youth staff.
- Leaving with another individual or walking home without signed parental consent on file may result in **dismissal** from the program.

ABSENCES

- Participants must call the Office on Youth if they are going to be absent.
- Acceptable excuses for being absent are sickness, a medical emergency, a family emergency, or a prearranged reason.

*** Any combination of *three (3)* unexcused late arrivals or absences may result in *dismissal* from the program. ***

ADVERTISING CONSENT

By signing below, you as the parent/ guardian are giving consent to allow the identified participant's image to be used by the Central Shenandoah Valley Office on Youth for the purpose of promoting the office's various programs through posters, brochures, and other pieces of literature.

CONDUCT

Participants are expected to follow all rules and all directions given by the Office on Youth staff. **Breaking of rules or disrespectful acts during group activities or during transportation will result in a warning, a dock in incentive or dismissal from the program.**

Please check the following option/ options in which your child has permission to do. If any of these options change, please notify us in writing of the changes by sending a note with your child to the program.

- After the program, my child has permission to do the following checked below.
- Stay at the program site after the program.
 - Walk home after the programs.
 - Picked up by a parent of the following pre-approved adult _____

Participant's Name (please print)

Participant's Signature

Date

Parent/Guardian's Name (please print)

Parent/Guardian's Signature

Date