

YOUTH SERVICE OPPORTUNITIES PROJECT

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YSOP STUDENT VOLUNTEER INFORMATION SHEET

PLEASE PRINT CLEARLY

YSOP PROGRAM DATE _____ **GROUP** _____

Name _____ Home phone (____) _____

Address _____ Apt _____ Date of birth ____ / ____ / ____

City _____ ST ____ Zip _____ E-mail _____

Year of graduation ____ School _____ Cell phone (____) _____

Religious Org/Youth Group _____ Male _____ Female _____

Do you have any medical conditions, allergies or dietary concerns YSOP should know about? _____

EMERGENCY INFORMATION

Parent/Guardian _____ Home phone _____

Home address _____ Cell phone _____

(if different) _____ Work phone _____

Parent/Guardian _____ Home phone _____

Home address _____ Cell phone _____

(if different) _____ Work phone _____

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____

Student's physician _____ Phone _____

Your Insurance/major medical company _____

Group or personal policy # _____ Policy holder's ID # _____

YSOP carries an accident insurance policy which covers all program participants.

I have read a description of the YSOP service program and give my child permission to volunteer with YSOP, serving under adult supervision.

I give ____ do **not** give ____ my child permission to take acetaminophen (Tylenol) or ibuprofen (Advil) for pain relief for headaches, menstrual cramps & minor aches & pains. Any other medication, **both prescription & over-the-counter**, must be brought by my child to the program. I will provide a signed note giving my permission to take this medication (name each one) & relevant instructions. In the event I cannot be reached & emergency hospital care/treatment is needed, I understand my child will be taken to the nearest hospital and given emergency care.

I grant ____ do not grant ____ permission for my child to be photographed for possible inclusion in a YSOP publication and/or video, or in other publications for the purpose of promoting YSOP.

Parent/Guardian signature _____ Date _____

TO STUDENT PARTICIPANT:

Volunteering with YSOP requires your full attention and a degree of seriousness. Smoking, alcohol or illegal drugs are not permitted. The use of cell phones or other electronic devices is not permitted during our program. Should these community rules be violated, you will be asked to leave YSOP. Accordingly, we ask that you sign below to indicate that you have read this statement and agree to these conditions.

Student signature _____ Date _____