
YOUTH VOLUNTEER PROGRAM

Katie Port Coordinator

Oil City YMCA

7 Petroleum Street, Oil City, PA 16301

(814) 677-3000 Fax (814) 677-1284

Hello, and welcome to the Community Youth Volunteer Program!

The CYVP is a program designed for:

- Youth ages 10-18
- Youth who live in Venango County
- Only youth who do not have a serious criminal record
- Youth who are attending school

Please write legibly!

Please complete and return all the enclosed papers

Keep the CYVP contracts and consequences for your records

Feel free to call if you have any questions. (814) 677-3000

Katie Port ☺

YOUTH VOLUNTEER PROGRAM CONTRACT

1. Transportation is your responsibility. Some programmed events will allow use of the Youth Volunteer Bus (advanced notice is required by the Worksite)
2. Most volunteer opportunities are listed in our monthly newsletter and are first come, first serve. Volunteers must contact job listings prior to arriving for work. "Short notice" jobs are given to youth with good work histories.
3. It is your responsibility to keep track of the jobs you sign up for and to get to the work site on time. Report directly to the site supervisor. If you cannot make it to your work site you are required to give at least a 24 hours notice. If it is an emergency call the Community Youth Volunteer Program (CYVP) office as soon as possible.
4. You must wear appropriate dress. Clothing with obscenities, tears/holes in shirts or pants is prohibited. Shirts and shoes are required.
5. You must behave in a polite and courteous manner with all persons involved at any work site or function. If there is a problem, report it directly to the site supervisor.
6. You are prohibited from doing ANY of the following while volunteering: Smoking, chewing tobacco, swearing, using offensive language and gestures, hitting, pushing, shoving, kicking, or spitting. Any act considered illegal by law conducted by a youth volunteer while on a job site will be cause for immediate expulsion and forfeiture of accumulated volunteer incentives.
7. You must abide by any additional site supervisors' rules and guidelines.
8. You are NOT allowed to leave worksites early unless it is an emergency or prior arrangements have been made with the coordinator or site supervisor.
9. Your time slips will be turned in by the worksites by the end of the month.
10. "Goofing off" and not doing what you are there to do will not be tolerated. Supervisors have the right to "dock hours" if you choose to ignore warnings.
11. Reports of inappropriate behavior will be reported to the coordinator by the site or other designated supervisor.
12. The first THREE HOURS of every year is strictly volunteering with no reimbursement.

Community Youth Volunteer Program Application

YOUTH PAGE

Date: _____

Please print legibly

Name: _____ Date of Birth (mm/dd/yy): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (cell): _____

How did you hear about the Community Youth Volunteer Program? _____

Please list an incentive (purchase) you wish to work towards:

How do you feel this program will personally benefit you? _____

Do you participate in extracurricular activities? Yes _____ No _____ If yes, list the activities:

Do you have a YMCA or YWCA membership? Yes _____ No _____

Skills and talents you'd like to share:

Skills or talents you'd like to learn:

PARENTS PAGE

Parent/Guardian and Emergency Contact Information:

Parent/Guardian name (*please print*) _____

Address _____

City _____ State _____ Zip Code _____

Phone (home): _____ (cell): _____

E-mail address: _____

Work Place: _____ Work Phone #: _____

In the event of an emergency, who should we contact? (*list 2*)

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Please list any medications that apply to your child: _____

Please list any allergies that apply to your child: _____

Are there any other health concerns that we should know about?

Mark yes or no to the reference that pertain to your child:

_____ behavior / learning disorder	_____ dealing with juvenile authorities
_____ depression / school problems	_____ problems w/ drugs or alcohol
_____ drop in grades	_____ financial difficulties
_____ frequent truancy	_____ single parent household
_____ connected with JPO	_____ connected with CYS

PHOTOGRAPHY RELEASE

In the course of time that your child / children are involved with the Community Youth Volunteer Program, there may be photographs taken of them in volunteer activities.

I, as parent or legal guardian, _____,

give my permission to the Community Youth Volunteer Program and affiliates,
to use any photographs taken of my child / children.

REQUIRED SIGNATURES

Parent / Legal Guardian:

I, as parent or legal guardian, _____, acknowledge all information provided in this application is true and correct. I have read and understand all responsibilities of my child / children involved in the Community Youth Volunteer Program.

Parent/Legal Guardian Signature

Date

Youth:

I, as a member of CYVP, _____, acknowledge all information provided in this application is true and correct. I have read and understand the guidelines and the consequences of the Community Youth Volunteer Program.

Youth Signature

Date

CYVP Coordinator:

The youth and parent / legal guardian participated in an orientation with the Program Coordinator by; _____ office visit _____ telephone call

Date _____

Coordinator Signature

Date

EMERGENCY / MEDICAL RELEASE

Should an emergency medical situation arise, we need your permission to treat your child / children: I, as parent or legal guardian, _____, give my permission to the Community Youth Volunteer Program and affiliates, to use their best judgment pertaining to medical decisions regarding my child / children.

Name of Child / Children _____

Name of Physician _____

Physician Phone Number _____

RELEASE AND HOLD HARMLESS AGREEMENT

- In consideration of the services of the Community Youth Volunteer Program and the Oil City YMCA, its employees, directors, agents, officers, volunteers, participants, and all other persons or entities acting in any capacity on their behalf, and for other good and valuable consideration, I hereby agree to release and discharge them from liability arising from negligence, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, and personal representatives.
- I certify that the statements provided in this application are true and correct, and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me or my child/children, and I hereby release such companies and persons from any liability for such actions.

Community Youth Volunteer Program

Approved Partner sites

Calvary United Methodist Church
The Caring Place
Child to Family Connection
Clintonville Helper
Cranberry Area School District
First Presbyterian Church
Franklin Foursquare Church
Franklin YMCA
Golden Living Center
Lifelong Learning Program
Oakwood Heights (Presbyterian Home)
Oil City High School
Oil City Police Department
Oil City YMCA
Penn State Cooperative Extension
Red Cross
Second Presbyterian Church
Steps to Tomorrow
St. Stephen Church
St. Joseph Church
The Good Shepard Shoppe
UPMC Northwest Auxiliary
Venango Area Chamber of Commerce
Venango County Historical Society
Weed & Seed Hot Spots
Youth for Christ
Oil City YWCA

Camp Good News
Child Development Centers
City of Franklin
Community Services of Venango County
Family Service & Children's Aid Society
Franklin Chamber of Commerce
Franklin Public Library
Free Methodist Church
Interstate Rocket Launching Center
Next Step Therapy
Oil City Arts Council
Oil City Library
Oil City Salvation Army
Partners in Care
Polk Center
Rockland Volunteer Fire Department
Seneca Evangelical Congregational Church
St. Elizabeth Center
St. Stephen School
Sugar Creek Station
Two Mile Run County Park
VARHA
Venango Christian High School
Venango County Housing Authority
Youth Alternatives
Youth Philanthropy
Zion Lutheran Church

THE COMMUNITY YOUTH VOLUNTEER PROGRAM

OIL CITY YMCA
7 PETROLEUM STREET
OIL CITY, PA. 16301
(814) 677-3000 FAX (814) 677-1284

KATIE PORT
PROGRAM DIRECTOR

YOUTH VOLUNTEER NAME _____

YOUTH PHONE# _____

SITE SUPERVISORS NAME _____

SUPERVISORS PHONE # _____

WORK SITE LOCATION _____

JOB DESCRIPTION _____

DATE	TIME IN	TIME OUT	BREAK	TOTAL HOURS WORKED	JOB EVALUATION	SUPERVISOR SIGNATURE

TOTAL X \$4.00 HOURLY RATE =

MUST BE SUBMITTED WITHIN 7 DAYS OF COMPLETION OF MONTH

DATE RECEIVED _____

DATE ENTERED _____ INITIAL _____