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## YOUTH VOLUNTEER PROGRAM

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Emma Davis Coordinator

### **Oil City YMCA**

7 Petroleum St. Oil City, PA 16301

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

#### Important Facts

- All hours must be completed by December 31<sup>st</sup>
- Total of 80 work hours a calendar year (subject to change)
- Earn \$4.00 an hour stipend for each work hour recorded (subject to change)
- All timesheets must be completed by the worksite supervisor
- Completed timesheets must be submitted by the end of each month
- Youth Volunteer may only work at pre-approved worksites
- Call 24 hours in advance for Walmart or Amazon gift cards
- There is a \$10.00 minimum withdraw amount
- Volunteers or parents/guardians must sign to pick up gift cards
- Allow 72 hours for processing and delivery time for membership/organization payment
- Remember your responsibility agreement and the CYVP Volunteer contract

Any question may be directed to the Community Youth Volunteer Program Director Emma Davis at (814) 677-3000

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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 contract and consequences for your records

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

Emma Davis ☺

# Community Youth Volunteer Program Application

## Youth Page

Date: \_\_\_\_\_

*Please print legibly*

Name: \_\_\_\_\_ Date of Birth(mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School District: \_\_\_\_\_

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 would like to share:

\_\_\_\_\_

Skills or talents you would 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 references 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 all  
responsibilities of my child / children involved in 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

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## 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

Atlantic Avenue United Brethren Church	Next Step Therapy
Calvary United Methodist	Oakwood Heights
Camp Good News	Oil City Arts Council
The Caring Place	Oil City Community Alliance Church
Child Development Centers	Oil City High School
Child to Family Connection	Oil City Library
Christian Life Academy	Oil City Police Department
City of Franklin	Oil City Salvation Army
Clintonville Helper	Oil City YMCA
Community Services of Venango County	Partners in Care
Community Playhouse	Precious Paws – Franklin
Cranberry Area School District	Child Evangelism Fellowship
Family Services & Children's Aid Society	Red Cross
First Presbyterian Church	Rockland Volunteer Fire Department
Franklin Chamber of Commerce	Second Presbyterian Church
Franklin Foursquare Church	Seneca Evangelical Congregational Church
Heckathorn United Methodist Church	South Side Neighborhood Association
Franklin YMCA	Steps for Tomorrow
Free Methodist Church	St. Elizabeth Center
Oil City Healthcare and Rehabilitation	St. Stephen Church
Girl Scouts	St. Joseph Church
Heart to Heart	Two Mile Run County Park
St. Stephen School	UPMC Northwest Auxiliary
Sugar Creek Station	Venango Christian High School
The Good Shepard Shoppe	Venango County Historical Society
VARHA	Keystone Smile: Weed & Seed Hot Spots (age 15)
Venango Area Chamber of Commerce	Youth Philanthropy
Venango County Housing Authority	St. John's Episcopal Church
Youth Alternatives	
Youth for Christ	
Life Ministries, Inc.	
Trinity United Methodist Church	
Lifelong Learning Program	

