

PORT ANGELES DOWNTOWN ASSOCIATION

Youth Volunteer Agreement

Today's Date: _____

YOUTH VOLUNTEER INFORMATION:

Name _____ Gender M / F

Date of Birth _____

Age _____ Grade _____

Ethnicity(optional) _____

Address _____

City _____ State _____ Zip _____

Phone #'s _____

Email _____

School _____

How did you hear about the PADA youth volunteers?

Why are you volunteering?

PARENT/LEGAL GUARDIAN INFORMATION:

Parent/Guardian

Name(s) _____

Email _____

Parent/Guardian primary phone # _____

Alternate # _____

PORT ANGELES DOWNTOWN ASSOCIATION

Youth Volunteer Agreement

The Youth volunteers are representatives of the PADA and should at all times maintain a business like demeanor in both dress and behavior. Therefore, the Youth Volunteer agrees:

- To be on time and work all scheduled project hours or notify PADA office or a Mentor in advance of the project start time.
- To devote twenty (20) hours or participate in four (4) events minimum per calendar year.
- To maintain a positive attitude and show respect to everyone at the project.
- To attend any required orientation and training and to participate in all project activities, including games.
- To abstain from profanity, drugs, tobacco, alcohol, sexual activity or violence of any form on projects;
- To keep all personal electronic devices off and out of sight
- To pay Twenty Dollars (\$20.00) annual membership fee. This membership fee will provide one (1) uniform tee-shirt, orientation, and other supplies for the benefit of the group.

PADA agrees:

- To treat the Youth Volunteer with respect.
- To provide the Youth Volunteer with appropriate duties to match his or her skills, experience. The interests of the volunteer will be considered.
- To provide trained, screened adult Mentors to guide and assist the Youth Volunteer.
- To provide orientation, training, and evaluation for the Youth Volunteer as needed.
- To recognize the efforts of the Youth Volunteer and provide confirmation of service hours upon request.
- To provide a reference citing the volunteer's work when requested.

Youth Volunteer Signature _____ Date _____

Parent Signature _____ Date _____

PADA Representative _____ Date _____

PORT ANGELES DOWNTOWN ASSOCIATION

PADA Youth Volunteer Agreement PARENT/LEGAL GUARDIAN WAIVER

(This is a legal document, please read carefully.)

Youth Applicant Name: _____

Parent/Legal Guardian Name: _____

Disclosure: I understand that adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the PADA Youth Volunteer program and agree to indemnify the partner agency and its employees or representatives from any such claims.

Photographic/Transportation Release: I will provide a photograph of my child for identification purposes only to PADA -Youth Volunteer. This photograph will remain in the possession of PADA- Youth Volunteer during the term of this Agreement and will not be copied, or used for promotional purposes. In the event that my child is photographed or filmed for publicity purposes while participating in a PADA project, the photo or video may be used by PADA or any of its related agencies for promotional purposes. I authorize PADA and/or partner agency staff to transport my child in their vehicles if needed.

Parent/Legal Guardian Responsibility: I will inform PADA of any special need or condition my child has. I understand that withholding this information is unfair to my child and to the PADA Youth Volunteer representative entrusted with my child’s safety. I will be punctual when dropping off/picking up my child from PADA Youth Volunteer projects, both for their safety and as a courtesy to PADA and its partner agencies. I understand that violating any of these policies may lead to my child’s exclusion from PADA programs.

For the purpose of our grant reporting, does your child meet any of the following criteria: (a) out-of-school youth, including out-of-school youth who are unemployed; (b) in or aging out of foster care; (c) limited English proficiency; (d) homeless or who have run away from home; (e) at-risk to leave secondary school without a diploma; (f) former juvenile offenders or at risk of delinquency; or (g) individuals with disabilities? **Please check yes or no: [] No [] Yes**

Please sign below to acknowledge that you have read and understand this waiver and agree to its provisions; to affirm that you are the parent or legal guardian of the applicant named above, and to verify that all information you have given is correct.

Parent /Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____

Date _____

Please make sure all pages of this agreement are complete, initialed and signed as required by both volunteer and parent/legal guardian then mail, or deliver to:

Mailing Address:
Port Angeles Downtown Association
Attention: Youth Volunteers
P.O. Box 582
Port Angeles WA 98362

Street Address:
208 N. Laurel Street, Port Angeles

**Email: director@portangelesdowntown.com
(360) 457-9614**

PORT ANGELES DOWNTOWN ASSOCIATION

Emergency Medical Release

YOUTH VOLUNTEER INFORMATION:

Name _____ Gender M / F

Date of Birth _____

Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Phone #'s _____

PARENT/LEGAL GUARDIAN INFORMATION:

Parent/Guardian Name(s) _____

Email _____

Parent/Guardian primary phone # _____

Alternate # _____

Emergency Contact (if unable to reach you)

Name _____

Phone Number _____

Second Emergency Contact (if unable to reach 1st contact)

Name _____

Phone Number _____

Medical Information:

Health Care Provider/Family Physician:

_____ Ph # _____

Does your child have any allergies? { } No { } Yes

Explain: _____

Is your child currently under medical care? { } No { } Yes

Explain: _____

Medical Insurance: _____

Please inform us of any other mental, physical, social or other conditions your child has and any medication he/she is currently taking:

Medical Care Authorization: Please check appropriate box and sign below.

At any time due to such circumstances as accident or sudden illness I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a PADA Youth Volunteer representative or the partner agency will call me prior to leaving or upon arrival at the emergency destination, and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

OPTION: Due to religious or other personal reasons I DO NOT give permission for emergency medical care for my child. I accept all responsibility.

Please sign below to acknowledge that you have read and understand this waiver and agree to its provisions; to affirm that you are the parent or legal guardian of the applicant named above, and to verify that all information you have given is correct.

Parent /Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____

Date _____

Please Initial: Volunteer

Parent/Legal Guardian

PORT ANGELES DOWNTOWN ASSOCIATION

Youth Volunteer Agreement- Dress Code

The PADA Youth Volunteers is a positive educational group that provides the youth of Port Angeles the opportunity to work directly with the PADA building occupational and life skills in a business environment. The Youth Volunteers represent the PADA to the community and our visitors. It is for these reasons we expect business-like youthful professional attire be worn during all activities and meetings. The following is a list of expectations to reach this goal in dress.

- A uniform t-shirt will be provided and should be worn for all activities unless otherwise directed.
- All clothing should be clean and not look like it came off your bedroom floor.
- Sleeves please! No spaghetti straps, tube tops, halter tops, or other revealing tops. Modesty is the goal, let your skin breathe! Tight clothing, cleavage and curves can be distracting to other participants and needs to be left at home.
- No sagging! Make sure your pants and other garments are pulled up and worn in the right place. Avoid revealing your undergarments or private parts.
- Shorts are allowed, but no “short” shorts or skirts. stand with your arms at your side and if your finger tips touch skin, then your shorts or skirt needs to be longer for our meetings and events.
- Don’t advertise for the wrong guys. Clothing promoting tobacco, alcohol, cigarettes, sex, or other questionable sayings or slogans is not allowed or tolerated.
- Yikes, no bare skin! Bottoms and tops should be long enough to cover all private areas including midriff.

PORT ANGELES DOWNTOWN ASSOCIATION

Youth Volunteer Agreement- Code of Conduct

In the interest of maintaining an environment that is safe and enjoyable for all the Volunteer Youth participants and Mentors, the following Code of Conduct and discipline policy has been established, and will remain in effect at all times during Youth Volunteer projects, meetings and other activities.

All Youth Volunteers agree to comply with the following:

- I will listen to, and follow directions from Mentors, senior volunteers and other PADA representatives.
- I will treat everyone with respect at all times.
- I will refrain from roughhousing or causing harm to anyone.
- I will not use any profanity.
- I will be honest. I will not lie, cheat or steal. These will not be tolerated and are grounds for removal from the organization and/or prosecution.
- I will not bring or use electronic devices (including: cell phone, ipod, computer) except with permission of a Mentor when it is required for the activity. The PADA is not responsible for any loss or damage of personal property.
- I will not use or possess alcoholic beverages or other illegal substances. If I do, I will not be permitted to remain at the event or meeting, my parent(s)/legal guardian will be called to pick me up, and the PADA will notify the authorities.
- I will refrain from public displays of affection. They are not appropriate in a business environment.
- I will not possess any type of weapon. Possession is grounds for removal from the meeting or event.
- I will be responsible for my own behavior. Any damages caused by me to other persons or property, will be paid for by me or my parents.
- I will stay in a group of two or more at all times. My Mentors shall know where I am at ALL times. It is my responsibility to keep my Mentor informed of my whereabouts. I will not accept a ride from anyone without prior permission from a Mentor. **NO ONE SHALL GO ANYWHERE WITHOUT A MENTOR'S KNOWLEDGE AND APPROVAL.** Failing to abide by this is grounds for being sent home immediately.

The above Code has been established for the protection of me, the other members of the Volunteer Youth, our Mentors, and the public. I understand that the following, unless otherwise noted, will be the steps taken should I fail to adhere to the Code.

1. First offense- verbal warning.
2. Second offense- removal from the activity and parents/guardian called.
3. Third offense- suspension from the program for an amount of time suitable to the offense.

I have read, understand and agree to abide by the Code of Conduct.

Signed by Volunteer _____ Date _____

Signed by Parent/Legal Guardian _____ Date _____

Please Initial: Volunteer

Parent/Legal Guardian