

# Volunteer Authorization Form

Please complete this form in its entirety, including the required signature on the reverse side. Once completed, return this form to the staff member who requested it or the Youth & Government office. Office and staff contact information is available online at [www.calymca.org/staff](http://www.calymca.org/staff). *Please print neatly.*

## General Contact Information

Volunteer Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Medical & Emergency Information

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

#1 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

#2 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

## Terms of Relationship

Acknowledgement of and agreeance to the following must be submitted annually to volunteer as a staff member for YMCA Youth & Government.

### Staff Handbook Receipt

I have received and read a copy of the Volunteer Staff Handbook. I understand its contents and agree to follow the policies, procedures and guidelines it describes. I further understand that I am encouraged to contact any Core Staff member at any time about my role or any other Youth & Government issue or concern.

### Code of Conduct

I have read and understand the YMCA Code of Conduct and I agree to follow it. I understand that failure to adhere to the Code's minimum standards of conduct may result in my immediate expulsion from California YMCA Youth & Government.

***(continued on page 2)***

# Volunteer Authorization Form

## Terms of Relationship *(continued from page 1)*

### Media Release

Permission is granted for photographs, DVD, video, or audio recording of me that are taken during my participation in Youth & Government, in any format including electronic media, to be used by the program for any purpose, including publicity. The undersigned hereby waives and forever relinquishes any rights to such images, waives the right to prior notice of such use, and acknowledges the right for Y&G to use such images without compensation.

### Anonymous Data Collection Release

California YMCA Youth & Government continually strives to improve the program experience for participants and staff. As part of that process, we work with other YMCA organizations as well as outside researchers to design and implement surveys to learn about experiences and growth during Y&G as well as standard background information. The information collected is held in confidence by Y&G, and the researchers have no ability to identify any individual participant. Identifying information will never be released to anyone outside Y&G. During the course of any study, we hope to conduct interviews with individual participants. Before that is done, the undersigned will be asked to sign an additional consent form. I have read and agree to these conditions.

### Medical Authorization

It is understood that if time and circumstances reasonably permit, California YMCA Youth & Government (Y&G) and its authorized director and/or leaders will endeavor, but is not required, to communicate with the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understands and agrees that Y&G shall not be legally or financially liable for any claim arising from the medical or the dental care provided pursuant to this authorization. The undersigned hereby agrees to indemnify and to hold Y&G harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization. This authorization is given to Y&G for use in conjunction with any event operated by Y&G including transportation to/from the event and shall be valid until revoked in writing by the undersigned.

### Communication

I understand that California YMCA Youth & Government will communicate bi-monthly with volunteer staff through electronic bulletins. These bulletins will be the primary form of communication and will include pertinent dates and deadlines. Staff are expected to read these bulletins and to respond to requests for information in a timely fashion; including, but not limited to, conference registration, transportation and hotel needs, program supplies, and attendance at staff events.

### Working with Minors

I have been made aware of my responsibility as an adult working with minor youth. I understand that under no circumstances am I to meet with current youth participants of California YMCA Youth & Government outside of official program sponsored activities without prior authorization from the CEO.

### Signature of Agreeance

I, the undersigned, have read, understand and agree to the statements written on page one and two of this form.

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

Printed Volunteer Name: \_\_\_\_\_