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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:

<input type="checkbox"/> behavior/ learning disorder	<input type="checkbox"/> dealing with juvenile authorities
<input type="checkbox"/> depression/school problems	<input type="checkbox"/> problems w/ drugs or alcohol
<input type="checkbox"/> drop in grades	<input type="checkbox"/> financial difficulties
<input type="checkbox"/> frequent truancy	<input type="checkbox"/> single parent household
<input type="checkbox"/> connected with JPO	<input type="checkbox"/> 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.

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Parent/Legal Guardian Signature

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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.

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Youth Signature

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Date

CYVP Coordinator:

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

Date \_\_\_\_\_

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Coordinator Signature

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

## THE COMMUNITY YOUTH VOLUNTEER PROGRAM

Oil City YMCA  
7 Petroleum Street  
Oil City, PA 16301  
(814) 677-3000 Fax (814) 677-1284

Emma Davis  
Program Director

Youth Volunteer Name \_\_\_\_\_

Youth Phone # \_\_\_\_\_

Site Supervisors Name \_\_\_\_\_

Supervisors Phone #

### Work Site Location

## Job Description

Total x \$4.00 Hourly Rate =

Must be submitted with 7 days of completion month

Date Received \_\_\_\_\_