



COMMUNITY YOUTH AGAINST VIOLENCE

Youth Partnership Program Agreement Volunteer/Partnership Programs

STUDENT INFORMATION: *(To Be Completed by Student)* PLEASE PRINT OR TYPE

NAME: _____ SCHOOL ID#: _____

ADDRESS: _____

Street

City

Zip

SCHOOL: _____ PHONE: (____) _____

PARENT/GUARDIAN NAME: _____ PARENT'S DAY PHONE: (____) _____

CIRCLE ONE: FRESHMAN SOPHMORE JUNIOR SENIOR GRADUATION YEAR: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

I agree to fulfill the duties and time commitments as listed in the organization's volunteer job description, including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the rules of the organization for which I will be volunteering and to abide by the procedures, including any record keeping required to maintain the confidentiality of organization and client information.

STUDENT'S SIGNATURE: _____ **DATE:** _____

ORGANIZATION INFORMATION: *(To Be Completed by Organization's Supervisor of Student Volunteers)*

NAME OF ORGANIZATION/AGENCY/SCHOOL PROJECT: _____

ADDRESS: _____

Street

City

Zip

TELEPHONE: (____) _____ OPERATING HOURS: _____

CONTACT PERSON: _____ TITLE/POSITION: _____

(Contact person must verify the volunteer's hours and the quality of the volunteer's work)

COMMUNITY SERVICE SITE: _____

VOLUNTEER JOB DESCRIPTION: _____

CONTACT PERSON'S SIGNATURE: _____ **DATE:** _____

PARENT OR GUARDIAN INFORMATION: *(To Be Completed by Parent or Guardian)*

I have read and fully understand the volunteer job description above and know the expectations for my son/daughter and hereby request and approve that _____ participate in the Youth Partnership Program. I understand and hereby give my approval for my son/daughter to participate in volunteer activities of the Youth Partnership Programs that take place on or off school property, during or after school hours. When volunteering through the Youth Partnership Program, I understand that I am totally responsible and agree not to sue Community Youth Against Violence, its employees, or agents for any and all loss of damage, and any actions, claims, demands, costs, or expenses therefore, which the above named student or I may have arising out of or which are in any way connected with my son/daughter's participation in the Youth Partnership Program, including transportation to and from the activity.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

CYAV COORDINATOR: _____ **DATE:** _____