Where would you like to serve (circle one): North Lawndale Garfield Park

CITY YEAR
CHICAGO
36 S. Wabash Ave.
Suite 706
Chicago, IL 60603
312.423.7175
www.cityyear.org

Youth Volunteer Application-One Day
For volunteers ages 18 and younger

**Thank you for volunteering with City Year. The liability waiver must be completed and signed by a parent or guardian before joining any City Year sponsored events. Please return completed waiver to City Year Chicago. If you have any questions, please contact Jeremy Bleier, Civic Engagement Manager, at 312-404-3454

REGISTRATION *(Please print clearly)*

Name: _____ Grade: ❑ K-3 ❑ 4-5 ❑ 6-8 ❑ 9-12
LAST **FIRST**

Address: _____ City, State: _____ Zip: _____

Best Phone #: (___)_____ Email: _____

School/Organization/Agency Affiliation: _____

City Year requests the following information for statistical purposes only.
Gender (optional): ❑ Male ❑ Female

Race/Ethnicity: (optional)
❑ African American ❑ American Indian/Alaskan Native ❑ Anglo/Caucasian
❑ Asian American/Pacific Islander ❑ Hispanic/Latino ❑ Multi-ethnic
❑ Other: _____

Age : ❑ Under 5 ❑ 5-6 ❑ 7-8 ❑ 9-10 ❑ 11-12 ❑ 13-14 ❑ 15-16 ❑ 17-18

Emergency Contacts *(Please list two emergency contacts):*

Name: _____ Relation: _____ Contact Phone: (___) _____

INFORMED CONSENT FOR PARTICIPANT WAIVER

Statement of Consent

I, _____, being the parent/legal guardian of _____, a minor, do hereby consent to his/her participation in voluntary projects, events, and functions sponsored and/or organized by City Year. I understand that he/she is responsible for his/her behavior and will only perform volunteer work that he/she is comfortable doing or participate in activities that he/she is comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance the above-named minor's participation in City Year's organized and/or sponsored projects, events, and functions, I do hereby waive and release City Year, the sponsors, their staff and all persons directly or indirectly related to the program of any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my son/daughter during his/her participation in a City Year volunteer program. I understand the staff is trained in first aid and I authorize them to give my child first aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of accident or illness, I grant City Year staff members the power to authorize emergency medical treatment necessary for my child. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, injuries, anesthesia and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

_____ _____
Signature of Participant's Parent or Guardian *Date*

INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

City Year is committed to furthering the discussion and growth of national service in the public realm. As such, I grant permission for City Year to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage, or other uses by City Year either associated with the program, project, event, function, or otherwise.

Statement of consent: I hereby agree to allow City Year to use any photograph and/or likeness of myself at any time during my participation in the program or thereafter, without prior approval. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

_____ _____
Signature of Participant's Parent or Guardian *Date*