



**SEATTLE/
KING COUNTY**

2203 23rd Avenue South
Suite 101
Seattle, WA 98144
Tel: 206.219.5010
Fax: 206.219.5011
www.cityyear.org/seattle

Applications Due March 2!!

February 4, 2009

Greetings!

We are thrilled that you are interested in volunteering with our Camp City Year camp, for elementary school students. This year's theme is "The Wizard of Oz". During camp, we will engage 200-250 elementary school-aged students from the Seattle area in a week-long day camp. Hopefully, you will be able to join us on our adventure!

- Who is eligible to volunteer?** High school students & above
- Where:** Wing Luke Elementary School
3701 S Kenyon St.
Seattle, WA 98118
- When:** Spring Break
Monday, March 30th through Friday, April 3rd, 2009
8:30AM to 2:30PM
- Additional Info:** All volunteers should bring their lunches. Snacks & drinks will be provided.

Please complete the accompanying application, and fax, bring or mail it to the City Year office by the due date.

City Year Office
ATTN: Max Hawley, City Year
2203 23rd Ave S. Suite 101
Seattle, WA 98144

Fax: 206.219.5011 attn Quayana

All application materials should be turned in no later than Monday, March 2, 2009. If you have any further questions or concerns, please contact Quayana Mathews at (206) 219-5016.

Yours in Service,

Max Hawley
City Year Seattle/King County
Camp Volunteer Recruitment
mhawley09@cityyear.org

Quayana Mathews
City Year Seattle/King County
Program Manager
qmathews@cityyear.org



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Camp City Year

Elementary School Camp

When: Monday, March 30th - Friday, April 3rd 8:30AM to 2:30PM

Where: Wing Luke Elementary School
(3701 S Kenyon St. Seattle)

Please contact Quayana Mathews at 206.446.1400 if you have any questions.

YOUTH Volunteer Application 2009

Please complete this form if you are UNDER 18 years of age.

VOLUNTEER REGISTRATION (Please print clearly)

Name: _____ Date of Birth: _____
LAST FIRST MIDDLE

Address: _____ City, State: _____ Zip: _____

Day Phone #: (____) _____ Evening Phone #: (____) _____ Email: _____

Name of School _____ School Phone # _____ Grade: _____

City Year requests the following information for statistical purposes only.

Gender (optional): Male Female

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

How did you hear about Camp City Year? _____

I am interested in learning more about future volunteer opportunities with City Year Seattle/King County. YES NO

I am interested in joining City Year Seattle/King County's 2009—2010 Corps. Please send me an application. YES NO

EMERGENCY MEDICAL ATTENTION INFORMATION

Medical Concerns: Please describe any medical/physical conditions which City Year staff should be aware of. Please include any dietary restrictions, allergies, chronic health conditions, and/or medications.

Emergency Contacts: Please list two emergency contacts:

Name: _____ Relationship: _____ Day Phone #: (____) _____

Name: _____ Relationship: _____ Day Phone #: (____) _____





Thank you for your interest in volunteering with City Year!

Below you will find several opportunities that are available during camp. Please let us know which opportunity or opportunities you are interested in. We will try our best to place you in the service of your choice; however, it is not a guarantee.

Please indicate the type(s) of activities you are most interested in participating in.

- Team Leader:** A Team Leader will help assist a City Year member during camp hours by co-leading a group of 8-10 campers in completing various fun activities. Team leaders must **commit to attending at least two or more days** of camp (preferably attending each day of camp.).
- Camp Preparation Volunteer:** A Camp Preparation Volunteer will assist City Year in prepping supplies for workshops (ie cutting, photocopying, stapling, etc). **One day or more commitment.**
- Facilitator:** A Facilitator will lead the students in activities and group discussions. On Friday, April 11th, we will also be hosting a service project. Volunteers are needed to assist in facilitating service projects and activities such as sport games, team-building exercises and many others. **One day commitment.**

Please answer the following questions:

1. Have you ever worked with children or youth before: YES NO
2. Reason for volunteering: _____

3. Please list any relevant volunteer or work experience: _____

4. What general skills/experience/education would you like to share in your volunteer work? _____

Volunteer Training: There will be a mandatory volunteer training for all interested volunteers. Please indicated which training you will be able to attend. If you cannot attend either session please contact Quayana Mathews at 206-446-1400.

- Wednesday, March 16th, 2009—6:30-8:00 pm
 - Thursday, March 26, 2009—6:30-8:00 pm
- Both trainings at: City Year Headquarters 2203 23rd Ave South Ste 101 Seattle

Availability: Please indicate the days and hours that you are available to volunteer. Volunteers should arrive 10-15 minute prior to start time.

	Monday 03/30/2009	Tuesday 03/31/2009	Wednesday 04/01/2009	Thursday 04/02/2009	Friday 04/03/2009
Start Time					
End Time					

I, the undersigned, certify that the information stated on this application is true, complete and correct to the best of my knowledge. Any false statements made by me may be used as a basis of rejection for this application.

Name of Participant (please print)

Signature of Participant

Date



VOLUNTEER RELEASE FORM

INFORMED CONSENT FOR PARTICIPANT WAIVER

Statement of Consent

I, _____, understand that I am spending time as a volunteer on projects organized by City Year. I understand that I am responsible for my behavior, and I will only perform volunteer work that I am comfortable doing or participate in activities that I am comfortable doing. Having read this waiver and knowing these facts, I waive for myself and anyone entitled to act on my behalf, and release City Year from all claims or liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my participation in Camp City Year.

Signature of Participant

Date

INFORMED CONSENT FOR VOLUNTEER EVALUATION

As part of my participation in Camp City Year, I may be asked to participate in an evaluation of City Year and Camp City Year. One purpose of the evaluation is to see whether City Year volunteer opportunities and/or programs make a difference to the young people who participate in them. We will ask volunteers about their interests, activities, and attitudes, as well as some background information about family. All information will be used only to evaluate the City Year volunteer opportunities and/or programs; no information will be used to evaluate any of the people participating. We do not anticipate any risks to you or the young people because of your participation in the evaluation. The information we gather for this study will be kept confidential and will not be linked with any person's name. Materials will be stored without any names attached. If you have any questions, please call *Erika Rasmussen, Service Director at 206-219-5010*. The study may include the following activities: surveys, interviews, group interviews and observations of program participants.

Statement of consent: I understand the purposes of this study and the methods to be used. I understand that participation in this study is voluntary and that I can request at any time that I be withdrawn from the study. I consent to participate in this evaluation study of the City Year volunteer program.

Signature of Participant

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

Date

INFORMED CONSENT FOR EMERGENCY MEDICAL ATTENTION

Medical Concerns: Please describe any medical/physical conditions which the City Year staff should be aware of. Please include any dietary restrictions, allergies, chronic health conditions, and/or medication.

Physician Information:

Name: _____ Address: _____ Phone #: (____) _____

Insurance Information:

Provider: _____ Policy #: _____ Phone #: (____) _____

Due to liability and policy, **City Year corps members are not allowed to administer any medication.** If a child does have to take medication, we recommend that either the nurse or the parent/guardian of the child will be able to provide their child the medication. (e.g. A child with A.D.D and needs to take Ritalin given by an adult.) However, if the child takes medication that he/she can take on their own then we do accept that child. (e.g. A child who has asthma and needs an inhaler.)



CAMP CITY YEAR Volunteer Recommendation Form

I. TO THE APPLICANT

Please fill out this box and hand this form to your recommender. **Remember, your recommender should be a coach, teacher or adult mentor (not a peer or relative).**

Applicant's Name: _____

Address: _____
Street Apt. # City State Zip Code

II. TO THE RECOMMENDER

The young person named above is applying to be a volunteer at **Camp City Year**. Camp City Year is a fun and educational spring camp for elementary school students (grades K-5th) at Wing Luke Elementary in Seattle.

Camp City Year requires volunteers to be committed, willing to try new experiences and exhibit a positive "can-do" attitude. Your input is a very important part of the application process, and we greatly appreciate your assistance.

Please complete both sides of this form and return it to the applicant or mail it to the Camp City Year address listed below by MARCH 2, 2009.

Recommender's Name: _____ Position and Organization: _____

Home phone #: (____) _____ Work phone #: (____) _____

Relation to Applicant: _____ How long have you known the applicant? _____

Please See Additional Questions on the Back

If you have questions, please contact Quayana Mathews at: **(206) 446.1400**

If you are mailing this recommendation form, please send it to the address listed below:

**City Year Seattle/King County
Camp City Year
2203 23rd Avenue South Suite 101
Seattle, WA 98144**



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CAMP CITY YEAR

Volunteer Recommendation Form

I. Rating the Applicant

Please rate the applicant on the following attributes based on a scale from 1-5
(1: lowest rating, 5: highest rating)

Follows through on commitment:	1	2	3	4	5
Gets along with peers:	1	2	3	4	5
Likes new challenges:	1	2	3	4	5
Positive attitude:	1	2	3	4	5
Reliable and able to follow directions	1	2	3	4	5
Demonstrates good leadership:	1	2	3	4	5
Easily motivated and works independently	1	2	3	4	5

II. Short Answer Questions

1. What are the first words that come to mind when you think of the applicant? Please explain.

2. Camp City Year volunteers will be helping City Year corps members lead teams of school youth (K-5th graders), as well as assist in the facilitation and preparation of workshops and field trips. How well do you think this applicant would work with this population? Why?

3. Please provide any additional information you wish to share with us regarding the applicant.

Thank You for your recommendation!
Please return completed form to the applicant or mail it directly to the Camp City Year office!