



City of Delray Beach Youth Volunteer Application (Ages 14 through 17)

Name: _____

Birthdate: _____ Age: _____

Home Phone: _____ Pager/Cell Number: _____

Street Address: _____

City: _____

E-mail Address: _____

Driver's License # (if applicable): _____

School Information:

School Name	Grade	# of Service Hours Required to Complete

Emergency Contact Information:

Emergency Contact Name	Relationship	Telephone #

Please list employment and volunteer history (if applicable).

Present Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment

Former Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment

Please list three references of adults unrelated to you. (i.e. teacher, coach, etc.)

Name	Relationship	Phone Number	Address/Email Address

Name	Relationship	Phone Number	Address/Email Address

Name	Relationship	Phone Number	Address/Email Address

Days available for volunteer service: Sun Mon Tue Wed Thu Fri Sat

Why do you want to volunteer (i.e. need hours for school, like to help people, etc.)? What skills would you like to develop? _____

Parental Consent

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, charge/charges, heirs, executors and administrators, waive and release any and all rights and claims for damages which I/we may have against the City of Delray Beach, their representatives, successors and employees for any injuries I/we may suffer in connection with my/our participation in this program.

At various times, the City of Delray Beach videotapes and photographs events to be submitted to the local media. By entering in the City of Delray Beach Program, I/we hereby authorize the City of Delray Beach to reproduce, copy, exhibit, publish, broadcast or distribute any and all such tapes or photographs.

A background check may be required for certain volunteer positions that give access to confidential information and/or for those positions wherein the volunteer will be working closely with children. This includes the following:

- Employment records/Employers references
- Criminal background records/information
- Sex offender registry check
- Driver's license check
- Training/experience
- Personal references
- Addresses
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my child's volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

I have read the above, and understand the rules and regulations for the City of Delray Beach Program that have been made available to me.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date