



Connections For Youth Volunteer Application

In applying to serve as a Connections For Youth volunteer, I agree that I:

1. Am 18 years of age or older.
2. Will submit fingerprints for Connections For Youth's background check through the Department of Justice.

As a Connections For Youth Volunteer I will:

1. Represent Connections For Youth with professionalism, dignity, and be responsible for conducting myself with courtesy and appropriate behavior.
2. Follow through and complete accepted tasks.
3. Dress and act in an appropriate manner at all times, and be a positive role model.
4. Display respect and courtesy for Connections For Youth employees, other volunteers, program participants, and property.
5. Provide a safe environment by not harming youth or adults in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions.
6. Respect the privacy of persons served by the organization and hold in confidence sensitive, private, and personal information. (Reports of child abuse or neglect will be handled as per California State Law.)
7. Keep Connections For Youth staff informed of progress, concerns and problems within the program (s) in which I participate.
8. Work cooperatively as a team member with Connections For Youth employees and other Connections For Youth volunteers.
9. Respect and follow Connections For Youth policies and program expectations.
10. Keep personal opinions and actions separate from those made as a representative of this organization.

As a Connections For Youth volunteer I will not:

1. Use vulgar or inappropriate language.
2. Solicit gratuities, gifts, or bequests for personal or professional benefit.
3. Use or be under the influence of illegal drugs alcohol or consume tobacco at youth events.
4. Discriminate on the basis of race, color, religion, sex, age, national origin, marital status, disability or sexual orientation.

_____ Please initial here to signify your agreement with these expectations.

Personal Information:

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Title _____

Industry/Areas of Expertise _____

Insurance Information:

Provider/Insurance Company Name _____

Group/Policy Number _____

Member/Personal ID Number _____

Provider/Insurance Contact Number _____

Availability:

What is your availability to volunteer?

X	Day	Time
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

Skills:

Medical Certifications:

Please check any certifications that are current (please be sure to include a copy of any certifications with your application).

Basic First Aid _____ Wilderness First Aid _____

Advanced First Aid _____ Wilderness First Responder _____

CPR _____ Lifeguard _____

EMT _____ ACA Water Safety or Equivalent _____

Other Medical Certification: (please specify) _____

Name of medical certifying organization _____

Expiration date _____

Do you speak any languages besides English?

1. _____ 2. _____

_____ Beginning
 _____ Intermediate/Conversational
 _____ Advanced/Fluent

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 _____ Intermediate/Conversational
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General Information:

Use the scale below to rate your skills:

Please color in one circle to rate your experience. This helps Connections to place volunteers in the most useful and beneficial positions during our trips. We strongly encourage volunteers to be honest about their skills so they can participate in as many of the activities as possible.

Please use the scale to the right to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced) 1 2 3 4

Leave No Trace (LNT) 0 0 0 0

Backcountry Travel Skills (map reading and navigation, route selection, river crossing, off-trail travel, group travel) 0 0 0 0

Camp Skills (campsite selection, cooking/camping stove use, bear bagging, fire building, tent erection) 0 0 0 0

Outdoor Health and Safety (hypothermia prevention, foot-care, hygiene, water treatment, lightning avoidance, overdue/lost person search) 0 0 0 0

Youth Development (group facilitation, reflection, effective communication, conflict resolution, debriefing, and behavior management) 0 0 0 0

Youth Mentoring 0 0 0 0

Teambuilding / Adventure games 0 0 0 0

Outdoor Leadership (formal group leadership experience in a multi-day wilderness setting) 0 0 0 0

Are you interested in volunteering on hiking trips? _____ Yes _____ No

Are you interested in volunteering on backpacking trips? _____ Yes _____ No

Are you interested in volunteering on mountain biking trips? _____ Yes _____ No

Are you interested in volunteering on snowboarding trips? _____ Yes _____ No

In addition to the assistant instructor volunteer positions on trips, we are also seeking to expand our organizational capacity by providing opportunities for volunteers to help out, organizationally. Aside from the skills rated in the previous section, what other skills and talents do you have that might benefit Connections For Youth? FUNDRAISING, EVENT PLANNING, WEB DESIGN, IT SUPPORT, MARKETING, GRANT WRITING, other? Please describe:

We are also looking to form partnerships with people who have extracurricular specialties that might be of interest to our participants for Day Trip Adventures. Are you an experienced hobbyist R/C Cars, Model Airplanes, wood working or instructor in Yoga, Martial Arts, Kayaking, Arts, or other activities? Please describe.

Why do you want to volunteer with Connections For Youth?

What aspects of the program interest you in particular?

Please describe any special leadership experience you have:

Please describe any experience working with youth and/or youth organizations (including other volunteer work):

How did you hear about Connections For Youth?

Do you have any questions about Connections For Youth at this time?

Medical History:

How many times per week do you engage in physical activity (circle one):

None 1 – 2 times week 3 – 4 times week 5 – 7 times week

How do you typically stay physically fit?

General Medical History:

Diabetes	_____	Yes	_____	No
Hypertension	_____	Yes	_____	No
Cardiac problems	_____	Yes	_____	No
Bleeding or blood disorders	_____	Yes	_____	No
Gastrointestinal disturbances	_____	Yes	_____	No
Hepatitis or other liver disease	_____	Yes	_____	No
Dizziness or fainting episodes	_____	Yes	_____	No
Respiratory problems or asthma	_____	Yes	_____	No
Neurological problems or epilepsy Seizures	_____	Yes	_____	No
Treatment/medication for menstrual cramps	_____	Yes	_____	No
Disorders of the urinary or reproductive tract	_____	Yes	_____	No
History of heat stroke or other heat related illness	_____	Yes	_____	No
Do you see a medical or physical specialist of any kind?	_____	Yes	_____	No
Are you pregnant?	_____	Yes	_____	No
Other disease	_____	Yes	_____	No

Explain _____

Allergies:

Food allergies _____ Yes _____ No Explain _____

Vegetarian _____ Yes _____ No Explain _____

Dietary restrictions _____ Yes _____ No Explain _____

Allergic to insect bites or bee stings _____ Yes _____ No

Medications:

Allergic to any medications _____ Yes _____ No

Currently taking any medications _____ Yes _____ No

Please list any medications you are taking, the dosage amount/frequency, and any side effects/restrictions

Details:

Please explain any "yes" answers from the medical questions above.

Additional Information:

Do you use any illegal drugs? _____ Yes _____ No

Have you ever been convicted of a criminal offense? _____ Yes _____ No

Have you ever been charged with child abuse or neglect? _____ Yes _____ No

Has your driver's license ever been suspended or revoked? _____ Yes _____ No

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? _____ Yes _____ No

If you answered 'yes' to any of the above questions, please explain in detail:

I understand that:

- A. The information given above is up to date and correct.
- B. If there is any change to my physical health, I will notify the Connections For Youth office and seek professional advice before joining a Connections For Youth Outreach experience.
- C. I understand the physical demands of a Connections For Youth Outreach experience and take responsibility for my ability to participate.

Signature _____ Date _____

Photo and Video Consent/Release:

From time to time we would like to share some of the moments we have preserved on film from our events on the Connections For Youth Website, our newsletter, or with the larger community. Please check the appropriate box below:

Initial

I give permission to Connections For Youth to use my photograph or video clips in its promotional materials. This might include distributing photos to newspapers and other media, publishing photos in the organization's printed literature and advertising, and posting photos on the organization's web site. I waive any right or demand for compensation.

I do NOT give permissions to Connections For Youth to use my photograph or video clips in its promotional materials

_____ **Please list 3 personal** references and their contact information below

	Name	Relationship	Phone Number
1.			
2.			
3.			

I understand that:

- A. The information I have provided may be verified, if necessary, by contacting any person or organization that may have information concerning my history and background. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, Connections For Youth, its officers, employees, and volunteers.
- B. In signing this application, I affirm that the information is true and correct.

Print Name _____ Date _____

Signature of Volunteer _____

VOLUNTEER/PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Connections For Youth, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OO"), I hereby agree to release, indemnify, and discharge OO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor adventure based activities such as rock climbing, surfing, snorkeling, mountain biking, skiing and snowboarding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: climbing and snowboarding-the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; the risks of exposure to insect bites; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness; my own physical condition, and the physical exertion associated with this activity. Mountain Biking-accidents involving other bicycles or vehicles; collision with fixed or movable objects; injuries or accidents involving contact with the bicycle; falls from the bicycle; the negligence of other operators of motor vehicles or myself; weather conditions; my own physical condition; the condition of roads, terrain, or highways and accidents connected with their use; contact with animals or insects. Furthermore, OO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental condition.

They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OO's equipment or facilities, **including any such claims which allege negligent acts or omissions of OO.**

4. Should OO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against OO, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OO on the basis of any claim from which I have released them herein.

Print Name _____ Date _____

Signature of Volunteer _____