



# Summer Volunteer Form

## Participant Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

DOB: \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

All Youth Volunteers who are over the age of 17 must complete a free Livescan fingerprinting process prior to volunteering. **Please request a Livescan form from the New Dawn Vallejo Corporation office.**

<p><b>I am age 18 or over and require Livescan fingerprinting</b> (circle one):</p> <p style="text-align: center;">Yes / No</p>	<p><b>I am age 18 or over and have <u>already completed</u> my Livescan fingerprinting</b> (circle one):</p> <p style="text-align: center;">Yes / No    Year of Livescan: _____</p>
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## Available schedules:

<b>iballVallejo™ Late Night Basketball Program</b>	▶ 9pm–11pm	▶ 11pm–1am	▶ 9pm – 1am
<b>Summer of Success Youth Enrichment Camp</b>	▶ 8am–12pm	▶ 11am – 3pm	▶ 8am – 3pm
<b>Summer of Success Pre-Kindergarten Academy</b>	▶ 8am–12:30pm	▶ 12pm–4:30pm	▶ 8am–4:30pm



# Summer Volunteer Form

In which capacity would you like to serve (mark all that apply):

Program: iBallVallejo™ Late Night Basketball Program			
Adults 18 and over		Youth 17 and Under	
<input type="checkbox"/>	Basketball Referee	<input type="checkbox"/>	Basketball Referee
<input type="checkbox"/>	Cheerleading Assistant	<input type="checkbox"/>	Cheerleading Assistant
<input type="checkbox"/>	Registration	<input type="checkbox"/>	Registration
<input type="checkbox"/>	Program Set Up	<input type="checkbox"/>	Program Set Up
<input type="checkbox"/>	Program Breakdown	<input type="checkbox"/>	Program Breakdown
<input type="checkbox"/>	Child Supervision (age 18 and older)		
<input type="checkbox"/>	Nurse coverage (certified only)		

In which capacity would you like to serve (mark all that apply):

Program: Summer of Success Youth Enrichment Camp			
Adults 18 and over		Youth 17 and Under	
<input type="checkbox"/>	Classroom Lead	<input type="checkbox"/>	Classroom Assistant
<input type="checkbox"/>	Activities Lead	<input type="checkbox"/>	Recreation Aid (assist w/ sports and outside recreation/games)
<input type="checkbox"/>	Recreation Lead (coordinate and lead sports and outside recreation/games)	<input type="checkbox"/>	Breakfast Monitor
<input type="checkbox"/>	Recreation Assistant (supervise and assist during sports and outside recreation/games)	<input type="checkbox"/>	Lunch Monitor
<input type="checkbox"/>	Field Trip Chaperone	<input type="checkbox"/>	Field Trip Assistant Chaperone
<input type="checkbox"/>	Breakfast and Lunch Monitor	<input type="checkbox"/>	Program Admin assistance
<input type="checkbox"/>	Nurse coverage (certified only)		

In which capacity would you like to serve (mark all that apply):

Program: Summer of Success Pre-Kindergarten Academy			
Adults 18 and over		Youth 17 and Under	
<input type="checkbox"/>	Classroom Assistant	<input type="checkbox"/>	Classroom Assistant
<input type="checkbox"/>	Field Trip Chaperone	<input type="checkbox"/>	Program Admin assistance
<input type="checkbox"/>	Nurse coverage (certified only)		



# Summer Volunteer Form

Please enter your schedule below for the appropriate program (ALL Volunteers to Complete):

Program: iBallVallejo™ Late Night Basketball		
	Friday	Saturday
Date:	6/21/2019	6/22/2019
Available Shift:		
	Thursday	Friday
Date:	6/28/2019	6/29/2019
Available Shift:		
	Thursday	Friday
Date:	7/12/2019	7/13/2019
Available Shift:		
	Thursday	Friday
Date:	7/19/2019	7/20/2019
Available Shift:		
	Thursday	Friday
Date:	7/26/2019	7/27/2019
Available Shift:		

Program: Summer of Success Pre-Kindergarten Academy				
	Monday	Tuesday	Wednesday	Thursday
Date:	7/8/2019	7/9/2019	7/10/2019	7/11/2019
Available Shift:				
	Monday	Tuesday	Wednesday	Thursday
Date:	7/15/2019	7/16/2019	7/17/2019	7/18/2019
Available Shift:				
	Monday	Tuesday	Wednesday	Thursday
Date:	7/22/2019	7/23/2019	7/24/2019	7/25/2019
Available Shift:				
	Monday	Tuesday	Wednesday	Thursday
Date:	7/29/2019	7/30/2019	7/31/2019	8/1/2019
Available Shift:				

Program: Summer of Success Youth Enrichment Camp					
	Monday	Tuesday	Wednesday	Thursday	Friday
Date:	7/8/2019	7/9/2019	7/10/2019	7/11/2019	7/12/2019
Available Shift:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Date:	7/15/2019	7/16/2019	7/17/2019	7/18/2019	7/19/2019
Available Shift:					



# Summer Volunteer Form

## Medical Information (ALL Volunteers to Complete):

Primary Physician	Health Insurance Carrier
Name: _____ Address: _____ City or Town: _____ State/Province: _____ Phone: _____	Name: _____ Group Number: _____ Policy Number: _____ Phone: _____
<b>Please list allergies (food, etc.) and/or pre-existing conditions:</b>  	
<b>Please list all medications, prescribed or over-the-counter, Youth Volunteer is currently taking:</b>  	

## Parent/Guardian Contact Information (Volunteers 17 and under ONLY):

<b>In the event of an emergency, I may be reached at the following telephone number(s):</b>	
Home Phone:	_____
Work Phone:	_____
Mobile/Alternate Phone:	_____
Email:	_____
<b>If you are unable to reach me, you may contact the following person(s):</b>	
Emergency Contact:	_____
Home Phone:	_____
Mobile/Alternate Phone:	_____
Email:	_____
Emergency Contact:	_____
Home Phone:	_____
Mobile/Alternate Phone:	_____
Email:	_____



# Summer Volunteer Form

**Authorized Pickup Information** *(Volunteers 17 and under ONLY):*

Name of person(s), other than parent/legal guardian authorized to pick up Youth Volunteer:		
Authorized Person:	Mobile/Alternate Phone:	Relationship to Youth Volunteer:

**Participant Release** **(ALL Volunteers to Complete):**

I hereby release, hold harmless, and indemnify New Dawn Corporation Vallejo (NDVC), Friendship Missionary Baptist Church (FMBC), their agents, representatives, employees, and volunteers from any and all claims, damages, or other liabilities for personal injury, accident, illness, or death (known or unknown) to the above referenced Youth which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by New Dawn Vallejo Corporation (NDVC) and Friendship Missionary Baptist Church (FMBC) or its agents, representatives, employees or volunteers while participating in activities conducted, sponsored, or associated with the event stated above. I also give my permission for my child to be photographed by the media during these events and I give my permission for New Dawn Corporation Vallejo to use the photographs to promote the program services.

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the Site Coordinator of this event and/or a representative from NDVC to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

**I, the undersigned, have read this release and understand all its terms.**

Volunteer Name: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
*(For Volunteers 17 and Under):* \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent Signature \_\_\_\_\_  
*(For Volunteers 17 and Under):* \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form (along with any other required volunteer forms/documents) to the New Dawn Vallejo Corporation office by email, fax, US mail, or in-person by June 14, 2019:**

New Dawn Vallejo Corporation  
 1855 Florida Street | Vallejo, CA 94590  
[www.newdawnvallejo.org](http://www.newdawnvallejo.org) | [info@newdawnvallejo.org](mailto:info@newdawnvallejo.org)  
 (707) 656-4445 office | (707) 648-1342 fax