



New Dawn Vallejo Corporation

# Volunteer Form

## Volunteer Information:

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

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

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

DOB: \_\_\_\_\_

**The section below for Volunteers ages 17 and under**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

**NOTE:** 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): Yes / No</p>	<p><b>I am age 18 or over and have <u>already completed</u> my Livescan fingerprinting</b> (circle one): Yes / No      Year of Livescan: _____</p>
--	--

## Please select which programs/events you are interested in serving:

<input type="checkbox"/>	iballVallejo™ Late Night Basketball Program
<input type="checkbox"/>	Summer of Success Youth Enrichment Camp
<input type="checkbox"/>	Summer of Success Pre-Kindergarten Academy
<input type="checkbox"/>	CSU Summer Bridge Math Institute
<input type="checkbox"/>	Fall Community Festival
<input type="checkbox"/>	Thanksgiving Basket giveaway/preparation
<input type="checkbox"/>	Christmas Basket giveaway/preparation
<input type="checkbox"/>	Lordstrom Event
<input type="checkbox"/>	Black Infant Health Participant Christmas Party



*New Dawn Vallejo Corporation*

# Volunteer Form

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

<input type="checkbox"/>	<b>Program Administrative assistance</b>
<input type="checkbox"/>	<b>Nurse coverage (certified only)</b>
<input type="checkbox"/>	<b>Program Registration</b>
<input type="checkbox"/>	<b>Program Set Up</b>
<input type="checkbox"/>	<b>Program Breakdown</b>
<input type="checkbox"/>	<b>Child Supervision (ages 18 and older only)</b>
<input type="checkbox"/>	<b>Classroom Lead</b>
<input type="checkbox"/>	<b>Activities Lead</b>
<input type="checkbox"/>	<b>Recreation Lead</b> (coordinate and lead sports and outside recreation/games)
<input type="checkbox"/>	<b>Recreation Aid</b> (supervise and assist during sports and outside recreation/games)
<input type="checkbox"/>	<b>Field Trip Chaperone</b> (ages 18 and older only)
<input type="checkbox"/>	<b>Field Trip Assistant Chaperone</b> (ages 17 and under)
<input type="checkbox"/>	<b>Breakfast and Lunch Monitor</b>
<input type="checkbox"/>	<b>Breakfast Monitor</b> (Summer Meal Program)
<input type="checkbox"/>	<b>Lunch Monitor</b> (Summer Meal Program)
<input type="checkbox"/>	<b>Basketball Referee</b>
<input type="checkbox"/>	<b>Cheerleading Coach Assistant</b>





New Dawn Vallejo Corporation

# 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/over the counter, you are currently taking:</b>	

## Emergency Contact Information (ALL Volunteers to Complete):

Emergency Contact Information	
Home Phone:	_____
Work Phone:	_____
Mobile/Alternate	_____
Phone:	_____
Email:	_____
Emergency Contact Information	
Home Phone:	_____
Work Phone:	_____
Mobile/Alternate	_____
Phone:	_____
Email:	_____

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



New Dawn Vallejo Corporation

# Volunteer Form

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 Volunteer 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 to be photographed or recorded by the media during these events and I give my permission for New Dawn Corporation Vallejo to use the photographs or videos to promote their programs and services.

Also, in the event that none of my Emergency Contacts can be reached in the case of emergency, I do hereby authorize a physician selected by the Program/Event Coordinator 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:

Date:

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

Parent/Guardian Name \_\_\_\_\_

Date:

(For Volunteers 17 and Under):

Parent Signature \_\_\_\_\_

(For Volunteers 17 and Under):

**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**

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