



Signing Up Youth for Family Teams on VOiCEupBerks.org

To sign-up youth/teens for volunteer opportunities, we have found that it is easiest for the parent to create an account for themselves and then create a "family team" with the names of their children and spouses. The person designated as "team captain" will be the point person for receiving emails regarding volunteer opportunities for anyone on their team. Older teens, if they so choose, can also make member profiles on the website themselves using their own email addresses and receive correspondences directly. (Having a parent sign-up their child/teen for a team will not conflict in anyway with a teen having their own individual profile).

Here's how to do it...

For Parents/Guardians:

1. If you do not already have one, create an account for yourself on VOiCEupBerks.org. (Go to "For Volunteers" → "Become a Member" → "Sign-up/Registration" and follow the instructions.)

Create a Family Team:

2. Log into your account on VOiCEupBerks.org.
3. Go to "My Account."
4. On the left-hand side find the menu item called "My Teams."
5. Click the button that says create a new team.
6. Enter your team name and the names of your family members who might volunteer with you.
Every team member must either have an email address or a phone number. If your child does not have their own email address, it is fine to use either your house phone number or their cell phone number. ****Note:** The same email address cannot be used by multiple individuals on our system although the same phone number can.
7. Make sure you check the box that makes you the team captain. All correspondence/emails will be sent to you for your team activities.

Sign-up your Child for a Volunteer Opportunity:

8. Once you have created a team, go to the "For Volunteers" tab on our home page and click on "Opportunity Calendar." Click on the event and register by using the button that says "sign up with a team." Choose your child's name and submit.

Finally, if your child is under 18 years of age, we will need for you to sign a parent waiver that we must keep on file for any volunteer work your child does with our organization.

The waiver is attached below and can be found at the bottom of the Youth Volunteer Corps page on our website. (There is a hyperlink in the "ATTENTION YOUTH VOLUNTEERS" sentence at the bottom of the page.) VOiCEup Berks will keep track all of your child's volunteer hours so that they can use that information for school recognition or when applying for college.

Thanks so much!!



Youth Volunteer Profile and Parent Waiver



Today's Date _____

YOUTH VOLUNTEER INFORMATION

Name _____ Gender _____ Date of Birth _____

Age _____ Grade _____ Ethnicity _____

Address _____

City _____ State _____ Zip _____ Number _____

Email _____ School _____

Why are you volunteering? _____

YOUTH AGREEMENT

Youth Volunteer agrees:

- To be on time and work all scheduled project hours OR notify YVC in advance if you cannot.
- To maintain a positive attitude and show respect to everyone at the project.
- To attend any required orientation and training and to participate in all project activities, including games.
- To abstain from profanity, drugs, tobacco, alcohol, sexual activity or violence of any form on projects.
- To keep all personal electronic devices off and out of sight during YVC activities.

YVC agrees:

- To treat the Youth Volunteer with respect.
- To provide the Youth Volunteer with appropriate duties that match his or her experience and interests when possible.
- To provide trained, screened adult Team Leaders to guide and assist the Youth Volunteer on projects.
- To provide orientation, training, and evaluation for the Youth Volunteer as needed.
- To recognize the efforts of the Youth Volunteer and provide confirmation of service hours upon request.

Youth Volunteer Signature _____ Date _____

YVC Representative Signature: *Christie Botterbusch* Date: 9/16/2016

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s) _____ E-mail _____

Parent/Guardian primary phone # _____ Alt. # _____

OFFICE USE ONLY

Received by YVC _____/_____/_____ Added to database _____/_____/_____ Parent Waiver Complete? ☐

YVC PARENT/LEGAL GUARDIAN WAIVER

THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

Youth Volunteer's Name _____

Risk Disclosure: I understand that adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the YVC program and agree to indemnify the partner agency and its employees or representatives from any such claims.

Medical Care Authorization: At any time due to such circumstances as accident or sudden illness I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a YVC representative or the partner agency will call me prior to leaving or upon arrival at the emergency destination, and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

Photographic/Transportation Release: In the event my child is photographed or filmed for promotional purposes while participating in a YVC project, the photo or video may be used by YVC or any of its related agencies for promotional purposes. I authorize YVC and/or partner agency staff to transport my child in their vehicles if needed.

Parent/Legal Guardian Responsibility: I will inform YVC of any special need or condition my child has. I understand withholding this information is unfair to my child and to the YVC leader entrusted with my child's safety. I will be punctual when dropping off/picking up my child from projects, both for his/her safety and as a courtesy to YVC and its partner agencies. I understand that violating these policies may lead to my child's exclusion from YVC programs.

Emergency Contact #1 (if we are unable to reach you) _____ Number _____

Emergency Contact #2 (if we are unable to reach #1) _____ Number _____

Health Care Provider/Family Physician _____ Number _____

Does your child have any allergies? ☐ No ☐ Yes Explain _____

Is your child currently under medical care? ☐ No ☐ Yes Explain _____

Please list any mental or physical condition(s) your child has that we should be aware of and any medication s/he is taking. _____

If the youth named above meets any of the following criteria, check this box: ☐

- Qualifies for free or reduced school lunch
- Completing court-ordered service or is a former juvenile offender
- Living with a disability
- Not currently enrolled in school
- At risk to leave high school without graduating
- In or aging out of foster care
- Has limited English proficiency
- Homeless or has run away from home

Please note, this information is kept confidential and will not affect the youth's ability to participate in YVC programming. It is collected for anonymous grant reporting and program improvement purposes only.

Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian of the child named above, and to verify all the information you have given is correct.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

Please make sure both pages of this form are complete and return to: Christie Botterbusch@ VOiCEup@BCCF.org