



YOUTH VOLUNTEER APPLICATION

CONTACT INFORMATION	
Name:	
Street Address:	
City, State, Zipcode:	
Email:	
Cell Number:	
Are you presently attending High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of High School: _____ If yes please provide the name and phone number of one of your High School Teachers who can provide a reference for you? Name: _____ Phone: _____
Did you take part in an ASAS Program in Middle/Intermediate School?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and when? _____
I confirm that I am under 18:	<input type="checkbox"/> Yes <input type="checkbox"/> No When will you be 18? Date/Year _____ Because ASAS work in conjunction with the Department of Education, all adult volunteers will be required to undergo a State and Federal background check. All volunteers who are under 18 will be required to undergo a State and Federal background check when they reach the age of 18. At that time, ASAS will provide instructions and will pay for said backgrounds checks.

PERSON TO CONTACT IN THE CASE OF AN EMERGENCY	
Name:	
Relationship:	
Cell Phone:	

MEDICAL INFORMATION	
List any medical problems/conditions:	
Allergic to any medications?	<input type="checkbox"/> Yes Please List: _____ <input type="checkbox"/> No _____
Dietary Restrictions/Allergies:	<input type="checkbox"/> Yes Please List: _____ <input type="checkbox"/> No _____

PARENT LIABILITY/PARENT AUTHORIZATION

In consideration of my minor/ward being allowed to volunteer at the After-School All-Stars (ASAS) Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY CHILD'S VOLUNTEERISM; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for my child's volunteering. If however, I observe any unusual significant concern in my child's readiness for volunteering and/or in the program itself, I will remove my child from volunteering and bring such to the attention of the nearest official immediately; and,
3. I, for myself and of behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS ASAS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and leasers of premises used for the activity ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent per-mitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent Signature:

Date:

CONSENT FOR TREATMENT

I understand that in case of emergencies, ASAS will make every effort to contact the parent(s)/guardian(s) before any treatment is given. In the event that we cannot be contacted, I hereby authorize the physician or hospital selected by ASAS to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child. It is further understood that I (the parent/guardian) will assume full responsibility for any such treatment, including the payment of all costs and transportation and will hold the ASAS their officers, officials, agents and/or employees, harmless there from.

Parent Signature:

Date:

AGREEMENT AND SIGNATURE

By submitting this volunteer application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

I agree, that if I am selected to be a volunteer at After-School All-Stars Hawaii, I will volunteer for at least **20** hours per quarter, said hours will be at the convenience of the program.

Applicant Signature:

Date:

Parent Signature:

Date:

FOR ASAS USE ONLY (MUST BE COMPLETED BY SC BEFORE SUBMITTING TO PROGRAM MANAGER:

Application is complete and all consents are signed by parents

Recommendation by High School Teacher; Name: _____

Recommendation by ASAS Staff Member; Name: _____