



# After-School All-Stars Hawaii

## YOUTH Volunteer Application Form

for applicants 17 years old and younger (MUST BE COMPLETED WITH PARENT/GUARDIAN)

### APPLICANT INFORMATION

Full Name:					
Phone Number:		Email:			
Street Address:					
City:		State:		Zip Code:	
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 Grade: _____ Name: _____ Phone: _____				
Did you take part in an ASAS Program in Middle/Intermediate School?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name of school and when: _____				
I confirm that I am under 18:	<input type="checkbox"/> YES <input type="checkbox"/> NO When will you be 18? ____ / ____ / ____ 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.				

### EMERGENCY CONTACT INFORMATION

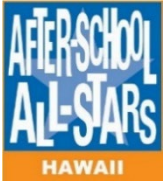
Full Name (Last, First):		Relationship:	
Cell Number:		Home/Work Number:	

### MEDICAL INFORMATION

List and medical problems/conditions			
Allergic to any medications?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Please list: _____	Dietary Restrictions/Allergies:	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Please list: _____

### AVAILABILITY

What school/program would you like to volunteer at?			
What dates would you start/end your volunteerism?	Start:		End:



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## 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/Guardian Signature:		Date:	
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## 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/Guardian Signature:		Date:	
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## 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.

YOUTH Volunteer Applicant Signature:		Date:	
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Parent/Guardian Signature:		Date:	
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## FOR ASAS OFFICE USE ONLY

Application Complete & Signed     Interviewed     Recommendations     ASAS APPROVED