



Hands On Miami Youth Volunteer Corps

MEMBERSHIP APPLICATION

Please complete and return this form to
Hands On Miami at 3250 SW 3rd Avenue, Miami, Florida 33129.



Tell us About Yourself!! (Please print clearly.)

Name _____		Email address _____	
Address _____		Birthday (mm/dd/yy) _____ / _____ / _____	
City _____	State _____	Zip _____	Gender (circle) M / F _____
Home Phone _____		Name of School _____	
		School ID _____	

Demographics: HOM-YVC is dedicated to developing a volunteer base as diverse as the community we serve. Please help us chart our progress by answering the following questions.

ETHNICITY

- | | | |
|---|---------------------------------------|--|
| <input type="radio"/> African American | <input type="radio"/> Caribbean | <input type="radio"/> Other |
| <input type="radio"/> American Indian/Alaskan | <input type="radio"/> Caucasian | <input type="radio"/> Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> Hispanic/Latino | |

How did you hear About HOM-YVC?

- | | |
|---------------------------------------|----------------------------------|
| <input type="radio"/> Friend/relative | <input type="radio"/> School |
| <input type="radio"/> Internet | <input type="radio"/> United Way |
| <input type="radio"/> Media | <input type="radio"/> Other |

My special skills, talents, and/or hobbies include activities like: Please select all that apply (Selecting these choices will not limit/exclude you from projects.)

- | | | | |
|-------------------------------------|--|-----------------------------------|---|
| <input type="radio"/> Arts & Crafts | <input type="radio"/> Desktop Publishing | <input type="radio"/> Graphics | <input type="radio"/> Painting |
| <input type="radio"/> Athletics | <input type="radio"/> Fundraising | <input type="radio"/> Landscaping | <input type="radio"/> Tutoring & Literacy |
| <input type="radio"/> Computers | <input type="radio"/> Gardening | <input type="radio"/> Murals/Art | <input type="radio"/> Video |

I am fluent in the following languages: Please specify which language(s).

- | | | | | |
|-------------------------------|------------------------------|------------------------------|----------------------------------|--|
| <input type="radio"/> Spanish | <input type="radio"/> French | <input type="radio"/> Creole | <input type="radio"/> Portuguese | <input type="radio"/> American Sign Language |
|-------------------------------|------------------------------|------------------------------|----------------------------------|--|

I am interested in getting involved in issues related to... Please select all that apply.

- | | | | | |
|--------------------------------|---------------------------------------|------------------------------------|----------------------------------|--|
| <input type="radio"/> Animals | <input type="radio"/> Disaster Relief | <input type="radio"/> Health | <input type="radio"/> Literacy | <input type="radio"/> People with Disabilities |
| <input type="radio"/> Arts | <input type="radio"/> Environmental | <input type="radio"/> Homelessness | <input type="radio"/> Nutrition | <input type="radio"/> Physical Renovations |
| <input type="radio"/> Children | <input type="radio"/> Film | <input type="radio"/> Landscaping | <input type="radio"/> Technology | <input type="radio"/> Seniors |

Disabilities:

Do you have any documented disabilities? Yes No

If so, can we make any accommodations at our projects to make it easier for you to volunteer? Please list:

Agreement between HOM-YVC and all Youth Volunteer

Read carefully and sign below.

As a YVC member, I agree to the following:

- ✓ **To keep my parents/guardians aware of my HOM-YVC activities and involvement.**
- ✓ To volunteer on the scheduled days of the project and keep my commitment!
- ✓ To be familiar with HOM-YVC and the agency with which I am volunteering.
- ✓ To ask any questions that occur to me.
- ✓ To work with a positive attitude and try to work my hardest as a member of a team.
- ✓ To abide by the standards of the HOM-YVC.
- ✓ To accept HOM-YVC's right to dismiss any volunteer for unacceptable performance or disruptive behavior.
- ✓ To notify my YVC Project Coordinator or Program Director if, for any reason, I am unable to carry out my volunteer responsibilities.
- ✓ To complete all questionnaires and online surveys in a timely fashion.

HOM-YVC provides the following:

- ✓ As part of HOM policy, all adult Project Coordinators undergo a national background check and fingerprinting.
- ✓ Trained Project Coordinators to guide and assist at all times.
- ✓ Appropriate placements for youth volunteers.
- ✓ Recognition of all volunteers for their work and accomplishments.
- ✓ Time to reflect and discuss the service project as a team.

I am joining the HOM-YVC to make an impact on my community! I know I can make a difference as a YVC member!

Youth Volunteer Signature _____

Date _____

Parent/Guardian Authorization

Read carefully and sign below.

I, the undersigned, wish to allow my minor child to volunteer services to various community service organizations and projects through you, Hands On Miami ("HOM"), a nonprofit charitable organization.

In considering of your locating, arranging, coordinating and/or making available volunteer opportunities, I hereby agree and release you as follows:

1. I acknowledge and agree that the nature of the Volunteer Services which are typically performed by HOM volunteers, and which may be performed by my child as an HOM volunteer, may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to volunteer and hereby assume any and all risk, and agree to release HOM for all liability for such risk, including without limitation risk of any accident or injury to person or property which my child/ward may sustain in connection with my child/ward's participation as an HOM volunteer or in any HOM related project or activity.
2. The undersigned hereby releases you and your directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from and covenants not to sue you for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my child's participation as an HOM volunteer or in any HOM related activity or project.
3. I further irrevocably grant to HOM, its assigns and successors, my consent and full right to: use my child's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation hereunder.
4. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency affecting my child/ward, or if my child/ward is not well or is unable to function. **In case of medical or surgical emergency**, after every reasonable effort has been made to contact me (or emergency contact on this form), I hereby give my permission to the physician secured by the adult in charge of the activities, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child/ward. I understand that I am responsible to pay any and all expenses incurred in the event of such emergency treatment for my child.

I have read the foregoing Agreement and Release and I hereby give my express consent to the execution of this agreement and release and I will not revoke my consent.

Print Name of Parent/Guardian _____

Home Phone _____

Parent/Guardian Signature _____

Date _____

