

**MON VALLEY YOUTH AND TEEN ASSOCIATION, INC.**

160 Thompson Avenue

Donora, PA 15033

724-379-4889

[www.mvyata.org](http://www.mvyata.org)

[mvyata@comcast.net](mailto:mvyata@comcast.net)

**YOUTH VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE completed \_\_\_\_\_ AGE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_

Program volunteering for \_\_\_\_\_

I \_\_\_\_\_ would like to become a youth volunteer for the Mon

Valley Youth and Teen Association, Inc.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Emergency contacts (2)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT APPROVAL:** I desire that \_\_\_\_\_ participate as a Youth Volunteer in the Mon Valley Youth and Teen Association, Inc.'s programs. I hereby waive any claim against the Mon Valley Youth and Teen Association, Inc. for any and all causes which may arise in connection with this program or with activities thereof. In case of apparent illness or accident, I desire that my child be taken to a reliable hospital and be given medical attention at once. I also desire that such notification be sent to me immediately.

\_\_\_\_\_ I permit my child to be photographed

\_\_\_\_\_ I authorize camp officials, at anytime they deem necessary to search my child's belongings for any inappropriate or illegal materials.

Parent/Guardian signature

\_\_\_\_\_ Date \_\_\_\_\_

