



Youth Volunteer Application

Date: _____

Name: _____

Address: _____

Contact Number & Email Address: _____

Age: _____ Grade: _____

Emergency Contact Number: _____

What volunteer job would you like? _____

Reason for Volunteering: _____

YOUR AVAILABILITY

Hours available for volunteer work _____

Preferred days _____ Preferred hours _____

Length of commitment you agree to make 3 months? _____ Other? _____

Do you have community service hours assigned by school or other organization? _____

If yes, how many hours? _____ By what date? _____

By signing this form applicant and parent acknowledge and agree to the following: I (we) hereby Release and Waive liability against UCAP, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or dependent volunteer may suffer in connection with any volunteer work for UCAP, Inc. Further, I agree that UCAP, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for UCAP. I agree that this release is as broad and inclusive as permitted by the laws of the State of Maryland.

Signature _____ Date _____

Applicant

Signature _____

Parent/guardian if volunteer is a minor under 18 years of age



PARENTAL PERMISSION FORM

I, _____, hereby acknowledge and
give permission (Print Name of Parent/Legal Guardian)

For my son/daughter, _____ to volunteer with UCAP.

(Signature of Parent/Legal Guardian)

(Date)