



Summer of Service Application



Summer of Service Overview

Youth Volunteer Corps (YVC) of Anderson Summer of Service (SOS) provides four-day blocks of service learning information and volunteer projects all under the supervision of background checked and trained YVC Team Leaders. Youth will learn about the mission of individual agencies, hear from guest speakers, participate in leadership activities, play games, and develop soft skills. YVC's SOS experience will allow youth volunteers to cultivate a deeper understanding of how their service impacts their community while making friends and having fun.

Youth Eligibility and Commitment

*Participation in this program requires a firm commitment from each youth member that they will attend all scheduled events and participate in the activities with a **positive attitude**. Youth may be released from SOS based on behavior-related issues at the discretion of the Program Director and YVC staff. It is a privilege to serve others and youth are expected to take their role as a volunteer seriously.*

1. Youth must plan to attend the full duration (Monday-Thursday, 9 a.m.-3 p.m.) of each week unless prior arrangements are made with Program Staff.
2. Youth must contribute to activities and lessons by being engaged in all activities.
3. Youth must bring their own lunch for each day and water bottle. Pizza will be provided once each week.
4. Youth must have transportation to and from United Way for pick-up and drop-off (unless otherwise noted)

Application Information

- Applications can be mailed, emailed or hand delivered to the address listed below.
- A parent/guardian may only submit applications for his or her own children.
- There are 9 spots per week. Applications are accepted until all slots are filled; youth will then be placed on a wait list and notified of their status should it change. Depending on demand, youth may only be able to be placed in one week. Please note your preference for week(s) in order.
- A YVC representative will confirm placement/wait list status via email within 2-3 business days.
- Registration opens Feb. 21st, 2022. Early bird registration (\$100) is 2/21/22-3/26/22. Regular registration (\$125) is 3/27/22-4/15/22.

Payment Instructions

- There is a non-refundable \$100 (early bird) or \$125 (regular) per-week fee. The fee includes one YVC t-shirt, a lunch, and many other activities.
- **Payment must be made in full within two weeks of receiving your invoice or before the camp week, whichever comes first.** Card payment on the website is preferred. Cash and check payments will be accepted (please make checks payable to the United Way of Anderson County - memo YVC Camp). Payment can be mailed or hand delivered to the address listed below
- Scholarships are available if cost is prohibitive. Please email Bailey Gottheiner for info.

Week(s) Selection(s)

Please number in preference order each week(s) you are applying to attend SOS.

- Week 1 June 13-16
- Week 2 June 27-30
- Week 3 July 11-14
- Week 4 July 18-21
- Week 5 August 8-11

*Please note that youth with higher number of hours served and a demonstrated record of positive volunteerism with YVC will be given first priority in sign-ups.

T-shirt Size (adult sizes) S M L XL

ATTN: Bailey Gottheiner, United Way of Anderson County, 604 N. Murray Ave. Anderson, SC 29625
P: 864-226-3438 | E: bailey.gottheiner@uwandersoncty.com



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Youth Volunteer Profile

Today's Date _____

YOUTH VOLUNTEER INFORMATION

Name _____ Gender _____ Date of Birth _____

Age _____ Grade _____ Ethnicity _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ School _____

Why are you volunteering? _____

What has been your favorite volunteer experience/why? _____

Youth Agreement

Youth Volunteer agrees:

- To be on time and engaged in all scheduled project events OR notify YVC in advance if you cannot.
- To maintain a positive attitude and show respect to everyone at the project.
- To abstain from profanity, drugs, tobacco, alcohol, sexual activity or violence of any form on projects.
- To keep all personal electronic devices off and out of sight during YVC activities.

Youth Volunteer Signature _____ Date _____

YVC Representative Signature _____ Date _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s) _____ E-mail _____

Parent/Guardian primary phone # _____ Alt. # _____

If referred by someone, please list name: _____



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THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

Youth Volunteer's Name _____

Risk Disclosure: I understand that adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the YVC program and agree to indemnify the partner agency and its employees or representatives from any such claims.

Medical Care Authorization: At any time due to such circumstances as accident or sudden illness I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a YVC representative or the partner agency will call me prior to leaving or upon arrival at the emergency destination, and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

Photographic/Transportation Release: In the event my child is photographed or filmed for promotional purposes while participating in a YVC project, the photo or video may be used by YVC or any of its related agencies for promotional purposes. I authorize YVC and/or partner agency staff to transport my child in their vehicles if needed.

Parent/Legal Guardian Responsibility: I will inform YVC of any special need or condition my child has. I understand withholding this information is unfair to my child and to the YVC leader entrusted with my child's safety. I will be punctual when dropping off/picking up my child from projects, both for his/her safety and as a courtesy to YVC and its partner agencies. I understand that violating these policies may lead to my child's exclusion from YVC programs.

Cell Phone Use/Policy: Cell phone use will only be permitted during designated recreation activity times. Parents and Guardians can call or text Program Staff at any time during an emergency.

Emergency Contact #1 (if we are unable to reach you) _____ Number _____

Emergency Contact #2 (if we are unable to reach #1) _____ Number _____

Health Care Provider/Family Physician _____ Number _____

Does your child have any allergies? [] No [] Yes Explain _____

Is your child currently under medical care? [] No [] Yes Explain _____

Please list any mental or physical condition(s) your child has that we should be aware of and any medication s/he is taking. _____

If the youth named above meets any of the following criteria, check this box:

- Qualifies for free or reduced school lunch
- Completing court-ordered service or is a former juvenile offender
- Living with a disability
- At risk to leave high school without graduating
- In or aging out of foster care
- Has limited English proficiency
- Homeless or has run away from home

Please note, this information is kept confidential and will not affect the youth's ability to participate in YVC programming. It is collected for anonymous grant reporting and program improvement purposes only.

Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian of the child named above, and to verify all the information you have given is correct.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

-----OFFICE USE ONLY-----

Complete Arrival Date/Time _____ Application fee Added to Ydat