

Youth Volunteer Corps Registration



Must be completed by parent/guardian if under age 18.
Please return to Daniel Comer
1310 SW Avery Park Dr Corvallis, OR 97333.
Fax: 541-754-1701



If you have questions please contact Daniel at 541-766-6467 or via
Email: daniel.comer@corvallisoregon.gov

Please fill out the following information with the youth's and guardian's contact information, so that Corvallis Parks and Recreation YVC can relay information about updates, changes, or new opportunities.

Participant Name _____ Age _____ Grade _____

School _____ Allergies/Special Needs _____

Participant Email _____

Preferred Phone _____ Parent/Guardian name _____

Emergency Phone _____ Parent/Guardian Email _____

Home Address _____

Preferred means of contact _____

EVENTS you are volunteering for: _____

*By signing the liability release, I understand that the contact information may be used by YVC for the purposes of this and other YVC events only.

This information is kept confidential and will not impact the youth's ability to participate in any volunteer experiences offered. It is simply a tool used to track the trends in the demographics of our youth volunteers for grant purposes.

Please check all that apply to the youth listed:

- Qualifies for free or reduced lunch
- Completing court-ordered service or is a former juvenile offender
- Living with a disability
- Not currently enrolled in school
- 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

Flip page to fill out the back!
BACK MUST BE FILLED OUT!





Youth Volunteer Corps Photo Release Form

I give permission to the Youth Volunteer Corps of Corvallis and the national YVC office to use photographs and/or video, and/or audio of my child obtained while participating in YVC. I release YVC of Corvallis, Corvallis Parks and Recreation, and YVC from any and all liabilities arising from the use of the items for publicity purposes and waive the right to all negatives, photos, tapes, and reproductions, as well as waive my right to inspect or approve the finished photographs and/or videos

Parent/Guardian Signature _____ Date _____

Transportation Permission Form

This form must be completed if someone other than the Youth Volunteer’s parent(s) or guardian(s) will be transporting volunteers to or from the work site. I hereby give permission for a Youth Volunteer Corps team leader from Parks and Recreation or a school district parent volunteer or employee, to drive my son/daughter to and from the Youth Volunteer work site. I understand that the liability that results from the granting of this permission rests with the owner/driver of the vehicle.

Parent/Guardian Signature _____ Date _____

Pursuant to City of Corvallis Administrative Police AP 4-03 Insurance Guidelines for Volunteers, volunteers other than public safety and Mayor/Council are covered by the City’s **Excess Accident Medical Policy*** while performing duties for the City. Volunteers are also covered by City automobile insurance during authorized operation of City vehicles. If a volunteer uses his/her personal vehicle for City business, the volunteer must provide primary vehicle insurance coverage.

By signing this release form, I agree to waive and discharge all claims and to hold harmless the City of Corvallis, its Council, commissions and boards, officers, employees, volunteers and agents from any claims for injury or damages that may arise from, or in connection with my volunteer service. I understand this Agreement, and I have read this Agreement in its entirety, and I freely and voluntarily assume all risks and responsibilities associated herewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be in affect thereby and shall remain valid and fully enforceable.

Signature of Participant (or parent if participant is under 18)

Date

Signature of Supervisor or Program Coordinator

Date

***Excess Accident Medical Policy** – This coverage is in excess of any other health insurance that you have in place. Benefits are payable for eligible expenses that are in excess of benefits paid to the volunteer by any other health care plan. In the event no other health insurance exists, benefits will be payable on a primary basis. The excess accident medical coverage will pay up to \$50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.**

Dental care is covered up to \$500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is \$900 per accident.

This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident.

The maximum payment under this coverage, including dental and eyeglass expenses, is \$50,000.

This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage.

Accidental Death and Dismemberment Coverage – In addition to the accident medical coverage, the plan will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident.