



2008-09 YMCA Student Programs Volunteer Information

Name: _____ Date: _____

Phone: _____ E-mail: _____

Local Address: _____ Permanent Address: _____

Birthday: ___/___/___ Gender: ___ Female ___ Male

Which YMCA Student Program(s) are you interested in? (please check all that apply)

- 4-H**
Work with kids in grades K-2
Meets Tuesday & Thursday 3:30-4:30
- Alternative Breaks**
Service projects across the country
Fall, Winter, and Spring Breaks
- Buddy Program**
Social interaction with college aged
special needs individuals. Schedule varies.
- Healthy Kids Day**
Help local kids have fun and get active
(event held Saturday, April 11)
- N/A Project Home Repair (PHR)**
PHR will be making program modifications
this semester and is unavailable
- Project HOPE**
Tutor kids in transitional housing communities
Monday/Thursday 4:00-5:00pm
Volunteers accepted on limited basis
- After School Program** (Work with kids of all ages)
GLE Cares meets Thursday 4:45-6:00
Lantern Ridge Tues/Thurs 3:30-5:00
Shawnee meets Tuesday/Thursday 3:45-4:45
Shawsville SOL Tutoring Wednesday 3:00-5:00
- Prices Fork Elementary Homework Club**
Assist with homework at PFE Tuesday/Thursday 3:30-4:35
- Applied Environmental Awareness (AEA) & Ytoss?**
Environmental education opportunities in our after school programs
Help recycle unwanted items as students move out of residence halls
Assist in preparation of Ytoss? Sale (volunteers needed May -August)
- Senior Connections**
Work with the elderly in a local assisted living community
Meets Fridays and Sundays 2:30-4:30
- Classroom Aide Tutoring**
Serve as an elementary aide (during public school hours)
- One on One Tutoring (Middle/High School aged students)**
Serve as a one on one tutor (times based on your schedule)

All volunteers must attend a mandatory New Volunteer Orientation before volunteering

How did you hear about volunteer opportunities through the YSP?

- Banner
- newspaper ad
- word of mouth
- flyer
- Service-Learning Ctr.
- tablecards in dining halls
- listserv
- web page
- other: _____
- Residential Leadership Community

(this information will be used for database and statistical purposes only)

Ethnicity	Class Standing	Major
<input type="checkbox"/> African-American/Black	<input type="checkbox"/> first year	_____
<input type="checkbox"/> Asian-Pacific American	<input type="checkbox"/> sophomore	Minor
<input type="checkbox"/> European American/White	<input type="checkbox"/> junior	_____
<input type="checkbox"/> Hispanic/Latino American	<input type="checkbox"/> senior	
<input type="checkbox"/> Native American/Indian	<input type="checkbox"/> fifth-year senior	Do You Need Transportation?
<input type="checkbox"/> International	<input type="checkbox"/> graduate student	Yes _____ No _____
<input type="checkbox"/> (non-US citizen)—Specify:	<input type="checkbox"/> non-student	
_____	<input type="checkbox"/> other: _____	
<input type="checkbox"/> Other: _____	Anticipated Graduation Date: _____	

Please check one:

I am a **RETURNING** volunteer with YMCA Student Programs.

I am a **NEW** volunteer with YMCA Student Programs.

For office use only:

Received

Entered in listserv

Attended NVO

Received welcome kit

Copied/placed to PLs

Entered in database

The YMCA at Virginia Tech welcomes program participants of any race, color, sex, age, national origin, religion, sexual orientation, or ability.



YMCA Student Programs Volunteer Health Information Form

This information will be held confidentially and will only be utilized in case of an emergency.

Full Name: _____ **Date of birth** ___ / ___ / ___

Height: _____ **Weight**(optional): _____ **Hair Color:** _____ **Eye Color:** _____

Student ID Number: _____

Name of primary care physician: _____

What city and state is your physician located? _____

Person(s) to Contact in Case of Emergency

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____

Do you have any allergies to food, medications, or insect bites? If so, what are they? And what are the treatments for them? _____

Do you carry this treatment with you? Yes _____ No _____

If so, where is it located? _____

Are you taking any medications that could affect your diagnosis or treatment in case of an emergency (please include dosage)? _____

Medical History (please include anything that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc.):

Do we have your permission to administer treatment in the event that it's needed?
Yes _____ No _____

In the event that I am unable to answer for myself, I hereby give permission to the YMCA at Virginia Tech program leaders and/or site supervisors to administer basic first aid and seek emergency medical treatment for me, including X-rays, routine tests, and/or injections. I have filled out this form to the best of my knowledge, and do hereby assert that all medical information is true and correct.

Signature

Date