

Application Deadline: April 1st, 2009

For office use only
Received: _____
Email : _____
Payment: _____

2009 TYM SUMMER VOLUNTEER STAFF APPLICATION

Thank you for your interest in Today's Youth Matter and your desire to volunteer. Please complete this application and Health Form and send, fax or email to:

TYM, 461 Valley Way, Milpitas, CA 95035

fax: 408-719-9140

email: info@tymkids.org

First Name Last Name

Date of birth: _____ Gender _____ M _____ F Age _____

Home Address Apartment #

City State Zip

Home # Cell E-mail

Business/ School Information

Company/School Occupation/Grade Title/Major

Education Information (Check all that apply)

Currently in high school Earned H.S. Diploma Currently in college College degree

A. A. Graduate Degree

College Attended _____ Degree Earned _____

Spiritual History

Do you attend church (2 or more times a month. Its O.K is you don't)? _____

What's the name of your church? _____

What is God teaching you right now? _____

In a brief paragraph, please describe what your faith means to you? _____

If someone were to ask you what a Christian is, what would you say? _____

Service Questionnaire

Describe why you would like to volunteer for TYM? _____

What strengths or assets would you bring to our youth ministry program? _____

In your own words, what does it mean to be a team player? _____

What extra curricular activities are you involved in at your school, church or in your community that you think would contribute to helping TYM children? _____

What prior experience do you have working with children? Age ranges?
Responsibilities? _____

What are your hobbies, special interests or talents that can be shared? _____

What areas of concern do you have in working with foster children and youth? _____

Please check what you can do or have done before:

Counseled at camp? _____	Taught puppetry? _____	Current First Aid card? _____
Taught swimming? _____	Taught drama? _____	Date of Exp. _____
Taught arts/crafts? _____	Worked with at-risk youth? _____	Advanced lifesaving card? _____
Lead singing? _____	Do you enjoy camping? _____	Date of Exp. _____
Play the guitar? _____		<i>(Please include copies)</i>

OTHER

How did you learn about TYM?
Church ___ School ___ Newsletter ___ Volunteers ___ Service Club ___ Presentation ___ Other _____

Do you smoke? Yes ___ No ___

Do you have physical restrictions you think we should be aware of? Yes ___ No ___

If so, please describe. _____

REFERENCES

We will be conducting background checks on each applicant as required by our insurance company. Please provide us with two references that can vouch for your reputation, character, and morals (teachers/coaches/employers etc.). We prefer local references who have known you for at least two years, but not relatives. Please provide us with all of the information requested on this form.

Reference #1

Name	Title/Relation to applicant	

Business #	Home #	E-mail Address

Reference #2

Name	Title/Relation to applicant	

Business #	Home #	E-mail Address

CONSENT FOR BACKGROUND CHECK (18 yrs. or older only)

I agree that Today's Youth Matter (TYM) may conduct a routine background check with the appropriate authorities, including the Dept. of Justice and the DMV. I understand that **I will be fingerprinted if I am 18 or older**. I also understand that the youth organization I volunteer with is mandated by law to report all suspected abuse of children. I agree to confidentially pass along my observations or concerns regarding any child to the Volunteer Recruiter/Trainer or the Program Director. I have read and will abide by the Child Abuse and Neglect Reporting Law.

I consent to the fingerprinting and screening process and agree to release these findings to the program.

SIGNATURE (18 yrs. or older only)

DATE

Name (please print clearly)

_____ FIRST

_____ LAST

SUMMER CAMP AND VOLUNTEER TRAINING DATES

PLEASE READ

In order to volunteer at TYM summer camp, you **MUST attend ONE** of the volunteer training weekends, which takes place at TYM camp. For more details about the training go to our website- www.tymkids.org.

Please check which training weekend you plan on attending. You must attend one training.

_____ June 11-12 (Thursday-Friday) OR _____ June 12-13 (Fri/Sat)

****For volunteers who are ages 18 and under, female volunteers must attend girls' camps, and male volunteers must attend boys' camps.**

Please mark which camp you would like to volunteer at.

Boys Camp I (ages 8-12) - July 20-25 Full

Boys Camp II (ages 8-12) - August 3-8 Full

Girls Camp I (ages 8-12) - June 22-27 Full

Girls Camp II (ages 8-12) - July 6-11 _____

Reminder: Send your application in early, as camps fill up fast. We only accept 22 volunteers per camp.

If you are **18 and over** and have experience backpacking, please consider volunteering for one of our teen backpacking trips. Please mark which camp you would like to volunteer for.

Teen Boys Backpacking (ages 13-18) - July 13-17 _____

Teen Girls Backpacking (ages 13-18) – June 29-July 3 _____

Questions? Call us at 1 (877) TYM-KIDS or visit www.tymkids.org

VOLUNTEER TEAM LEADER MEDICAL HISTORY FORM

Today's Youth Matter

1-877-TYM-KIDS (toll-free) · Phone (408) 719-9125

PLEASE FILL OUT THIS MEDICAL RELEASE FORM COMPLETELY

TEAM LEADER NAME _____ MALE / FEMALE
First Last

TRAINING DATE SELECTION: _____
Date

CAMP DATE SELECTION: _____
Camp and Date

BIRTHDATE ____/____/____ **AGE** ____ **CLASS OF** ____
Month Day Year

PARENTS NAMES _____

ADDRESS _____ Apt # _____

CITY _____ ZIP _____

HOME(____) _____ PARENT CELL I(____) _____

WORK(____) _____ PARENT CELL II(____) _____

EMAIL ADDRESS _____

PARENTS EMAIL ADDRESS _____

DOCTOR'S NAME _____ PHONE _____

HEALTH INSURANCE CO. _____ POLICY NO. _____

EMERGENCY CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE:

NAME _____ PHONE _____

RELATIONSHIP TO VOLUNTEER _____

HEALTH & MEDICAL HISTORY

PLEASE EXPLAIN ALLERGIES, SPECIAL DIETARY CONSTRAINTS, PHYSICAL RESTRICTIONS OR OTHER SPECIAL NEEDS:

MEDICATIONS: (List and give instructions):

ANY OTHER PERTINENT MEDICAL HISTORY:

PARENT/GUARDIAN AUTHORIZATION:

My child has my consent and permission to attend TYM camp as a volunteer team leader and to participate in all prescribed camp activities. In the event of an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment and to order injections, anesthesia or surgery for my child.

Parent/Guardian Signature

Date

PHOTO RELEASE (optional) :

I hereby give permission for my child to be interviewed, photographed, videotaped, and/or recorded while participating in the programs of TYM Camp and for her/his image/comments to be used for purposes of camp reporting, promotion, advertisement or illustration. Use of any such photographs, videotapes, or interviews may include, but is not limited to, use on Internet Web sites promoting or reporting on the camp.

Parent/Guardian Signature

Date

TEAM LEADER BEHAVIOR AGREEMENT:

I understand that I must follow all TYM rules and will be expected to cooperate with and be courteous towards campers, staff, and fellow volunteers. This includes no use of foul language. I know that I may be unable to participate in camp in the future and/or be sent home if I do not follow the rules.

Team Leader Signature

Date

Thank you for filling out this release. We want you to have a wonderful experience volunteering at TYM camp. Please do not hesitate to give us a call anytime if you have questions or concerns. 408.719.9125