

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)

After School Programs (select which one(s) interest you)

- 4-H -Tues/Thurs 3:30-4:30** Work with kids at Gilbert Linkous Elementary in grades K-2 implementing the 4-H Principles.
- Lantern Ridge -Tues/Fri 3:30-4:30** Volunteer as role model with local low-income children.
- Prices Fork Homework Club -Tues/Thurs 3:30-4:40** Assist 4th and 5th graders with homework at a local elementary school.
- Shawnee - Tues/Thurs 3:45-4:45** Share fun times with predominantly international children at a local apartment community.
- Shawsville SOL Tutoring - Thurs 3:30-4:30 (plus 1/2 hour travel time each way)** Help 4th-5th graders achieve success on their Virginia SOL tests through math based tutoring
- Alternative Breaks & Weekends** Serve locally, nationally and internationally during fall, winter and spring breaks as well as some weekends
- Applied Environmental Awareness (AEA) & Ytoss?** Help with a variety of environmentally based events on campus and within the community. Ytoss? volunteers are needed to help collect items as students move off campus in May and for our sale each August

- Project Home Repair (PHR)** Assist with a variety of outdoor clean-up jobs and painting at the homes of local residents. Scheduled during weekends.
- Project HOPE Volunteer numbers are limited. Days TBD, 4-5pm** Tutor children living in local transitional housing shelters. (must attend additional orientation)
- Senior Connections -Fridays/Sundays 3:00-4:00** Volunteer with elderly residents at a local assisted living facility.
- Buddy Playgroup - 2nd and 4th Sundays starting Feb 28th, 3-5pm** Work with elementary aged special needs children and their families in a casual playgroup setting (additional training required on Feb 21)
- Tutoring (must be able to provide at least 1 hour per week consistently & attend additional tutoring orientation) You choose days/times**
- Classroom Aide Tutoring** Serve as a Classroom Aide in a local elementary school (during public school hours)
- One on One Tutoring** Serve as a one on one tutor for middle school and high school aged individuals (times based on tutor availability)

All volunteers must attend a mandatory New Volunteer Orientation before volunteering

How did you hear about volunteer opportunities through the YSP?

- Newspaper ad
 Word of mouth
 Residential Leadership Community
 Flyer
 Service-Learning Center
 Tablecards
 Listserv
 Web page
 Other: _____

(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: _____	

I would be interested in becoming a member of the YMCA at VT, gaining access to the gym facility and/or saving money on Y related events.

_____ YES

_____ NO

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 general listserv
 Attended NVO
 Copied/placed to PLs
 Entered in program listerv
 Entered in database
 Sent membership info

The YMCA at Virginia Tech welcomes program volunteers and 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.):

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