



# 2009-10 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)

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

- 4-H**—Work with kids at Gilbert Linkous Elementary in grades K-2 implementing the 4-H principles
- Lantern Ridge**—volunteer as role models with local low-income children
- Prices Fork Homework Club**—assist 4th and 5th graders with homework at a local elementary school
- Shawnee**— serves predominantly international children at a local apartment community
- Shawsville SOL Tutoring**—help 3rd-5th graders achieve success on their Virginia SOL tests through personalized tutoring and computerized modules

- 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 recycle items as students move off campus in May and for our sale each August

- Buddy Program**  
Pair up with a special needs individual to create normalized social interactions (i.e. bowling, working out, lunch, etc...). Schedule varies.
- 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 (must attend additional orientation)**  
Tutor children living in local emergency housing shelters. **Volunteers numbers are limited.**
- Senior Connections**  
Volunteer with elderly residents at a local assisted living facility
- Tutoring (must be able to provide at least 1 hour per week consistently & attend additional tutoring orientation)**
- 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)*

<b>Ethnicity</b>	<b>Class Standing</b>	<b>Major</b>
<input type="checkbox"/> African-American/Black	<input type="checkbox"/> First year	_____
<input type="checkbox"/> Asian-Pacific American	<input type="checkbox"/> Sophomore	<b>Minor</b>
<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	<b>Do You Need Transportation?</b> Yes _____ No _____
<input type="checkbox"/> International	<input type="checkbox"/> Graduate student	
<input type="checkbox"/> (non-US citizen)—Specify:	<input type="checkbox"/> Non-student	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
	<b>Anticipated Graduation Date:</b> _____	

**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

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**