

YOUTH UNITED

Volunteer Vacation



Monday, October 9, 2017
9:00 a.m. – 4:00 p.m.

WHAT: Get involved and tackle tough issues in our community through volunteerism. Learn leadership and team building skills. Have fun and make a difference! October's Volunteer Vacation is a one day event of volunteering. The day will begin in the United Way conference room where volunteers will learn about themselves and the community. All participants will have a chance to reflect upon their experiences and log their service hours towards completion of the Presidential Volunteer Service Award. Lunch, snacks, and drinks will be provided. Drop-off and pick-up is at United Way of Northwest Georgia, 816 S. Thornton Avenue, Dalton, GA 30720.

REGISTRATION: Registration is on a first-come, first serve basis. Space is limited. Registration **DEADLINE** for October's Volunteer Vacation is Wednesday, October 4, 2017. Confirmations will be emailed. Open to participants 13 - 21 years of age.

VOLUNTEER VACATION

Registration Form

Volunteer's Full Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email address (this is how participants will be notified) _____

Age _____ Grade _____ School _____

Parents or Guardians' Full Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Purpose Statement: I want to attend this day of service because. . .

What types of volunteer activities are you interested in? (ex. Picking up trashing, reading to children, packing food boxes, etc)

Drop-off Time: 9:00 a.m. Pick-up Time: 4:00 p.m.

Please list the names of the people who are authorized to pick up your child during the day of service:

My child can drive himself/herself home.

IN CASE OF AN EMERGENCY NOTIFY:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Volunteers are asked to not bring inappropriate items with them. Cell phone use is allowed, but should not be excessive.

VOLUNTEER VACATION

Health History

(Good through August 2017 – July 2018)

ALLERGIES:

Medication Allergies (list):

Describe reaction & management of the reaction:

Food/Other Allergies (list):

Describe reaction & management of the reaction:

MEDICATIONS BEING TAKEN:

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Your child can carry the medications on their person, but is only to take the medication out when it is time for their dosage. Keep the medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This child has NO medications that are taken on a routine basis.

This child needs to take the following medications:

1. Name of Medication _____ Dosage _____ Specific Time to be Given _____

Reason for taking _____

2. Name of Medication _____ Dosage _____ Specific Time to be Given _____

Reason for taking _____

RESTRICTIONS:

The following restrictions apply to this individual:

Dietary (list): _____

Explain any restrictions to any activity: _____

Use this space to provide any information about the participant's behavior and physical, emotional, or mental health about which the day of service should be aware. In order for accommodations to be made for volunteers with disabilities, needs for specific accommodations should be made in the space provided:

VOLUNTEER VACATION

PARENT/GUARDIAN/VOLUNTEER AUTHORIZATIONS:

This health history is correct and complete as far as I know. The person herein described has permission to engage in all activities except as noted.

- I hereby give my permission to the staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment, if needed. I give permission for transportation to be arranged to the nearest hospital in the case of an emergency. In the event that I cannot be reached in an emergency, I've given permission for medical treatment to be secured and treatment be administered for the above named child. I understand that this health information will remain confidential to the appropriate personnel, including the designated person trained in first aid, or emergency personnel as needed.
- I understand that drinking, smoking, (or the possession of alcohol, tobacco, weapons, or illegal substances), stealing, threats, acts of violence, unruly behavior or sexual contact of any kind results in immediate dismissal from the day of service.
- I fully understand and agree that the organizers, owners, instructors, counselors and administrators shall be free from any liability of claims arising by reason of any injury or illness and that I am giving permission for my child to travel to project locations.
- By my child participating in this event, I allow United Way to photograph or video my child for uses in local newspapers serving the Northwest Georgia area, United Way posters, brochures, video or other printed materials.

Signature of Parent or Guardian

Date this form was signed

Signature of Volunteer

Date this form was signed

Registration DEADLINE is October 4, 2017. Forms can be faxed (706-226-1029), emailed to (amy.faillace@ourunitedway.org) or dropped off at United Way, Monday – Friday 8:30 a.m. – 5:00 p.m. (816 South Thornton Ave, Dalton, GA). If you have any specific questions about Volunteer Vacation please contact:

Amy Faillace
United Way of NWGA, Volunteer Center
Phone: 706.876.1590
Email: amy.faillace@ourunitedway.org



**United Way
of Northwest Georgia**