



# VolunTeen Application After School Camp 2017-2018

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Age of VolunTeen \_\_\_\_\_ Date of Birth \_\_\_\_\_ Present grade/ Teacher \_\_\_\_\_

Health/Medical/Other concerns \_\_\_\_\_

List any present medications presently taking \_\_\_\_\_

Your hobbies, interests, activities and what you enjoy \_\_\_\_\_

What do you hope to learn and gain from the VolunTeen Program? \_\_\_\_\_

What activities would you like to do for fun? \_\_\_\_\_

**Parents/Guardians, please check each line below to indicate you have read and agree to these guidelines:**

- \_\_\_\_\_ AOK reserves the right to carry out disciplinary action with any youth participant in response to behavior or attitude problems, including restriction of privileges and/or suspension/dismissal from the program.
- \_\_\_\_\_ The VolunTeen program encourages positive behavior and attitude including abstinence and non-self-destructive behaviors.
- \_\_\_\_\_ Every VolunTeen will participate in classes that are scheduled during the program, which will include health, nutrition and prevention education classes that are meant to deter at-risk behaviors.
- \_\_\_\_\_ Homework time is available to all VolunTeens during the school year, but VolunTeens are not required to participate.
- \_\_\_\_\_ Activities such as completing worksheets, surveys, fundraising, fun activities, classes, tutoring and service projects are required while attending the VolunTeen Program. Some activities on weekends and evenings may be requested as well.
- \_\_\_\_\_ Service projects involving approximately one hour of service per month are required of each VolunTeen and are not optional. Transportation and supervision is provided by AOK staff at all service projects.
- \_\_\_\_\_ The VolunTeen program is youth-led and -driven but supervised by AOK staff at all times. Youth are encouraged to participate in program decision-making.
- \_\_\_\_\_ I understand that AOK staff may confer with teachers, counselors or other professionals in order to gather necessary or helpful information (including grade checks) that may assist in meeting the developmental needs of your child. All information is kept strictly confidential.
- \_\_\_\_\_ I give permission for my child to access the internet at AOK under the supervision of AOK staff for the purpose of projects and schoolwork.
- \_\_\_\_\_ I give permission for my child to take part in the VolunTeen program. My child and I will abide by the rules stated above and take part in all lessons and activities that are planned for that day. I will pick my child up by 5:30 pm from Nathan's Place or other location designated by AOK staff.
- \_\_\_\_\_ My child may walk or ride his/her bike WITHOUT supervision by AOK staff to and from Nathan's Place or other locations.
- \_\_\_\_\_ I, \_\_\_\_\_ give permission for AOK staff to:
  - request grades from the Lamar Middle School or Lamar High School.
  - take my child to Barton County Memorial Hospital or the closest medical facility or call 911 in case of an emergency or accident. I understand that I am responsible for the cost of medical/health/and other costs that may occur and that AOK is not responsible for accidents.
  - transport my child to and from activities that are planned for that day.
  - photograph, videotape, and/or name release my child for the purpose of news story, advertisement, AOK webpage newsletter, medical record or other legitimate purpose to benefit AOK.
  - give my child acetaminophen (Tylenol) or ibuprofen (Advil).

\_\_\_\_\_ **ACTIVITY FEE PAYMENT:**

**\$50.00 enclosed**

VolunTeen Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_