



SOUTH LYON AREA YOUTH ASSISTANCE SUMMER ENRICHMENT VOLUNTEER FORM

2020


Please return this form to the SLAYA office via USPS or call (248) 573-8189 for drop off information.

Volunteer Name: _____

Grade in Fall 2020 _____

For Program Director Use:

T-Shirt Size (YOUTH) YS YM YL

Classroom placement: _____

Shirt Size (ADULT) S M L XL

Parent/Guardian's Name: _____

Home Address: _____ **City/Zip** _____

Home Phone: _____ **Work Phone:** _____

Volunteer: Elementary Middle School

IN CASE OF AN EMERGENCY THE FOLLOWING PERSON MAY BE CONTACTED IF PARENT/GUARDIAN ARE NOT AVAILABLE:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Consent and Release – Read before signing

I grant permission for my child to participate in the South Lyon Area Youth Assistance (SLAYA) Summer Enrichment program including all on-site and field trip activities. SLAYA is authorized to consent to emergency medical treatment if need arises while the child is in the program. I agree to pay all cost incurred to provide medical care. I understand that SLAYA, its officers, directors, agents, and representatives, and employees, whether voluntary or employed, assume no responsibility whatever for any injury suffered by or medical emergency occurring to this child in the course of the program. On behalf of myself and this child and to the full extent permitted by law, I hereby release exonerate, and discharge SLAYA and its officers, directors, agents, representatives, and employees, whether voluntary or employed, for any and all liability, damages, actions, or causes of action for any injuries suffered by or medical emergency occurring to this child while enrolled in the program.

In addition, I understand and agree that SLAYA and/or its officers, directors, contractors, agents, and representatives will and are hereby authorized to make audio and or video tapings of the Summer program activities, photographs and edit these at its discretion. On behalf of myself and this child, I hereby authorize SLAYA without payment to myself or on behalf of this child, to record this child's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films, broadcasts programs, public relations and advertising materials.

X Parent Signature: _____ * 

To be filled out and signed by the VOLUNTEER:


I _____ understand that I must follow the school dress code when volunteering Youth Assistance. I must wear SLAYA Summer Program t-shirts, & appropriate shorts or pants. I must also wear closed toed shoes so that I may participate in cardio games with the participants.

I also understand that I must arrive on time and be ready to be a mentor and a leader in the classroom for which I am assigned. Meaning that I will speak appropriately, listen to staff members and do what I can to better the participants' Summer Enrichment experience.

I understand that if I do not follow what is stated above, I will be given a warning. If the warning does not change the choices I was making, I will kindly be asked to leave the program as a volunteer until I can be a positive mentor.

I am ready for a great summer!

Student Signature: _____

*  * If filling out digitally, you can use the Adobe signature tool to draw your signature with your mouse