



Summer of Service Application



Summer of Service Overview

Youth Volunteer Corps (YVC) of Anderson Summer of Service (SOS) provides four-day blocks of service-learning information and volunteer projects all under the supervision of background-checked and trained YVC Team Leaders. Youth will learn about the mission of individual agencies, hear from guest speakers, participate in leadership activities, play games, and develop soft skills. YVC's SOS experience will allow youth volunteers to cultivate a deeper understanding of how their service impacts their community while making friends and having fun.

Youth Eligibility and Commitment

We're thrilled that you're interested in participating in our program! We just wanted to let you know that we're looking for a firm commitment from each youth member to attend all scheduled events and participate in the activities with a positive attitude. We understand that life happens and sometimes things come up, but please let us know as soon as possible if you won't be able to make it into an event.

We also want to remind everyone that volunteering is a privilege, and we take it seriously. As such, we expect all youth to be respectful and courteous to others while participating in our program. While we don't anticipate any issues, please know that behavior-related issues may result in a youth member being released from SOS. Thank you for your interest in volunteering with us, and we can't wait to work with you!

1. Youth must plan to attend the full duration (Monday-Thursday, 9:00 a.m. to 4:30 p.m. of the chosen week unless prior arrangements are made with Program Staff.
2. Youth are expected to engage in all activities and lessons and contribute actively.
3. Youth must bring their lunch for each day, except Thursday, and a water bottle. Pizza will be provided on Thursday each week.
4. Youth must have transportation to and from the United Way of Anderson County for pick-up and drop-off (unless otherwise noted).

Application Information

- Applications can be emailed or hand-delivered to the address listed below.
- There are 10 spots per week. Applications are accepted until all slots are filled; the youth will be placed on a waitlist and notified of their status should it change. We want all youth to have the opportunity to participate, so please select only one week. If there are open spots for other weeks, we will notify you.
- A YVC representative will confirm placement/waitlist status via email within 2-3 business days.
- Registration opens on April 1st, 2024. Early bird registration (\$150) is 4/1/24-4/14/24. Regular registration (\$175) is from 4/15/24-5/1/24.

Payment Instructions

- There is a non-refundable per week fee of \$150 (early bird) or \$175 (regular), which includes one YVC T-shirt, lunch, and various activities. Refunds are only available in the case of extenuating circumstances.
- **Payment must be made in full along with a completed application.** Card payment on the website is preferred. Cash and check payments will be accepted (please make checks payable to the United Way of Anderson County - memo YVC Camp). Payment can be hand-delivered to the address listed below.
- Scholarships are available if the cost is prohibitive. Please email Olivia Armstrong for additional information.

Week(s) Selection(s)

Please number in preference order each week(s) you are applying to attend SOS.

- △ Week 1 June 10-13
- △ Week 2 June 17-20
- △ Week 3 July 15-18
- △ Week 4 July 22-25

*Please note that youth with a higher number of hours served and a demonstrated record of positive volunteerism with YVC will be given priority in sign-ups.

T-shirt Size (adult sizes) S M L XL 2XL 3XL

ATTN: Olivia Armstrong, United Way of Anderson County, 604 N. Murray Ave. Anderson, SC 29625
P: 864-226-3438 ext. 108 | E: Olivia@uwandsc.org



Youth Volunteer Profile

Today's Date _____

YOUTH VOLUNTEER INFORMATION

Name _____ Gender _____ Date of Birth _____

Age _____ Grade _____ Ethnicity _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ School _____

Why are you volunteering? _____

What has been your favorite volunteer experience/why? _____

Youth Agreement

Youth Volunteer agrees:

- To be on time and engaged in all scheduled project events OR notify YVC in advance if you cannot.
- To maintain a positive attitude and show respect to everyone at the project.
- To abstain from profanity, drugs, tobacco, alcohol, sexual activity, or violence of any form on projects.
- To keep all personal electronic devices off and out of sight during YVC activities.

Youth Volunteer Signature _____ Date _____

YVC Representative Signature _____ Date _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s) _____ E-mail _____

Parent/Guardian primary phone # _____ Alt. # _____

If referred by someone, please list the name: _____



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THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

Youth Volunteer's Name _____

Risk Disclosure: I understand that adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the YVC program and agree to indemnify the partner agency and its employees or representatives from any such claims.

Medical Care Authorization: At any time, due to such circumstances as an accident or sudden illness I hereby permit emergency medical treatment to be obtained for my child. I understand that a YVC representative or the partner agency will call me before leaving or upon arrival at the emergency destination and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

Photographic/Transportation Release: In the event my child is photographed or filmed for promotional purposes while participating in a YVC project, the photo or video may be used by YVC or any of its related agencies for promotional purposes. I authorize YVC and/or partner agency staff to transport my child in their vehicles if needed.

Parent/Legal Guardian Responsibility: I will inform YVC of any special needs or conditions my child has. I understand withholding this information is unfair to my child and the YVC leader entrusted with my child's safety. I will be punctual when dropping off/picking up my child from projects, both for his/her safety and as a courtesy to YVC and its partner agencies. I understand that violating these policies may lead to my child's exclusion from YVC programs.

Cell Phone Use/Policy: Cell phone use will only be permitted during designated recreation activity times. Parents and Guardians can call or text Program Staff at any time during an emergency.

Emergency Contact #1 (if we are unable to reach you) _____ Number _____

Emergency Contact #2 (if we are unable to reach #1) _____ Number _____

Health Care Provider/Family Physician _____ Number _____

Does your child have any allergies? No Yes Explain _____

Is your child currently under medical care? No Yes Explain _____

Please list any mental or physical condition(s) your child has that we should be aware of and any medication s/he is taking. _____

If the youth named above meets any of the following criteria, check this box:

- Qualifies for free or reduced school lunch.
- Completing court-ordered service or is a former juvenile offender.
- Living with a disability
- At risk of leaving high school without graduating
- In or aging out of foster care
- Has limited English proficiency.
- Homeless or has run away from home.

Please note, that this information is kept confidential and will not affect the youth's ability to participate in YVC programming. It is collected for anonymous grant reporting and program improvement purposes only. Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian of the child named above, and verify all the information you have given is correct.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

-----OFFICE USE ONLY-----

Complete Arrival Date/Time _____ Application fee Added to Ydat