

1025 Main, #D114  
Great Bend, KS 67530  
Office: 620-792-1614  
Fax: 620-793-7689  
E-mail: volunteersinaction@bartonccc.edu



## YOUTH VOLUNTEER REGISTRATION FORM

Date: \_\_\_\_\_

**\*Required Information**

NAME: \* \_\_\_\_\_ GENDER\* M F

BIRTHDATE :\* \_\_\_\_\_

ADDRESS:\* \_\_\_\_\_

CITY:\* \_\_\_\_\_

ST\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

PRIMARY TEL#:\* \_\_\_\_\_ CELL / LANDLINE ALTERNATE TEL#: \_\_\_\_\_ CELL / LANDLINE

EMAIL:\* \_\_\_\_\_ TWITTER: \_\_\_\_\_

\*BEST WAY TO CONTACT: EMAIL TEXT PHONE MAIL FACEBOOK HOURS A MONTH AVAILABLE TO VOLUNTEER \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

FAVORITE SUBJECTS AND CLASSES

HOBBIES—WHAT DO YOU LIKE TO DO WHEN YOU'RE NOT AT SCHOOL?

I CURRENTLY VOLUNTEER FOR

IF YOU COULD HAVE THE JOB OF YOUR DREAMS, WHAT WOULD IT BE?

NAME THREE WAYS YOU'D LIKE TO CHANGE THE WORLD AROUND YOU

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ANYTHING ELSE YOU'D LIKE TO SHARE WITH OUR OFFICE ABOUT YOURSELF?

### Areas of Interest / Traditional Volunteer Opportunities

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Baking                 | <input type="checkbox"/> Clean-up            | <input type="checkbox"/> Delivering Meals       | <input type="checkbox"/> Helping a neighbor |
| <input type="checkbox"/> Providing rides        | <input type="checkbox"/> Reading to children | <input type="checkbox"/> Reading to the elderly | <input type="checkbox"/> Serving meals      |
| <input type="checkbox"/> Other (please specify) |  |   |   |

1025 Main, #D114  
Great Bend, KS 67530  
Office: 620-792-1614  
Fax: 620-793-7689  
E-mail: volunteersinaction@bartonccc.edu



## Beneficiary for Complimentary Volunteer Insurance

(Use next of kin, spouse, child, etc.)

**There is a supplemental accident policy that will cover all volunteers during your volunteer work if you are registered in our volunteer database. You will also receive a supplemental liability and excess auto liability insurance that covers you while you are doing your volunteer work.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City /State / Zip \_\_\_\_\_

I, \_\_\_\_\_, volunteer my services through the Volunteers In Action Program and understand that I am not an employee of the Barton Community College. I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by the state of Kansas.

I, the undersigned, release Volunteers In Action and Barton County College, their trustees, directors, agents and employees, from any liability, claims and demands, whether known or unknown, arising out of the participation by the undersigned in the Volunteers In Action. The undersigned further agrees to indemnify and hold harmless the Volunteers In Action and Barton Community College, their trustees, directors, agents and employees, from any such liability, claims and demands.

X \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Volunteers In Action Volunteer

X \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Parent/Guardian

X \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Volunteers In Action Director

Thank you... for your volunteerism! You are enhancing the lives of those in your community with every small act of kindness.

For up to date information on what we are doing, like us on Facebook!

<https://www.facebook.com/volunteersinactionpage>



Or scan this QR code using your smartphone.

