Brazosport College Youth Program Volunteer Application

In order to comply with regulations set forth by the state of Texas and to maintain the safety of youth enrolled in our programs, Brazosport College Community Education has adopted the following guidelines for approving youth program volunteers.

In order to become a youth program volunteer, applicants must be at least fourteen (14) years of age and:

1. Submit the application located on the other side of this document to the CE Office at the BC Main Campus, B100 prior to July 1.

The CE Office will provide a copy of this application to the BC Human Resources Dept. in order for them to complete a criminal history background check prior to step 2.

2. Contact Shelley McCoy at 979-230-3211, Monday – Thursday 5-8 p.m.

Topics covered during the interview will include:

- Time commitment involved
- Expectations/Responsibilities/Guidelines/Rules
- Dress requirements
- Safety issues & procedures
- Class & job assignments

A limited number of volunteer positions are available for Kids College. Volunteer applications will be accepted on a first come basis. Volunteers will be selected from the pool of applications submitted and those selected will be notified a week before the program begins. Submitting an application is not a guarantee that you will be selected.

Please apply only if you can commit to work one of the following five schedules:

- (1) Entire week one of Kids College Monday-Friday (see schedule for dates), 7:30 a.m.-12:30 p.m.
- (2) Entire week two of Kids College Monday-Friday (see schedule for dates), 7:30 a.m.-12:30 p.m.
- (3) Entire week two of Kids College+ Monday-Thursday (see schedule for dates), 12:30-5 p.m.
- (4) Kids College Week 1 & 2 (Mon-Fri, 7:30 a.m.-12:30 p.m.)
- (5) All of the above.

Once chosen as a volunteer, you will be expected to fulfill the time commitment indicated on your application. We will provide a community service letter verifying the number of hours worked to those volunteers who fully complete their time commitment. These hours may be used as community service hours for National Honor Society and other organizations, as well as, for college applications.

Brazosport College Youth Programs Volunteer Application

Volunteer Info:		
SOCIAL SECURITY:	Date of Rinth:	Λ σο:
NAME:Last/First/Middle	Bate of Birth.	(min. 14 yrs.)
ADDRESS: STREET	_,	_,,,
HOME PHONE:	_ CELL or ALT. PHONE:	SI ZIF
E-MAIL:	T-Shirt Size: SM MED LG XL XXL OTHER	
Have you previously been a volunteer for BC Youth programs If yes, approximately when? What p		
Please check the commitment for which you are applying:	 Kids College Week 1(Mon-Fri, 7:30 a.m Kids College Week 2 (Mon-Fri, 7:30 a.m Kids College + Week 2 (Mon-Thurs, 12: Kids College Week 1 & 2 (Mon-Fri, 7:30 All of the above 	n12:30 p.m.) :30 p.m5 p.m.)
Please provide two (2) adult references. We will be	contacting these people, so please let	them know.
(1) NAME:	PHONE:	
(2) NAME:	PHONE:	
Parent/Guardian Info: NAME:		
HOME PHONE:	CELL PHONE:	
WORK PHONE:	ALTERNATE #:	
In case of emergency, please contact	at	
	NAME	PHONE #
I certify that has my permission to the staff of Brazosport College to act for me according to their best judgment the cost of any emergency transportation and for subsequent emergency care officers, directors, regents, employees, agents, and affiliates for, from, and a directly or indirectly while participating in any program at Brazosport College participate in this program. I further certify that the above mentioned person contacted is shown below.	e. I hereby release and hold harmless Brazosport Colleg gainst any and all liability, injury sustained, damage to o ge. I know of no mental or physical problem which may has medical insurance in case of an emergency. In case	rstood that I will be responsible for ge, including without limitation, it or loss of personal property arising y affect my child's ability to safel
I hereby grant Brazosport College permission to publish photographs and vide purpose whatsoever for Brazosport College. I hereby waive any right that I n in connection therewith, or the use to which it may be applied.		
I have been advised that as a part of the hiring process, Brazosport College vany information provided in performing this background check. I understand impact a decision to offer employment and/or volunteerism. I further understa a reasonable time frame established within the sole discretion of the college.	that I have the right to review and challenge any negative	e information that would adversely
I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, INFORMATION OR VOLUNTEERISM WILL EXIST AND MAY	I UNDERSTAND THAT GROUNDS FOR CANCEL	LING ANY AND ALL OFFERS
I have read the above statements and give my permission for Community Edu	ecation to continue with the application process.	
PARENT/GUARDIAN SIGNATURE:		
PHYSICIAN'S NAME:	PHONE NUMBER:	
PLEASE LIST ANY ALLERGIES:		