

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*

3. Attend a safety/training session and fulfill any other HR action items.

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 three 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) Both full weeks 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.

WE APPRECIATE OUR VOLUNTEERS!

Brazosport College Youth Programs Volunteer Application

Volunteer Info:

SOCIAL SECURITY: _____

NAME: _____ Date of Birth: _____ Age: _____
Last/First/Middle (min. 14 yrs.)

ADDRESS: _____, _____, _____, _____
STREET CITY ST ZIP

HOME PHONE: _____ CELL or ALT. PHONE: _____

E-MAIL: _____ T-Shirt Size: SM MED LG XL XXL OTHER _____

Have you previously been a volunteer for BC Youth programs? YES NO

If yes, approximately when? _____ What programs? _____

Please check the commitment for which you are applying: _____ Kids College Week 1 (Mon-Fri, 7:30 a.m.-12:30 p.m.)
_____ Kids College Week 2 (Mon-Fri, 7:30 a.m.-12:30 p.m.)
_____ Kids College Week 1 & 2 (Mon-Fri, 7:30 a.m.-12:30 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 become a volunteer for Community Education programs at Brazosport College. I authorize the staff of Brazosport College to act for me according to their best judgment in any emergency requiring medical attention. It is understood that I will be responsible for the cost of any emergency transportation and for subsequent emergency care. I hereby release and hold harmless Brazosport College, including without limitation, its officers, directors, regents, employees, agents, and affiliates for, from, and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while participating in any program at Brazosport College. I know of no mental or physical problem which may affect my child's ability to safely participate in this program. I further certify that the above mentioned person has medical insurance in case of an emergency. In case of emergency, the physician to be contacted is shown below.

I hereby grant Brazosport College permission to publish photographs and video in which my child is included in whole or in part, for use in advertising or any other lawful purpose whatsoever for Brazosport College. I hereby waive any right that I may have to inspect and approve the finished product, the advertising copy that may be used 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 will conduct a criminal history background check. I do hereby consent to the college use of any information provided in performing this background check. I understand that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment and/or volunteerism. I further understand that I have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the college.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELLING ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COLLEGE.

I have read the above statements and give my permission for Community Education to continue with the application process.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHYSICIAN'S NAME: _____ PHONE NUMBER: _____

PLEASE LIST ANY ALLERGIES: _____

For questions, please call:
Shelley McCoy, Brazosport College, 500 College Drive, B100, Lake Jackson, TX 77566 -- 979-230-3211
Monday-Thursday 5-8 p.m.