



2017 Information and Registration Booklet

A Program of:



In Partnership with:



ABOUT THE PROGRAM

Hello Parents, Guardians, and Youth,

My name is Kushagra Sharma and I'm the Summer Youth Volunteer Program Coordinator at Grasslands FCSS. I was the Assistant Coordinator last year, and I'm thrilled to be involved with the Youth Power Volunteer Club again this summer.

Any student entering grades 6-10 in the fall can join the Volunteer Club! The youth will have the opportunity to gain valuable experience by volunteering at various organizations around the community, while having fun and making new friends. We will be helping with a variety of tasks at several organizations in Brooks. In addition to this we will have reward days, during which the youth will participate in fun activities such as going to the water park, going to the beach, or bowling. Games and other fun activities will fill up the rest of the time.

Youth Power is absolutely free and absolutely fun! We hope to encourage youth to understand the value that volunteering has on the community and on their personal growth. If you have any questions about the program please contact me at (403) 427-4155 or at fcssyouthvolunteerprogram@gmail.com



2017 YOUTH POWER VOLUNTEER CLUB REGISTRATION FORM

PERSONAL INFORMATION

Full Name: _____
Last First Middle

Age: _____ Grade Completed: _____

Address: _____
Street Address Apartment/Unit Number

_____ City Province Postal Code

Home Phone: _____

Parent/Guardian Cell Phone: _____ Work: _____

Parent/Guardian Email: _____

Participant Cell Phone: _____

Participant Email: _____

HEALTH CARE

Participant's Alberta Health Care Number: _____

Please list any known food allergies: _____

Please list any health concerns or issues: _____

PREVIOUS VOLUNTEERING

Have you ever volunteered before? Yes No

Where have you volunteered? What did you like & dislike about the experience?

PHOTO RELEASE CONSENT

Please check if you **DO NOT** wish to have your child’s picture printed in the paper or used for publicity purposes. If you choose to provide consent, photos taken during the program may be sent to you when the program concludes.

GENERAL INFORMATION & SIGNUP

The Youth Power Volunteer Club runs from **July 4th, 2017 to August 4th, 2017**. The program will run **Monday through Thursday (with the exception of the first and last week) from 12:30PM to 4:00PM** for a total of five weeks. We will have a wrap up party at the end of the program, on Friday, August 4th, for all the youth that have participated. Every day we will meet at the Brooks Public Library - if we are meeting elsewhere notice will be given in advance. Monday to Wednesday the participants will be volunteering at a variety of organizations around the community. Thursdays are a fun day to reward to participants for their hard work.

Participants can be involved in as many weeks as they wish. Please check the following boxes to indicate which weeks you would like to participate in.

Remember there is NO COST for the program!

	July 4 th to 6 th
	July 10 th to 13 th
	July 17 th to 20 th

	July 24 th to 27 th
	August 1 st to 4 th

EXPECTATIONS & IMPORTANT INFORMATION

- If your child is registered but unable to attend a day of the program, please call or text (403) 427-4155 or email fcssyouthvolunteerprogram@gmail.com.
- Participants will **NOT** be allowed to leave at the end of the day with anyone other than those indicated on this form. If there are extenuating circumstances please call or text (403) 427-4155 or email fcssyouthvolunteerprogram@gmail.com.
- We must be able to contact you during the hours of the camp in the event that the participant is ill or another issue arises.
- Grasslands Regional FCSS is not responsible for accident, injury, or loss of property while carrying out the activities of this program. This includes walking to and from volunteer activities in the community.
- Grasslands Regional FCSS employees will not administer medication. If your child requires medication you will need to make other arrangements for its administration.
- Grasslands Regional FCSS employees are not responsible for participants during, prior to, or after camp hours (before 12:30PM and after 4:00PM).
- You are required to give consent for your child to stay at the Brooks Public Library after the Camp has ended at 4:00PM (see below).

I, _____, confirm that _____
 Parent/Guardian Name Printed Participant's Name

is allowed to stay at the library after program hours (after 4:00PM) and I understand that program employees are not responsible for any activities or supervision of participants after 4:00PM.

 Parent/Guardian Signature

 Date

CONTACT INFORMATION DURING CAMP HOURS

Name	Relationship	Home or Work phone (please indicate)	Cell phone number

PERMISSION TO PICK UP

Persons permitted to pick up my son/daughter:

Name	Relationship

Persons **NOT** permitted to pick up my son/daughter:

Name	Relationship

AGREEMENT TO TERMS & CONDITIONS

I, _____, as _____'s Parent or
Parent/Guardian Name Printed Participant's Name

Legal Guardian, have read and understand the expectations, terms, and conditions as outlined in this document.

Parent/Guardian Signature

Date



415 1st Avenue East
P.O. Box 86
Brooks, Ab. T1R 1B2
Phone: 403 362-4323
Fax: 403 362-8316
Email: info@bapsociety.com
Website: www.bapsociety.com

Volunteer Waiver (Release Form)

THE UNDERSIGNED, DO HEREBY CONSENT to being a participant in any and all interaction with any or all animals at the Brooks Animal Protection Society, and DO HEREBY REMISE, RELEASE AND FOREVER DISCHARGE the Brooks Animal Protection Society of Brooks, its employees, board members, agents, the successors, and assigns, of and from any and all claims, demands, rights or causes of action of whatsoever kind or nature arising from, or by any reason of, and all known or unknown, foreseen or unforeseen bodily or personal injuries, damage to property, and the consequences thereof which theretofore have been or which hereafter may be sustained by the Undersigned, or by any other person or persons having a legal interest therein, in consequence or such accident or resulting injuries by such participation in activities of the Brooks Animal Protection Society. In addition, if my interaction with any animal causes stress or harm to that animal to the point of needing veterinary care, I will take full responsibility for ALL costs incurred to return that animal to a healthy state.

Dated at Brooks, in the Province of Alberta, this _____ day of _____ 20 ____

Name (PRINT): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____

Signature: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

DISCLAIMER

By signing this form, I hereby acknowledge that there may be potential hazards and risks while participating in this program. Grasslands Regional Family & Community Support Services are not responsible for any injury or otherwise resulting from participation in this program. I give my child permission to participate. I also understand that participants may be sent home under the following circumstances:

- Sickness or poor health
- Inappropriate behaviors while volunteering, unwillingness to participate or inappropriate behaviors toward other youth
- Under the influence of drugs or alcohol

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Participant Signature: _____

Participant Name: _____

Date: _____

QUESTIONS & FORM SUBMISSION

If you have any questions please contact:
Kushagra Sharma
Cell: (403) 427-4155
E-mail: fcssyouthvolunteerprogram@gmail.com

Completed forms can be scanned and emailed to fcssyouthvolunteerprogram@gmail.com.

OR

They can be dropped off at the Brooks Public Library or FCSS by June 26th 2017. The FCSS Office is located across from the Canalta Hotel and shares a building with Bill's Garage.

OR

They can be faxed to (403) 362-4571.

Thank you, we look forward to volunteering with you this summer!!!