



Summer Youth Institute Packet

Dear Prospective Youth Volunteer,

Thank you for your interest in the Volunteers of America's Youth Volunteer Summer Institute! Volunteers of America is a national, non-profit, human service organization that has been serving the most vulnerable people of Colorado since 1896. Through more than 30 distinct human service programs throughout the state of Colorado, including housing and healthcare, Volunteers of America helps more than 205,000 Coloradoans each year. Volunteers of America has supported and empowered America's most vulnerable groups, including at-risk youth, the elderly, low-income families, homeless individuals and families, women and children, our veterans, and those seeking affordable housing solutions.

Program Overview:

The Youth Volunteer Summer Institute will provide a week of meaningful service-learning opportunities for youth, ages 14-17, in a group setting during summer break. It will happen the week of June 12th – 16th. The program will incorporate volunteering, reflection, leadership skills, and education into a unique opportunity to explore the different issues affecting our community. Youth will volunteer in a variety of programs within Volunteers of America programs in the Metro Denver area. Youth will also participate in activities that will build their leadership skills and help them better understand the challenges in our community and how to address them through civic engagement.

Criteria to Apply:

- Must be 14-17 years old
- Commit to one week (June 12–16) of activities. Locations and times vary.
- Ability to provide your own transportation to and from activities. Volunteers of America will not be responsible for supervising youth before or after scheduled activity times.
- Desire to become involved in your community and increase your leadership skills
- Ability to work well with others in a team atmosphere, communicates effectively, learn with a positive attitude, and show respect for others.

Application Process:

1. Complete the enclosed Youth Volunteer Summer Institute Application.
2. Have your parent/guardian complete the enclosed Consent Form.
3. Obtain a letter of reference. This can be from employers, teachers, coaches or other adults; however it can not be from a relative.
4. If preliminary selected there will be an interview with the Volunteer Coordinator.
5. Mail completed forms and letter of reference to Volunteers of America Youth and Family Coordinator Vanessa Gates, 2660 Larimer Street, Denver, CO 80205 or email scanned copies to vgates@voacolorado.org **by Monday, May 8, 2017. Late, incomplete, and illegible applications will not be accepted.**

After all of your paperwork has been received, you will be contacted regarding the status of your application. Select applicants will be scheduled for an in-person individual orientation. Parents are welcome but not required to come. Unfortunately, not all applicants will be selected to participate in the program due to the limited number of 15 available slots. Participation will be at the discretion of the Volunteers of America Volunteer Program staff.

Thank you again for your interest in volunteering with Volunteers of America. It is youth like you who are making a difference every day!

Vanessa Gates
Youth and Family Volunteer Program Coordinator
2660 Larimer Street
Denver, CO 80205
(303) 297-0408
vgates@voacolorado.org



Youth Volunteer Summer Institute Application

Applicant Information

Date	
First and Last Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
School	
Expected Graduation Year	
Date of Birth	
Gender	
T-Shirt Size	
How did you hear about Summer Institute?	

About You

Please explain why you want to participate in the Youth Volunteer Summer Institute Program.

If applicable, summarize your previous volunteer experience.

What are your long-term plans for being an active community member?

What diverse experiences have you had that you feel would benefit the group?

What do you aspire to make your community a better place?

Persons to Notify in Case of Emergency

First and Last Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

First and Last Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

Volunteers of America Programs are available to eligible people regardless of race, ethnicity, national origin, sexual orientation, or disability.

*****Please note any scheduling conflicts you may have.**

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Any Medical, dietary, or special accommodations.

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Your child would like to become a Youth Volunteer with Volunteers of America. Before she/he can begin, your consent is necessary to ensure participation. Please read the following statements and sign below.

In consideration of being granted permission to volunteer for Volunteers of America, or any of its entities, on behalf of myself and my heirs, executors, administrators and assigns, hereby release Volunteers of America, its separate entities, agents, employees and officers from any claim for injuries my child may incur of any kind, at any time, whether known or unknown, caused by or related to my child's volunteer work, which is not caused by the negligence of Volunteers of America, its separate entities, agents, employees or other volunteers.

I further agree to indemnify and hold harmless Volunteers of America and/or any of its separate entities, against all claims, demands, actions, judgments and executions that Volunteers of America and/or its separate entities may sustain as a result of, or arising from my child's actions as a volunteer, that are beyond the scope of their assigned volunteer duties, whether or not such claims, demands, actions, judgments and executions are discovered during the period of my child's volunteer work.

Name of Youth Volunteer: _____

I understand that my child will be performing volunteer work and I hereby give my permission for her/him to serve in that capacity. I understand that she/he will be provided with an orientation and training necessary to perform the volunteer work. I hereby consent and agree to the use of any photographs, film or video of my child for advertising or publicity purposes by the Volunteers of America. I waive all claims for any compensation for such use.

Parent/Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Phone Number: _____