



HIGH SCHOOL VOLUNTEER APPLICATION

Name: _____ **Grade:** _____

Committed to Volunteer on: _____ choose one day a week
You can write "Mondays", "Tuesdays", "Wednesdays" or "Thursday". If you have a sport that changes days, please write "Float" which means your day will vary.

Address: _____

Home phone: _____ **Cell phone:** _____

Email Address: _____

Emergency Contact (list name, address and telephone number):

Please detail prior experience working with children:

Describe any subjects in school or outside interests or talents:

Please provide the names, addresses and telephone numbers at least two (2) references who can attest to your character and experience working with children. Do not include relatives:

1. _____

2. _____

3. _____



800 Oak Avenue Wyoming OH 45215 (513) 821-2428

20__-20__
School Year

Parental Consent and Emergency Medical Authorization Form

Youth Name: _____

Parent/Guardian: _____ E-mail _____

Address: _____

Telephone: H: _____ W: _____ Other: _____

If your child does not attend the program and we have not been notified of the absence, we will attempt to contact the parent so that we can both be assured that your child is safe. Please circle the number you would like us to call in this situation. (All numbers will be called in an emergency.)

If Wyoming Youth Services Bureau cannot reach me in an emergency please call:

Name: _____ Number: _____

MEDICAL AUTHORIZATION: In the event reasonable attempts to contact me (us) at the above number(s), are unsuccessful, the Wyoming Youth Services Bureau's staff have my consent to authorize such emergency medical treatment and/or surgery as may be recommended by a qualified and duly licensed physician or dentist and in judgment of the staff is appropriate under the circumstances.

Medical Insurance: _____ Policy #: _____

Preferred Doctor: _____ Phone #: _____

Preferred Dentist: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Physical Impairments/Limitations: _____

Medications: _____

Allergies: _____

Date: _____ Signature of Parent or Guardian: _____

[Do not complete the REFUSAL TO AUTHORIZE part if you signed above.]

REFUSAL TO AUTHORIZE MEDICAL TREATMENT: I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I wish the Wyoming Youth Services Bureau's staff to take no action.

Date: _____ Signature of Parent or Guardian: _____

PARENTAL CONSENT: I, _____, am the parent/guardian of _____, and hereby give my consent to his/her **participation** in the Wyoming Youth Services Bureau's (WYSB) programs and activities. I also release the WYSB, it's staff, volunteers, officers, and any other person acting as advisor, supervisor, or leader, from any and all liability or claim arising from injury or illness sustained by him/her during or in connection with such WYSB activities.

Date: _____ Signature of Parent or Guardian: _____

PARENTAL CONSENT: I, _____, am the parent/guardian of _____, and hereby give my consent for my child to begin **walking home** if I am not available to pick my child up by 5:00 p.m. from the Wyoming Presbyterian Church. I also release the WYSB, it's staff, volunteers, officers, and any other person acting as advisor, supervisor, or leader, from any and all liability or claim arising from injury or illness sustained to him/her after leaving any WYSB activities.

Date: _____ Signature of Parent or Guardian: _____

PARENTAL CONSENT: I, _____, am the parent/guardian of _____, and hereby give my consent for **photographs** to be taken of my child while participating in the WYSB activities. These photographs may be used as promotional materials for the WYSB, or in the Wyoming Living, the Community Press, or any other publications that may want to use these photos in an article or story.

Date: _____ Signature of Parent or Guardian: _____

I have been given a copy of the organizations *Client Rights and Grievance Policy*

We have read the above and understand that by signing this agreement I/my child must abide by these rules. Failure to follow these guidelines may result in exclusion from Wyoming Youth Services Bureau activities for an unspecified amount of time to be determined ultimately by WYSB staff. **In addition, Parents or Guardians are held financially responsible for any damage their child enacts or is involved in with regards to the Wyoming Presbyterian Church and WYSB property.** We also understand that WYSB is a nonprofit agency that promotes drug, alcohol, and tobacco free lifestyles among youth. Anyone suspected of participating in these actions before and/or during WYSB activities will immediately be dismissed from the activity and parent(s)/guardian(s) notified.

Signature of Youth: _____

Signature of Parent/Guardian: _____

Client Rights

Below are the Client Rights as stated in Ohio Administrative Code 5122:2-1-02 for people living in the community.

- 1) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- 2) The right to be informed of available prevention services;
- 3) The right to consent to or refuse any service. A parent or legal guardian may consent to or refuse any service on behalf of a minor or client;
- 4) The right to be advised of an the right to refuse observation by others and by techniques such as one-way vision mirrors, tape records, video recorders, television, movies and photographs;
- 5) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of consumer information under state and federal laws and regulations;

Client Rights (Continued)

- 6) The right to have access to one's own consumer record in accordance with agency procedures;
- 7) The right to be informed of the reason(s) for terminating participation in agency services;
- 8) The right to be informed of the reason(s) for denial of an agency service;
- 9) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, sexual orientation, socio-economic status, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS;
- 10) The right to know the cost of services, if applicable;
- 11) the right to be informed of all consumer rights;
- 12) The right to exercise one's own rights without reprisal;
- 13) The right to file a grievance in accordance with agency procedures;
- 14) The right to have oral and written instructions concerning the procedure for filing a grievance.

Grievance Guidelines

The goal of the grievance process is to achieve fairness, dignity, opportunities for conciliation, and an atmosphere of mutual respect.

It is the intent that consumers be provided access to someone who will hear their complaints fairly should they choose to work on their concern through a formal process.

Grievances are best resolved at the lowest possible level, and grievants will be encouraged, but not required, to complete the grievance process with staff members before bringing it to the Executive Director.

The **Grievance Procedure** is the sequence of steps taken to resolve a grievance.

1. The grievance must be in writing
2. The grievance must be dated and signed by the consumer or individual filing the grievance on behalf of the consumer
3. The grievance must include the date, approximate time, description of the incident, and the names of the individuals involved in the incident or situation
4. The grievance must be delivered personally, by fax or e-mail or by certified mail, to the attention of the Executive Director

Client Rights and Grievance Guidelines

Grievance Organizations

The consumer has the option to file the grievance with outside organizations, including:

Hamilton County Mental Health and Recovery Services Board

2350 Auburn Avenue
Cincinnati, Ohio 45219
(513) 946-8600
(513) 946-8620 (Fax)

Ohio Department of Alcohol and Drug Addiction Services

280 Plaza
280 North High Street, 12th Floor
Columbus, Ohio 43215
(614) 466-3445

Ohio Legal Rights Service

8 E. Long Street 5th Floor
Columbus, Ohio 43266-0523
(614) 466-7264
(800) 282-9181
(614) 644-1888 (Fax)
(614) 728-2553 (TTY)
www.ohls.state.oh.us

U.S. Department of Health and Human Services

Office for Civil Rights—Region V
105 West Adams Street
Chicago, Illinois 60603

Wyoming Youth Services Bureau

800 Oak Avenue
Wyoming, Ohio 45215

Phone : (513) 821-2428
Fax: (513) 821-3707
wyomingyouthservices.com

Grievance Guidelines (Continued)

- 5. The agency will make a resolution decision on the grievance within 21 calendar days of receipt; extenuating circumstances indicating need for extension must be documented in the file and written notification given to the consumer
- 6. The Service Coordinator, After School Program Coordinator, and Counselor are the designated staff members available to assist the consumer in filing a grievance
- 7. Written acknowledgement of receipt of the grievance will be provided to each grievant within 3 working days and will include the date the grievance was received, a summary of the grievance, an overview of the grievance investigation process, the timetable for completion of the investigation and notification of the resolution