

# YOUTH UNITED: VARSITY IN VOLUNTEERISM

## Application

**Deadline: This page must be turned in before hours can be counted.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

High School: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Advisor: \_\_\_\_\_

(ALL NOTIFICATIONS WILL BE SENT TO THESE ADDRESSES-WE ENCOURAGE YOU TO LIST YOURS AND YOUR PARENT/GUARDIAN'S)

**YEARS IN VIV:** Please Circle one:

This is my: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Year

**ARE YOU IN:**

CPP? \_\_\_\_\_

Other club? \_\_\_\_\_

**PAYMENT:**

ASB Card (\$35)

**VOLUNTEER TRAINING:**

Verification: \_\_\_\_\_

**Example: HOW MANY HOURS DID YOU VOLUNTEER?**

Total number of hours served through school-related activities (at least one activity)

+

Total number of hours served outside of school related activities (at least 50 hours)

=

**Total number of hours served before 4/30/2024**

### Student Agreement:

I attest that I will perform the documented hours of community service included in the attached verification forms and meet all the qualifications as outlined by the Concrete School District's website. To my knowledge, these hours will be valid and count toward my earning a Varsity Letter in Volunteerism.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Agreement:

I attest that my child will perform the documented hours of volunteer service in the attached verification forms and meet all qualifications as outlined by Concrete School District's website. I hereby assign to Concrete School District all rights to video and audio recordings and all photographs of my child made in connection with Varsity in Volunteerism activities. I hereby authorize editing, duplication, reproduction, copyright, exhibition, broadcast and/or other use and distribution of such recordings or quotations for purposes deemed suitable by Concrete School District. I also waive any right to approve or disapprove the finished products.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_

### Emergency Contacts

Name	Phone Number	Relationship

List any allergies here:

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## Student Pledge

*I \_\_\_\_\_, understand and will commit to the guidelines of the Youth United: Varsity in Volunteerism Program*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



UNITED  
GENERAL  
DISTRICT 304

# Media Release Form

*Youth United: Varsity in Volunteerism*

*2023-2024 Academic Year*

I give permission to have my child(ren)'s image/voice used by United General District 304 for educational or promotional purposes. I understand that my image/voice may be used for educational or promotional purposes across media types without compensation or prior review.

Parent Name (print):

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Parent Signature:

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Name(s) of youth:

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