

Schoharie County Youth Service Day Volunteer Sign Up Sheet

Please return to the Youth Bureau by: March 28th, 2024

Name of Individual, Family, or Group: _____

Main Contact Person (if different from above): _____

Address: _____

Phone #: _____ Cell Phone #: _____

Number of Volunteers in your group: _____

SERVICE HOURS ARE FROM 9AM to 12PM, SATURDAY, APRIL 13, 2024

1. Medical Insurance

Participants attending the Youth Service Day are required to hold their own health/accident insurance coverage.

2. Medical Release

I agree to hold the Schoharie County Youth Bureau and Office for the Aging harmless in the event of illness or injury. Consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of the Youth Service Day may be physically and emotionally demanding. I agree to follow all safety instructions given by the Youth Bureau staff during the program. I recognize the inherent risk of injury or disability that could result from any of these activities. I release Schoharie County Youth Bureau, Office for the Aging, and all its staff and representative members from all liability for any injury that may occur as a result of participation in volunteer activities.

3. Photo/Media Release

I grant to The Schoharie County Youth Bureau the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of me for use in materials they may create.

	Name of Volunteer and Any Additional Family Members	T-shirt Size	Do you have your own Insurance?	Do you grant Photo Permission?	Participants Signature (if under 18) Parent/Guardian Signature
1.					
2.					
3.					

**** If you need additional space, please use back of this form. Thank you!****

Please send this sheet to the Schoharie County Youth Bureau, (By Monday, March 28th, 2024). If you would like any further information please contact the Schoharie County Youth Bureau, (518) 295-2057.

**Schoharie County Youth Bureau
P.O. Box 233
Schoharie, NY 12157
youth@co.schoharie.ny.us**

	Name of Volunteer and Any Additional Family Members	T-shirt Size	Do you have your own Insurance?	Do you grant Photo Permission?	Participants Signature (if under 18) Parent/Guardian Signature
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					