



**United Way of Tri-County
TOWN OF MILFORD, MASSACHUSETTS
MILFORD YOUTH CENTER**

27 Congress St., Milford, MA 01757 (508) 473-1756 Phone



Dear Potential Volunteer,

We would like to welcome you to the Milford Youth Center. The Milford Youth Center has become the focal point for the children of Milford. It hosts many different activities and many children visit throughout the year. The Milford Youth Center after school program is open for youth ages 8-18, free of charge, from 2-6 pm Monday through Friday. We see over 200 youth every day, through this program and the many community and sports organizations that utilize the facility. Some of these programs include the JAG Youth Council, Arts & Crafts, Instructional Boxing, and many other daily physical fitness activities. All volunteers must fill out a volunteer form to be a member. Once this form is returned and CORI check is completed, you will be provided with an ID card with a barcode. Therefore, all volunteers are required to bring in their ID cards in order to enter the facility.

Please become familiar with our MYC Code of Conduct and discipline policies below:

MYC Code of Conduct:

The Milford Youth Center Code of Conduct prohibits the following activities:

- Possession and/or use of alcoholic beverages, tobacco and illegal drugs OR being present where individuals are partaking of alcohol and/or illegal substances
- Sexual interaction OR being present where individuals are participating in sexual interaction
- Possession of weapons or firearms
- Use of foul language or profanity
- Behavior that violates state, local laws, and school or facility rules and regulations.

The Milford Youth Center Code of Conduct requires and considers mandatory the following activities:

- Observance of all facility rules and regulations
- Completed and signed conduct and medical forms
- Signing in and out of the center with Milford Student ID (with MYC barcode).
- Reporting of conduct violations by all participants, and Whereas, the Milford Youth Center Code of Conduct requires that all members respect the property of others and the staff members in which any Milford Youth Center sponsored activity is held.
- For more details on our Code of Conduct, please visit our website at www.milfordyouthcenter.net

Discipline

If these rules are broken the Milford Youth Center adheres to the three strike policy.

- **First offense:** MYC member is expelled from the Center for one day and parent/guardian is notified.
- **Second offense:** MYC member is expelled for one week. Parent/guardian is notified and must meet with Youth Center staff before being accepted back into the Center.
- **Third offense:** MYC member is expelled indefinitely or time is set at the discretion of Youth Center staff. Parent/guardian is notified and must meet with Youth Center staff if he/she will be allowed back into the Center.

Milford Youth Center Volunteer Form
Valid from October 27, 2014 to June 30, 2015
Form must be completely filled out and returned to MYC!

Volunteer's Name _____ Gender: Male Female

Ethnicity: _____ Race: _____

Primary Language Spoken: _____ Secondary Language(s): _____

Birth date: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name (if under 18 years old): _____

PHONE #'S - (H) _____ (W) _____ (other) _____

Email: _____

Photography/Video/Story Rights Release

I understand that my name and photo may be used in photographs, videos, literature, web pages, and news releases in local papers and other media outlets. I further accept responsibility for any injuries that may occur during volunteering. I hereby release the Milford Youth Center and its Employees, the towns and their agents, and such other officers and/or volunteers from any liability that may occur to myself, as a result of an accident. Finally, I have read and understood the Code of Conduct and agree with the discipline procedures.

Volunteer Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Medical Information

On rare occasions, an emergency requiring hospitalization and/or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his/her parent/guardian. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardian, the parent/guardian is asked to sign the release form below. In the event of injury or illness to me, _____, born on, _____, I hereby authorize Milford Youth Center representative(s) to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery. We do hereby release and discharge the Milford Youth Center, officers, employees, and agents, from any and all actions or claims for damages suffered by me, as a result of the permission for any medical care for my/our child during my participation in any Milford Youth Center activity, event or trip.

Please list any known allergies (food, drugs, insect stings or bites, etc.) and/or any special medical concerns or conditions that we should know about?

Volunteer Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Volunteer Interest

Check which one applies:

I would like to volunteer at the Milford Youth Center monthly events: ___

If yes, please visit our website for annual calendar for dates/and events of interest

I would like to volunteer during the After School program: ___

If yes, please check all the apples below

TUTORING:

I can tutor in the following subject matters: (check all that apply for you):

Reading ___ Math___ Language ___ Basic Computer Literacy___ Sciences ___

Other: _____

ATHLETICS:

Please list what type of program you would like to run/monitor: _____

ARTS & CRAFTS/THEATER/MUSIC:

Please list what type of program you would like to run/monitor: _____

OTHER:

Please list what type of volunteering you are interested in: _____

When are you available? (Check times when you are free)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2:00PM					
3:00PM					
4:00PM					
5:00PM					
6:00PM					

All Milford Youth Center applicants will be subject to a background check.

Parental consent is absolutely necessary for persons under the age of 18.

I, _____, do hereby consent to the background investigation and authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Department of Police and/or Public Safety and Correctional Services, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all of the information will be kept confidential. I also understand that should any statement I have made prove to be false, misleading or erroneous, it may result in rejection of my application or discharge from the program.

Name: _____ (please Print)

Signature: _____ Date: _____

RETURN THIS FORM WITH THE APPLICATION AND THE FOLLOWING ITEMS:

- DATE OF BIRTH
- SOCIAL SECURITY # (LAST 6): _____
- COPY OF DRIVER'S LICENSE OR
- BIRTH CERTIFICATE