



Huguenot UMC Preschool  
10661 Duryea Drive, Richmond, VA 23235  
804-272-1704, *Debbi Mintz, M.Ed., Director*  
[www.humcpreschool.com](http://www.humcpreschool.com)

Dear Volunteer Applicant,

Thank you for your interest in our program. Our Volunteer Program is filled with exciting opportunities for participating youth. We offer this program during our Preschool Summer Camp, which this year will be July 10-13, and August 7-10, Monday through Thursday, from 9:30-1:00. Our volunteer hours are approximately 9:00-1:30 each day of camp.

Attached you will find information regarding the program requirements and the application. If you would like to be considered for the Volunteer program, please fill out the application and return it to us as soon as possible. You can mail the application to us at the above address, or drop it off in person. If we would like to schedule an interview, we will call and arrange a mutually convenient time for an interview.

We will notify you as soon as possible whether you have been accepted into the program, and will schedule a mandatory Orientation Meeting at Huguenot UMC Preschool for new volunteers before your volunteer service begins. Thanks again for your interest in our program.

Sincerely,

*Debbi Mintz*

## Youth Volunteer Program

Huguenot UMC Preschool coordinates a Youth Volunteer Program for youth ages 12-17. The volunteers act as “Junior Counselors” in the child care facility during our summer camp program. To apply for the program, please submit a completed application to:

Huguenot UMC Preschool  
10661 Duryea Drive  
Richmond, VA 23235  
Attn: Debbi Mintz

Applicants for the program may be interviewed and must attend an orientation meeting. Priority is given to youth affiliated with employees of HUMC Preschool.

During the interview/orientation meeting, volunteers will tour the facility, learn about the program and receive information and a handbook that outlines our policies and expectations.

The Preschool must keep a file on site for each volunteer. The file must include emergency contact information and a medical history. In order to volunteer, all of the required information must be in the file. It is the responsibility of the parent and volunteer to be sure the entire volunteer packet is complete and returned prior to the volunteer experience.

A certificate will be awarded at the end of summer camp with the total number of hours volunteered.

Youth Volunteer Application

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Grade: \_\_\_\_\_ SS#: \_\_\_\_\_

Prior Volunteer experience/Extra-curricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you certified in First Aid or CPR? YES NO

If yes, please provide the date and type of certification: \_\_\_\_\_

Please circle any days you are interested in volunteering during camp:

7/10 7/11 7/12 7/13 8/7 8/8 8/9 8/10

Please circle your preferred age group to volunteer with:

Infants (age 0-2) Toddlers (age 2-3) Preschoolers (ages 3-4) School age (5-8)

Parent or Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby give my consent for my son/daughter to volunteer as a Junior Counselor with Huguenot UMC Preschool.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Volunteer Health History

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

Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

### Medical History:

Date of Last physical: \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Diseases/Disorders: (circle any that you have or have had)

Asthma	Chicken pox	Whooping Cough	TB
Heart Disorder	Pneumonia	Diphtheria	Mumps
Measles	Rubella	Seizures	

Congenital Malfunctions: \_\_\_\_\_

Allergies (drug, food, etc.): \_\_\_\_\_

Are you up to date on all of your immunizations? YES NO

If no, please explain: \_\_\_\_\_

Are you taking medication? YES NO

If yes, please explain: \_\_\_\_\_

Are you currently receiving physical or medical treatment? YES NO

If yes, please explain: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

## Youth Information/Emergency Medical Authorization

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

Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Volunteer's Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer's Blood Type and/or allergies: \_\_\_\_\_

\_\_\_\_\_

Person's authorized to pick-up and to be contacted in the event of an emergency:

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

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

I hereby authorize appropriate emergency medical personnel to treat the above named volunteer in the event that none of the above named persons can be contacted or the illness or injury is such that in the opinion of the person in charge, emergency medical care should be obtained without delay.

My signature below also verifies that my son/daughter and I will review the Volunteer Handbook upon receipt and will follow the policies and procedures outlined therein. I give my permission for the volunteer's picture or video to be taken during the program and used in any form for advertising purposes for the preschool.

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

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

## Youth Volunteer Policy Overview

All Volunteers must read the volunteer handbook provided to them at their interview/orientation meeting. All policies within the handbook are upheld at all time.

Volunteers must schedule their volunteer experience through the director and report to their assigned area each day. All file materials must be completed and returned to the director prior to beginning the program.

Volunteers must dress appropriately. The volunteer may dress comfortably, but they should not wear short shorts, or have exposed midriffs. Volunteers should wear shoes that can get wet, due to water play, but that will not be slippery when wet for safety reasons.

An authorized person must pick up volunteers. Volunteers are not permitted to leave the grounds of the preschool without the authorized adult. Please make arrangements to pick up your volunteer at the end of his or her scheduled time.

In the event that a volunteer cannot attend on his/her scheduled day, he/she must contact the center to let them know. If the volunteer knows in advance, he/she needs to let the center know as soon as possible so that others may pick up the extra day. With permission, volunteers can switch days if space is available.

In the event that there is a problem with the performance of a youth volunteer, the volunteer will meet with the director and the staff members to whom he/she is assigned. A plan of action will be designed and implemented at that time to prevent further problems. If the plan is not upheld, the volunteer can be asked to withdraw from the Volunteer Program and will not be considered for future years.

I have read and agree to the above requirements.

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

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