



Inspiring Youth  Connecting Communities

Youth Infusion, Inc.  
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*Empowering  Engaging  Enriching*

## Volunteer Application and Media Release Form

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

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_

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

Current Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Why do you want to volunteer with Youth Infusion?

What experience do you have working with youth?

List any certifications/credentials or formal training you have received in working with youth?

List any community affiliations (clubs, service organizations, etc.)

Youth Infusion, Inc. is a Proud Chapter of Trips for Kids





Do you have any special professional training, skills or hobbies? \_\_\_\_\_ If so, please explain.

Have you ever been arrested, charged, or convicted of a crime? \_\_\_\_\_ If yes, please explain details.

Have you ever been involved in an incident involving child abuse or neglect? \_\_\_\_\_ If yes, please explain details.

Have you ever been convicted of **any** crime involving or against a minor? \_\_\_\_\_ If yes, please explain details.

Have you ever been refused participation in any youth programs? \_\_\_\_\_ If yes, please explain details.

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Youth Infusion, Inc. may end the relationship if I have made false statements or material misrepresentations, written or verbal. I hereby grant permission to Youth Infusion, Inc. to conduct a background check on me including state/local criminal history records and state sex offender registry. I hereby release and agree to hold harmless from liability Youth Infusion, Inc. and/or any other person or organization that may provide such information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

**Media Release**

The staff and/or sponsors have my permission to use and publish photographs of my child(ren)/self in any and all of its publications, advertising and promotional materials through any type of media, whether printed, electronic or otherwise. I understand that these photographs and videos may be used in future promotional and marketing materials such as brochures, flyers, public press releases and Youth Infusion, Inc.'s website.

I hereby release, hold harmless and forever discharge Youth Infusion, Inc, its agents, successors and assigns, from all claims, demands and causes of action that I have or may have by reason of this authorization. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

I hereby authorize Youth Infusion, Inc. to edit, alter, copy, exhibit, publish or distribute these photographs and/or other media formats for purposes of marketing and advertising Youth Infusion, Inc.'s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where my child(rens) likeness appears. .

I have read the Media Release before signing and I fully understand the terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

