



## Save Our Youth/ SOY Center Volunteer Form

\*SOY Center is established solely for the use and benefit of the youth in Costa Mesa.  
\*El Centro SOY es establecido solamente para el uso y beneficio de los jovenes de Costa Mesa.

**Name:** \_\_\_\_\_  
(Nombre)

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

**Address:** \_\_\_\_\_  
(Direccion)

**Age:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
(Telefono)

**Date Of Birth:** \_\_\_\_\_  
(Fecha De Nacimiento)

**E-Mail Address:** \_\_\_\_\_

**Level Of Education:** \_\_\_\_\_

**I can help out in the following way:** \_\_\_\_\_

### Days & Hours Available

Times	Monday	Tuesday	Wednesday	Thursday	Friday
3-5					
5-7					

### Save Our Youth/ SOY Center Volunteer Agreement & Waiver

As a volunteer of the Save Our Youth/ SOY organization, I give permission to a physician to administer emergency treatment. Should any illness or accident occur to me during boxing, lifting weights, or participating in any sports, recreational or academic activities at the center, I will not hold SOY Center liable, or their staff, volunteers, director or any other person in charge.

*Si alguna enfermedad o accidente me ocurre mientras trabajo como voluntario en el centro, declaro que no hare responsable el Centro de SOY, a sus voluntaries, director, o cualquier otra persona encargada.*

#### Drug Testing & Background Check

I understand that since I will be working with minors, I may be subject to a drug test and criminal background check in order to volunteer. I authorize the Save Our Youth/ SOY Center to conduct a background check if so required.

*Entiendo que como estoy trabajando con menores de edad, me pueden hacer una prueba de drogas y investigar si tengo antecedentes criminales.*

(Initial \_\_\_\_\_)

**Signature (Firma)** \_\_\_\_\_

**Date (Fecha)** \_\_\_\_\_