



League of Women Voters of Oakland YOUth DECIDE Student Volunteer Registration and Parental Authorization

Background

The League of Women Voters Oakland (LWVO) is a nonpartisan, political organization in existence since 1924. We encourage our community to be informed and engaged voters. We also take action and advocate on issues through lobbying, campaigning, and public education. Our advocacy is based on careful study of an issue. LWVO is part of the national League of Women Voters, the state League, and the Bay Area League. LWVO is an all volunteer organization; we have no paid staff.

YOUth DECIDE is a committee within the LWVO.

The mission of YOUth DECIDE is to reach, register to vote, and educate students in civics and the importance of voting. The vision is to create a culture of voting.

The goal of the Student Volunteer program is to create civic engagement experiences for youth that will enhance and complement their educational experience.

Expectations

Student Volunteers will timely complete assignments under the supervision of experienced League volunteers, consistent with the Opportunity Description attached to the Application. Student Volunteers will be expected to respect League rules.

Contacts: Student Volunteers will be assigned a lead supervisor.

PARTICIPANT INFORMATION

Name: _____	Birthday: ___/___/___
Phone: _____	
Email: _____	

School: _____ Grade: _____
Address: _____
City: _____ Zip Code: _____
Language proficiency: _____

FAMILY MEMBER/GUARDIAN INFORMATION (If Student Volunteer is under 18 years old.)

Primary Contact Name: _____
Relationship: _____
Email: _____
Cell #: _____
Home #: _____
Work #: _____
Interested in volunteering with LWVO? Y / N

Secondary Contact Name: _____
Relationship: _____
Email: _____
Cell #: _____
Home #: _____
Work #: _____
Interested in volunteering with LWVO? Y / N



RELEASE & AUTHORIZATION FOR STUDENTS UNDER 18

I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by the League of Women Voters of Oakland on its website, social media, press and marketing material. I understand that LWVO is not responsible for accidents or injuries to participants in the program, and agree to hold LWVO harmless for such accidents or injuries. In the unlikely event of an accident requiring emergency care, LWVO will make every reasonable effort to contact me immediately. If I cannot be reached, I designate a LWVO volunteer to act on my behalf in the event of a medical emergency by authorizing medical attention as may be required. I assume full responsibility and hold LWVO harmless for any medical services provided. To protect the safety of our members and volunteers and reduce liability, LWVO does not dispense or store medication of any kind for our interns.

I give permission for my child's photo/video to be released to local newspapers, television, or other local media sources. My/my child's name may or may not appear with the photo. Read and Agree (initial) _____

In the event that the LWVO meets in person, I hereby give permission for my child to arrive and leave LWVO programs and sites unaccompanied by an adult. Read and Agree (initial) _____

I understand that my child will be supervised by LWVO volunteers. Read and Agree (initial) _____

I hereby give my permission for my child to remotely participate in volunteer activities. Read and Agree (initial) _____

I hereby release (for myself, my executors and administrators) and WAIVE any and all rights to claims for damages arising from any illness, accident, or occurrence caused by or as a result of my child's participation or connection with LWVO, its members, volunteers, agents, representatives, and/or facilities. I agree to INDEMNIFY AND HOLD HARMLESS LWVO, its members, volunteers, agents, representatives and/or facilities from any and all claims resulting from injuries, damages, and losses sustained while my child participates in LWVO activities. Read and Agree (initial) _____

I am the legal parent or guardian of the Student Volunteer participant under the age of 18, and I have read, understood and agreed to the above Release.

Enter Signature of Family Member/Guardian: Date:

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Please scan and email your completed application to youth-decide@lwvoakland.org