



# HandsOn MANATEE!

VOLUNTEER SERVICES OF MANATEE COUNTY, INC.

5131 Manatee Ave West - Bradenton, FL 34209

P: (941)761-3207 F: (941) 761-0458

www.volunteermanatee.org . info@volunteermanatee.org

## Summer of Service Parent/Guardian & Participant Consent

*Promoting environmental stewardship along the Sun Coast*

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade entering 2010-11: \_\_\_\_\_ School attending: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*E-mail: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Race: \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_ Two or more races \_\_\_ Race Unknown

Ethnic Background: \_\_\_ Hispanic \_\_\_ Non-Hispanic \_\_\_ Ethnicity Unknown

Parent/Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone- Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Health/Medical Information

Does your child have health insurance? \_\_\_ Yes \_\_\_ No Insurance Policy/ID #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Does your child have any food allergies? \_\_\_ Yes \_\_\_ No

If "Yes," please explain: \_\_\_\_\_

Is your child allergic to insect stings? \_\_\_ Yes \_\_\_ No

If "Yes," please explain: \_\_\_\_\_

Is your child bringing an Epi-pen to SOS activities? \_\_\_ Yes \_\_\_ No

Does your child have any medical conditions staff should be aware of? \_\_\_ Yes \_\_\_ No

If "Yes," please explain: \_\_\_\_\_

Does your child have any special dietary needs? \_\_\_ Yes \_\_\_ No

If "Yes," please explain: \_\_\_\_\_

\*All registered SOS participants are also considered registered ManaTEENs and Sarasota Bay Guardians.

I give permission for my child, \_\_\_\_\_, to participate in Volunteer Service's (aka. ManaTEENs) Summer of Service program, which runs from June 10<sup>th</sup> through August 21st.

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

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_\_



This ICP initiative is funded through the Learn and Serve America Summer of Service Grant Program.





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## Activity Participation Agreement

**Parents/Guardians:** Please read and discuss this Statement of Understanding with your child.

**Nature of Activity:** By signing this statement, I acknowledge that certain activities of the Summer of Service initiative are physically demanding and inherently dangerous. It is impossible to anticipate all the hazards participants might encounter while engaging in environmental efforts. The SOS staff will take every precaution to minimize exposure to known risks; however, as a SOS participant, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activities can be foreseen.

I recognize that there is a significant element of risk in any environmental adventure, or activity. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that I am capable of participating in the activities. I certify that medical forms were completed prior to participation in SOS activities informing SOS staff of any relevant, critical health and medical conditions.

**Nature of Risks:** I assume full responsibility for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence. I agree not to hold Volunteer Services of Manatee County, Inc. (also known as HandsOn Manatee and ManaTEENS), Innovations in Civic Participation, Learn and Serve America, environmental partners, or their officers, staff, national service members, affiliates, volunteers and funders/sponsors (all parties herein referred to as et al.) liable for any injuries, or damage incurred while participating in SOS activities/projects. This includes but is NOT limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the adult chaperones and/or trainers and agencies listed above and disclaim any and ALL responsibility for such risks.

I understand that SOS participants will be in various Florida locations and will participate in group activities that take place in and/or around water. I also understand that it is the participant's responsibility to wear sunscreen, appropriate footwear, and to keep hydrated, and I do disclaim the above parties from all responsibility should I ignore natural risks that exist.

**Medical Permissions:** In the event of an emergency and all responsible attempts to reach emergency contact have been unsuccessful, I give permission to the physician or hospital selected by the Volunteer Services of Manatee County, Inc. authorities to secure emergency stabilization and treatment, to hospitalize, to order injections, anesthesia, or surgery for SOS participant. I agree to assume responsibilities for medical costs incurred. I further understand that in Florida a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of the emergency.

**Rules and Code of Conduct:** I understand that parent/guardian will be called and I will be sent home at parent/guardian's expense if my behavior is disruptive and/or I am in possession of illegal substances.

Because I am part of a special community of young people, I understand that I must:

- follow the established safety rules and procedures for each activity.
- respect other participants, and treat them as I would like to be treated
- respect staff, and cooperate fully with their instructions, and be treated with respect as well
- respect the property of others
- arrive on time to my service site with a willing attitude
- consult with staff if I have any questions or concerns about an activity





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## Activity Participant Agreement continued

For any injury to third parties that may arise because of SOS participant's actions or omissions, I agree to hold harmless and defend Volunteer Services of Manatee County, Inc. et al. with respect to any and all actions, claims, expenses, or demands arising there from that may be made or brought against Volunteer Services of Manatee County, Inc. et al. including but NOT limited to reasonable attorneys' fees and expenses in connection therewith.

**Travel Liability:** By signing this agreement, I agree and acknowledge that I am responsible for providing transportation to and from all SOS project sites. I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Volunteer Services of Manatee County, Inc. et al. with respect to any and all actions, claims, or demands that may be brought on our behalf against Volunteer Services of Manatee County, Inc. et al., arising out of or in connection with travel to/from or participation in Summer of Service projects/activities, orientation, academic enrichment sessions, and other training activities.

I understand that the SOS participant will be accompanied at all times by a staff member/adult and that my child will use the buddy system at all times when participating in program activities.

### Educational Award:

-I understand that I, as a SOS participant, am eligible to receive an Education Award in the amount of \$500 upon completion of at least 100 hours of service and 25 hours of training APPROVED through the SOS Program.

-I understand that if I, as a SOS participant, complete less than 100 hours of service, I am NOT eligible for any Education Award. I further understand that completing more than 100 hours of service during the SOS program in Summer 2010 and will NOT result in another or greater Education Award.

-I understand that the SOS Education Award is through the National Service Trust and can be used only to pay for educational expenses at qualified institutions of higher education. Participants have up to ten (10) years after the term of service has ended to use the award.

-I understand that the SOS Education Award is NOT a cash award.

-I understand that I, as a SOS participant may NOT be eligible for an educational award if I am not a legal citizen of the United States and/or not an incoming 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> grader.

➤ By signing this agreement, I (parent/guardian) acknowledge that I have read, understand, and agree to all points in the above agreement.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ By signing this agreement, I (youth participant) acknowledge that I have read, discussed with my parent/guardian, understand, and agree to all points in the above agreement.

SOS Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Summer of Service Media Release Form

I, the undersigned, do hereby grant or deny permission to Volunteer Services of Manatee County, Inc. and Innovations in Civic Participation to use the image of my child, \_\_\_\_\_, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Volunteer Services of Manatee County, Inc. and Innovations in Civic Participation Web site.

- I deny permission to use my child's image at all.
- I grant unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by HandsOn Manatee and Innovations in Civic Participation for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video, digital images.

I understand that the pictures and recordings belong to Volunteer Services of Manatee County, Inc. and Innovations in Civic Participation, and I will not receive payment or any other compensation in connection with the pictures and recordings.

I have had a chance to discuss this form with Volunteer Services of Manatee County, Inc. staff and have received complete answers to all of my questions.

I release Volunteer Services of Manatee County, Inc. and Innovations in Civic Participation from any and all liability that may or could arise from the taking or use of the pictures and recordings.

Participant name (please print) \_\_\_\_\_

Parent/guardian name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy of this form for your own records and mail or fax the original to:

**Ashley Bower, Program Director**  
**Volunteer Services of Manatee County, Inc.**  
**c/o Innovation in Civic Participation**  
**5131 Manatee Ave West**  
**Bradenton, FL 34209**  
**Fax: 941-761-0458**

If you have questions, contact Ashley Bower at 941-761-3207.



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## Evaluation Parent/Guardian Permission Notice for Active Permission

Dear Parent or Guardian:

As part of our efforts to ensure that the ManaTEENS' Summer of Service program is providing participating youth with a quality summer experience. We are asking that the young people in our programs participate in evaluation activities, including completing a survey at the beginning and end of their summer experience. Additional evaluative information may include focus groups, formal and informal interviews, and observations.

The survey asks students about their experience in the summer of service program and its impact on a variety of civic and school-related activities and skills. The survey was developed by Innovations in Civic Participation (ICP) and the Center for Youth and Communities at Brandeis University as part of a national effort to evaluate Summer of Service programs. Copies of the complete Summer of Service survey will be provided to parent/guardian upon request.

We want to assure you that all of the information collected through the survey and other evaluation information activities will be kept strictly confidential. It will only be used for the purposes of evaluating our SOS program and other similar programs around the country. The surveys do not include participants names (students use a 'code' instead of their name on the survey), and participants are instructed to seal their completed surveys in envelopes before handing them in to program staff. Participants may also skip any questions in the survey that they are uncomfortable answering.

We are writing to ask your permission to include your child in the evaluation process. We believe that the survey and other evaluation activities provide valuable information that will help our ongoing efforts to improve our program and provide a quality experience for area children. We want to encourage you, therefore, to allow your child to participate.

Please complete the form below and indicate whether you consent or permit your child to participate in the evaluation of our Summer of Service program. If you have any questions about the study, please feel free to contact Jean Manney at Innovations in Civic Participation at [manney@icicp.org](mailto:manney@icicp.org) or (202) 775-0290.

Thank you for your cooperation.

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### EVALUATION PERMISSION

***Please Sign and Return to a Member of our Program Staff Within Three Days if You Give Permission for Your Child to be Included in this Evaluation.***

- YES, I give permission for my child, \_\_\_\_\_, to participate in the Summer of Service evaluation.
- NO, I do not wish for my child, \_\_\_\_\_, to participate in the Summer of Service evaluation.

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

Daytime Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Today's Date: \_\_\_\_\_