

Sign Up NOW- Spots are limited!

# Ready2Help



## Global Youth Service Day

A free volunteer project for Youth ages 11-18



Be ready in an emergency—learn basic First Aid, and an introduction to CPR.



Be ready in a disaster— learn what your family needs to do to be prepared!

United Way Office  
2173 Overland Ave  
April 12, 2014  
9:00 am-Noon  
*Contact Tari to sign up:*  
**272-8511 or**  
**tari.burt@unitedway.org**

Sponsored By:



People Healing People.

Hosted By:



United Way of Yellowstone County

**Participant Information** (please print)

Name \_\_\_\_\_ Gender **M / F** Birth Date \_\_\_/\_\_\_/\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone \_\_\_\_\_  
(Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

School \_\_\_\_\_ Grade Level \_\_\_\_\_

How did you hear about YVC? \_\_\_\_\_

**Photo/Video Release**

I grant permission for United Way of Yellowstone County, Youth Volunteer Corps of America and any service partners and/or sponsors of Youth Volunteer Corps projects or activities to use any photographs, digital imaging, videos, verbal and written statement of (me / my child) while participating in YVC activities, projects or events for promotional, web usage or other uses

**By signing this application**, I grant permission for (my/my child's) participation in Ready2Help a Global Youth Service Day and YVC event. I understand that (my / my child's) participation in YVC activities, projects and functions involves a normal level of risk of injury or illness associated with such projects. I fully accept and ASSUME all RISKS of participation and all responsibility for losses, costs, and/or damages that (I / my child) may incur as a result of participation in YVC activities. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS United Way of Yellowstone County, I have read the forgoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

*Bring this with you to the Project*

\_\_\_\_\_  
Parent/Guardian or Adult Participant

\_\_\_\_\_  
Date