



**JAMESTOWN-YORKTOWN FOUNDATION  
OFFICE OF VOLUNTEER SERVICES**



**Summer Youth Application**  
(Print in ink or type)

**Personal Information**

Full Legal Name: \_\_\_\_\_  
Last First M.I.

Name I prefer to be called: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email: \_\_\_\_\_  
(parent or personal – if signing up multiple children for a JYF Summer Camp – all must have separate emails)

I have the following medical considerations (allergies, medication, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide the name of two Emergency Contacts**

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**(OVER)**

While volunteering my services at the Jamestown-Yorktown Foundation, I hereby consent to the use of visual images taken of me at Jamestown Settlement or the American Revolution Museum at Yorktown by the Commonwealth of Virginia, the Jamestown-Yorktown Foundation, the Jamestown-Yorktown Foundation, Inc., the Jamestown-Yorktown Educational Trust, or the officers, agents, successors, assigns, or licensees of any of those entities and 2019 Commemoration, Inc. for the purpose of trade, media relations and/or for advertising, promoting, recording, offering the benefits of, or teaching about the facilities or services of the Commonwealth of Virginia, Jamestown-Yorktown Foundation, Jamestown-Yorktown Foundation, Inc., Jamestown-Yorktown Educational Trust or 2019 Commemoration, Inc. including but not limited to Jamestown Settlement and the American Revolution Museum at Yorktown.

I need not inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

I understand that if accepted as a volunteer at the Jamestown-Yorktown Foundation I will be provided with orientation and training necessary for safe and responsible performance, a copy of the job description for my volunteer position, and I will be expected to meet all the requirements of the description including regular attendance and adherence to all agency policies and procedures. I will perform the specified duties to the best of my ability.

---

Volunteer Signature

---

Date

IF VOLUNTEER IS UNDER 18 YEARS OF AGE, THE PARENT OR GUARDIAN MUST SIGN BELOW.

I affirm that I am the parent/guardian of the above named volunteer. I have read all of the preceding information and consent to their participation.

---

Name (Print)

---

Signature of Parent/Guardian

---

Date

The Office of Volunteer Services will provide a t-shirt to participants in this program. Please **circle** your t-shirt size:

Youth or Adult

Small

Medium

Large

X-Large

Please return to the Office of Volunteer Services, P.O. Box 1607, Williamsburg, VA 23187-1607  
Phone: 757-253-4032 Fax: 757-253-7350 or by email at [ovs.volunteer@jyf.virginia.gov](mailto:ovs.volunteer@jyf.virginia.gov).