

YOUTH SERVICE OPPORTUNITIES PROJECT

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YSOP COLLEGE PARTICIPANT INFORMATION SHEET
PLEASE PRINT CLEARLY

YSOP PROGRAM DATE _____ **GROUP** _____

Name _____ Home phone (____) _____

Address _____ Apt _____ Date of birth ____ / ____ / ____

City _____ ST ____ Zip _____ E-mail _____

Year of graduation _____ School _____ Cell phone (____) _____

Do you have any medical conditions, allergies or dietary concerns YSOP should know about? _____

EMERGENCY INFORMATION

Parent/Guardian _____ Home phone _____

Home address _____ Cell phone _____

(if different) _____ Work phone _____

Parent/Guardian _____ Home phone _____

Home address _____ Cell phone _____

(if different) _____ Work phone _____

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____

Student's physician _____ Phone _____

Your Insurance/major medical company _____

Group or personal policy # _____ Policy holder's ID # _____

YSOP carries an accident insurance policy which covers all program participants.

I grant _____ do not grant _____ permission to be photographed for possible inclusion in a YSOP publication and/or video, or in other publications for the purpose of promoting YSOP.

YSOP CODE OF ETHICS

YSOP adult participants are required to abide by the YSOP Code of Ethics during their participation in YSOP programs.

- YSOP youth workers and adult participants must treat people of all races, religions, cultures, genders, and sexual orientation with respect and consideration.

The following behaviors are prohibited:

- smoking or using tobacco products in the presence of minors;
- using, possessing, or being under the influence of alcohol, narcotics or illegal drugs;
- sexual advances toward or sexual activities of any kind with a minor(s) or with an adult(s);
- physical abuse or bodily injury to anyone;
- physical neglect of a minor, including failure to provide adequate supervision in YSOP activities;
- mental or emotional abuse or injury to anyone;
- the presence or possession of obscene or pornographic materials at any YSOP function;
- the use or toleration of profanity in the presence of minors.

I understand that any violation of this code may be grounds for removal as a participant in a YSOP program.

Signature _____ Date _____

Students under 18 years of age must have permission from a parent or guardian to attend the YSOP program.

Parent/Guardian signature _____ Date _____