



## **BOYS & GIRLS CLUB**

Of Snohomish County  
MUKILTEO UNIT

# Jr. Staff and Volunteer Opportunities!

**Volunteering:** We are accepting Volunteer hours from both the Middle School and High School levels. For the Middle School, we can offer 10 hours a month (1 day a week) of Volunteer service that counts towards Middle School (Jr. Staff) volunteer hours! For the High School level, we will work with you and your counselor to establish volunteer hours!

**Jr. Staff:** We are also accepting Jr. Staff positions to Middle School level students who would like to attend our Super School program more than once a week. We will be Charging:

- Monthly Rate = 125
- Weekly Rate = 50
- Daily Rate = 15

Jr. Staff positions are limited, and are available at our three Super School Sites: Olivia Park, Fairmount, and Endeavour Elementary. All Jr. Staff must be a Torch Club Member and make one meeting a month.

**Torch Club:** Torch Club consists of members age 11-14. This leadership group will meet twice a month, have elected officials, plan their own fieldtrips, and plan their own community service projects to complete.

For more information, Please contact Lisa Hoppe @ 206-295-5766 or [lhope@bgcsc.org](mailto:lhope@bgcsc.org)

# Torch Club

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School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F (Circle one)

Parent's Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mom Work: \_\_\_\_\_ Dad Work: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

## List of People Authorized to Pick-Up Your Child:

1. (Name) \_\_\_\_\_ 3. (Name) \_\_\_\_\_

2. (Name) \_\_\_\_\_ 4. (Name)-- \_\_\_\_\_

## IMPORTANT MEDICAL INFORMATION: Please read and sign below

Is your child taking any medication: Yes No (circle one)

If yes please explain: \_\_\_\_\_

Does your child have any medical conditions we should be aware of: Yes No (circle one)

If yes, please explain: \_\_\_\_\_

I understand the participation in any activity may entail certain risks. I will report any physical problems experienced during or after the program to the staff immediately. I understand the nature and components of the program for which I am applying and the risks that may be associated with physical exercise. I hereby consent to and accept those risks.

I further agree to hold harmless the Boys & Girls Club and its employees conducting the program from any and all claim suits, losses or related injury or accidental death during and arising in any way from the program.

I declare that I am the parent or legal guardian of the child listed above, a minor. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in Boys & Girls Club activities. In the event that my child is injured or should require medical attention, I hereby authorize a Boys & Girls Club employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization. I understand that the Boys & Girls Club provides only a Secondary Health Insurance coverage. I am aware that membership is required to participate in all programs offered by the Boys and Girls Clubs.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature)

Days of the week available for meetings: (circle all that apply) M T W Th F

***The Positive Place For Kids***