

Portland Youth Services 2010 Youth Action Council Summer Community Outreach Program

Portland Youth Services in its continued effort with its “Healthy Community, Healthy Youth” program is sponsoring a fifth year of the “Community Out Reach Program” this will be a volunteer program for Portland youth attending either public or private schools. The eligible ages are 12 through 14 (entering the 7th or 9th Grade).

The program will provide opportunities to do planned volunteer services within our town. Once a week participants will also be going on a field trips to “fun activity” destinations. There is no charge for the program, but participants must sign up and attend the full two week program to be eligible to go on field trips. The groups will meet on Tuesday, Wednesday and Thursdays. If there is availability there will be an opportunity to sign up for more than one session. All activities will start at Youth Services 265 Main St. facility.

For the summer of 2010, the program will operate three groups of eight youngsters. The groups will meet on Tuesday, Wednesday and Thursdays as listed on the reverse side schedule. (Please make note of the Group Number and Date for your future reference.)

!-----PLEASE-CUT-ALONG-THIS-DIVIDE---RETURN-LOWER-PORTION---SAVE-UPPER-PORTION-----!

PORTLAND YOUTH SERVICES Summer Community Outreach Program 2010 265 MAIN STREET;PORTLAND,CT 06480 TEL#860-342-6758

YOUTH'S NAME _____ AGE _____ DATE of BIRTH _____ SEX _____

YOUTH'S SOCIAL SECURITY # _____

ADDRESS _____ HOME TEL.# _____

MOM'S WORK TEL.# _____ DAD 'S WORK TEL.# _____

SCHOOL IN SEPT _____ GRADE _____

-THE FOLLOWING ARE FOR EMERGENCY USE; PLACE CHECK MARKS (4) WHERE NEEDED-
CHILD'S/YOUTH'S HEIGHT _____ WEIGHT _____ EYE'S COLOR _____ HAIR COLOR _____
AMERICAN CITIZEN () NON-AMERICAN CITIZEN () :
CAUCASIAN () AFRO () NON-CAUCSN HISPANIC () ASIAN () NATIVE-AMERICAN () PACIFIC
ISLANDER () NATIVE-ALASKAN () IF OTHER, PLEASE STATE () _____
ARE THERE ANY SPECIAL MEDICAL NEEDS THAT COULD/SHOULD CONCERN PYS? _____
IF YES, THEN PLEASE EXPLAIN ON SEPARATE WRITING PAPER. PLEASE DATE, SIGN, AND ATTACH.
NAME OF FAMILY'S INSURANCE CO. & POLICY # _____

NAME OF CHILD'S/YOUTH'S PHYSICIAN _____ TEL.# _____

All applicants will be notified by mail about their acceptance into the requested group, placement into another group with available space or placed on a waiting list. If all spots are filled, then the remaining names of applicants will be placed on the waiting list. (Names on the waiting-list will be called whenever the regular participants are absent, or are removed from the program, etc.)

---SPACES ARE LIMITED---FIRST COME/FIRST SERVED!---
DEADLINE FOR SIGN UP June 11, 2010
RETURN FORMS ONLY TO YOUTH SERVICES

Before the first date of the applicants' participation in the program, their **Medical Health Forms**, should be completed and signed by their licensed physicians; dated after August 2009; and **brought or mailed to Portland Youth Services, P.O. Box 71, Portland,CT. 06480** Call Mary Pont or Peggy (Chesaneck) Stratton at (860)342-6758 with any questions or e-mail: mpont@portlandct.org.

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I give my son/daughter _____ permission to participate in Portland Youth Services Summer Community Outreach program 2010.

In the event of a medical emergency, I do know that every effort will be made to contact me. However, if I can not be contacted, I give my permission to Portland Youth Services staff and or responding Emergency Medical Personnel to treat my child on scene and transport via ambulance or other appropriate means.

Choose one of the following groups that have been listed below, please list a 1st, 2nd and 3rd choice.

July 6,7,8 & July 13,14,15

GROUP 1 / 9:00 A.M. to 12:00 NOON

July 20,21,22 & July 27,28,29

GROUP 2 / 9:00 A.M. to 12:00 NOON

Aug 3,4,5 & Aug 10,11,12

GROUP 3 / 9:00 A.M. to 12:00 NOON

Guardian Signature _____

Participant signature _____

PLEASE NOTE: DURING THE COURSE OF THE PROGRAM YOUTH SERVICES STAFF MAY BE PHOTOGRAPHING YOUR CHILD FOR USE IN NEWSPAPERS OR DISPLAYS ABOUT OUR PROGRAMS. IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED PLEASE PROVIDE A NOTE TO YOUTH SERVICES.