

# YVCHR's 2024 Summer of Service Program

YOUTH VOLUNTEER CORPS OF HAMPTON ROADS IS OFFERING SUMMER CAMPS FOR YOUTH AGES 11-18. EACH PROJECT INCLUDES ICEBREAKERS, TEAM-BUILDERS, AND SERVICE-LEARNING LESSONS. YOUTH VOLUNTEERS WILL SPEND THEIR DAYS STAYING ACTIVE, DEVELOPING IMPORTANT CAREER-READINESS AND LIFE SKILLS, AND INTERACTING WITH OTHER SERVICE-MINDED INDIVIDUALS ...ALL WHILE MAKING THEIR COMMUNITY A BETTER PLACE. VOLUNTEERS WILL WORK TOGETHER, GAIN NEW PERSPECTIVES AND MAKE A POSITIVE IMPACT!

## VARIOUS LOCATIONS in Hampton Roads || Monday - Thursday\*

Please circle your preferred session(s) from the list below. Requests will be granted based on available space and funding.



- Peninsula Session 1: June 10-June 14: Hampton/Newport News
- Peninsula Session 2: June 24-28:\* C.H.A.T.S. (Yorktown)
- Peninsula Session 3: July 8-11: Hampton/Newport News
- Southside Session 1: July 8-11: Chesapeake/Norfolk
- Peninsula Session 4: July 15-19: Hampton/Newport News
- Southside Session 2: July 15-19: Virginia Beach/Norfolk
- Peninsula Session 5: July 29-August 1: Hampton/Newport News
- Southside Session 3: Aug 5 - 8: Virginia Beach/Norfolk

\*PENINSULA SESSION #2 WILL BE 5 DAYS: MONDAY - FRIDAY.

**NOTE: Youth must have their own transportation to/from the service site each day.**

VOLUNTEER'S NAME : \_\_\_\_\_ AGE : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

GENDER : \_\_\_\_\_ SHIRT SIZE (CIRCLE ONE -NOTE: ADULT SIZES ONLY): S M L XL SCHOOL : \_\_\_\_\_

PARENT OR GUARDIAN'S NAME : \_\_\_\_\_ EMAIL : \_\_\_\_\_

PHONE NUMBER : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ STREET ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ ZIP CODE : \_\_\_\_\_

EMERGENCY CONTACT : \_\_\_\_\_ EMERGENCY CONTACT CELL : \_\_\_\_\_

ANY MEDICAL/HEALTH CONDITIONS (ALLERGIES/ASTHMA/ETC.): \_\_\_\_\_

**Statement of Financial Need:** Please provide a brief summary of the youth's financial need (feel free to use back of page). You will be notified regarding the status of this application as soon as we secure scholarship funding. By signing below, you are confirming the validity of the *Statement* and agreeing to notify YVCHR immediately if the youth can no longer participate in the program due to emergency/illness.

---

---

---

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applications should be emailed to [kmorgan@yvchr.org](mailto:kmorgan@yvchr.org) by May 30<sup>th</sup>.