Program Emergency Information:
SCHOOL/AGENCY INDIVIDUAL PLACEMENTS

Program Name: _____ Director(s) in Charge: _____

- ☐ Service location: _____
- ☐ Community Partner: _____ Email: _____ Phone: _____
- ☐
- ☐ Name of Volunteer: _____ Volunteer phone number: _____
- ☐ Weekly service schedule: _____ Start Date _____
- ☐ Name of classroom teacher (*if applicable*): _____
- ☐ Name of mentee (*if applicable*): _____

If you have multiple individual placements at the same site, please provide this information on the back for each individual match. One school/agency per form please!

BEFORE BEGINNING SERVICE	DONE
Is your service site on the Approved Site list?	
If so: Notify a Y.E.S. Coordinator of these placements **at least 1 week** beforehand.	
If not: Talk to the Coordinator about beginning the process of putting contracts in place with the organization. Please know that this process can take from 3 weeks to a year or be denied.	
Become familiar with your medical reference list (MRL) & know which of your participants have special medical needs or allergies.	

ONGOING THROUGHOUT THE SEMESTER	I WILL
Keep a copy of this form with you while your volunteers are on service.	
Remind all volunteers to wear their name badge during service.	
If at a school: Ask the community contact if you can have a separate sign in system at the site in a spot where volunteers can access it. Make sure volunteers know where it is located and are using it. (You can also request that the site regularly scan & email and/or email you copies of the log in order to verify that volunteer service attendance.)	
Check regularly with the site to find out how the placements are going.	

In the event of a serious injury that invites either the media or legal advice, contact UPD, Dean of Students and Lorena Boswell, YES Coordinator (phone numbers in first aid back-packs). Talk only to qualified emergency personnel.
Emergency Phone Numbers: Humboldt State University Police Department (707) 826-5555 Youth Educational Services (707) 826-4965

SERVICE LOCATION: _____

Name of Volunteer:_____ Volunteer phone number: _____
Weekly service schedule: _____ Start Date _____
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