



Social Services - Youth Center Supplemental Application

YOUTH COMMUNITY CENTER

Name of applicant: \_\_\_\_\_

1. Please check all activities offered:

- Bicycling, Go-Karts, Ice hockey, inline skating, Motorbikes/Minibikes, Motorcycles/ATV's, Paintball, Scuba diving, Skateboarding

If the organization offers other activities not listed above, please describe these activities: \_\_\_\_\_

- 2. Does the organization require signed waivers of liability from the parents or legal guardians of participants in club activities?
3. Does the organization have procedures in place to restrict access to authorized persons?
4. Does the organization provide overnight living?
5. Does the organization have a swimming pool(s) on premises?
6. Does the organization provide overnight trips?
7. Does the organization require all participants in organized sporting activities to be covered by accident and health or medical insurance?
8. Does the organization have a procedure in place to assure a proper staff to child ratio?
9. Does the organization facilitate health screenings and other medical services?
10. Do recipients of health screenings and other medical services sign waivers of liability in favor of the organization?
11. Does the organization have a formal procedure in place to report accidents or incidents involving participants?
12. Is the organization's primary focus to provide services to children with special needs?

Big Brother/Big Sister (One on One Youth Mentoring)

- 13. Does the organization sponsor overnight trips outside of the U.S., U.S. Territories or Canada?
14. Does the organization require signed permission and a signed waiver of liability from child's custodial parents/guardians concerning overnight trips?
15. Does the organization have in excess of 300 volunteers?

This Supplemental Application is incorporated into and is deemed a part of the other Application(s) submitted in connection with the requested insurance. Any and all notices and representations included in other such Application(s) are incorporated by reference in this Supplemental Application as though fully set forth herein.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Principal, Officer or Partner

Print name: \_\_\_\_\_