



THE HSC HEALTH CARE SYSTEM
Health Services for Children
with Special Needs, Inc.

Youth Athletic Program(YAP) Volunteer Application

Contact Information

Name	
Age & T-Shirt Size	
Caregiver: (if under 18)	
Street Address	
City, State, ZIP Code	
Telephone Number	
Additional Tele. Number	
E-Mail Address	
Emergency Contact Name	
Emergency Contact Telephone Number	

Please complete if you are requesting community service hours

School/Organization	
Grade	
Street Address	
City, State, ZIP Code	
Contact Person	
Contact Telephone Number	

Availability (Note: 3 community service hours will be given per session)

**For more information please contact Jacquelyn Bing at:
202-695-5673 (cell) or 202-580-6485 (office)**

For more information visit hscsnhealthplan.org.
For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

የአንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጧቱ 7:00 ሰዓት አስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመደወል አርዳታ ማግኘት ይቻላል። **Amharic.**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 202-467-2737 打電話，我們會有代表幫助您。 **Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하는 경우, 오전 0시 00분에서 오후 0시 00분 사이에 202-467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeler 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**



This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.