



Teen Center USA Volunteer Application

Contact Information:

Name: _____

Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: _____ Date of Birth: _____

What is the best time of day to contact you? _____

Why are you volunteering?

College Course

Retiree

Community Service

How did you hear about Teen Center USA?

All Volunteers must complete the Teen Center USA Volunteer Clearance Process which includes fingerprinting at the volunteer's expense.

Employment Information:

Name and contact of current employer: _____

May we contact your current employer? Yes No

References

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number/Email



Availability:

Volunteer positions with our after school programs are available 3pm-6pm, Monday-Friday (Fall/Spring), 3pm-5pm, M-F (Winter), 12pm-6pm, M-F (Summer).

Volunteer positions with our Administrative Office is available 10am-5pm, Monday-Friday. Please list your preferred volunteer schedule below.

Monday	Tuesday	Wednesday	Thursday	Friday

Areas of Interest: Please indicate the volunteer positions that interest you.

Administration

- † Office Assistant
- † Special Events
- † Board Member/Fundraiser
- † Volunteer Coordinator
- † Other _____

Drop In Center/Mobile Teen Center

- † Mentor
- † Tutor
- † Mobile Teen Center Volunteer
- † Maintenance/ Facilities
- † Breakfast Club Volunteer
- † Other _____

Skills and Experience

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service)

In Case of Emergency:

Name: _____ Phone Number: _____ Relationship: _____

Address (City, State, Zip) : _____

Physician _____ Phone _____

Hospital _____ City _____ Insurance Provider _____

Plan# _____

In case of emergency, I give permission to Teen Center USA to secure medical treatment including x-ray, surgery, hospitalization, and medication.

Signature _____ Date _____



I hereby authorize TCUSA, to secure any information they deem necessary from me or from medical, employment, educational, military, law enforcement, and any other sources to evaluate my potential as a volunteer. Opportunities for volunteers are provided without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. I understand this information may be disclosed to the parent of any child a volunteer is in contact with. The primary responsibility of the volunteer is to act in the best interest of the student. I agree that the volunteer relationship and/or applicant's affiliation with this organization may be terminated at any time, for any reason, at the sole discretion of the program. Program staff will report to the appropriate legal authorities child abuse of any type involving program participants and will take any other appropriate action consistent with the organization's duties and obligations. I acknowledge and agree that (1) I am not obligated if called upon to perform volunteer services herein applied for; (2) The TCUSA is not obligated to assign or seek to assign a student(s); (3) I understand that the information provided during the application process will be in confidence and that their program may choose to accept or not accept me as a volunteer based on all information presented; (4) I understand that if information is disclosed to me it must be kept in full confidentiality within the organization; (5) all the information attained by the program shall remain the property of the organization and may be deemed confidential.

Signature _____ **Date** _____



TEEN CENTER USA- ELK GROVE Volunteer Agreement

- I understand that meeting with student(s) consistently is one of the most important things I can do; therefore, I will make time for the program at the agreed upon times.
- I understand that all contact is restricted to the facility assigned by the program. Phone numbers, addresses and email addresses are to NOT to be exchanged between volunteers and the students.
- I understand that the relationship between student(s) and myself is a one-on-one relationship and it is important to establish myself as a positive role model.
- I understand that I may acquire personal information about student(s) and ALL information must be kept confidential between the student, myself and program staff. I will not discuss this information with any person other than the assigned professional staff of TCUSA.
- I will maintain regular contact with designated staff.
- I will adhere to facility/site rules established by the Site Coordinator/Executive Director, including the completion of paperwork.
- If a problem should arise during the relationship with any student, I will notify the Site Coordinator/Executive Director immediately.
- If my personal information, such as address, employment, phone number changes I will notify Teen Center USA immediately.
- I understand that I will be asked to participate in a program evaluation.
- I will adhere to procedures for facility/site as per the Volunteer Orientation and Training guidelines.
- I understand that per TCUSA liability rules and regulations, I cannot transport students in my vehicle without prior authorization from the Director of TCUSA.

Signature _____ **Date** _____



TEEN CENTER USA- ELK GROVE

Volunteer Code of Ethics

- Preparedness** – Volunteers are prepared to be a friend to a young person and demonstrate consistent, dependable, trustworthy, accepting, honest and respectful behaviors.
- Integrity** – Volunteers consistently act in ways that are ethical, earning the respect and trust of student(s) and supporting community partners.
- Commitment** – Volunteers are steadfast in their commitment to the policies and procedures of TCUSA.
- Knowledge Builder** – Volunteers actively seek out shared opportunities that enhance the knowledge, skills and abilities of student(s).
- Attitude** – Volunteers value the diverse racial, economic, cultural and religious traits of their matched student(s).
- Patience** – Volunteers must be patient. Instant friendship rarely happens, and it may take several visits to become comfortable with one another.
- Confidentiality** – Volunteers act in the best interest of TCUSA and ensure confidentiality, taking care to protect against inadvertent disclosure.
- Accountability** – Volunteers make regular contact with the student(s) as agreed with the TCUSA staff to ensure an effective relationship between the student(s) and the volunteer.
- Appropriateness** – Volunteers refrain from profanity, toward TCUSA, or TCUSA staff, inappropriate physical contact, violations of the law or school codes of conduct.
- Eligibility Screening** – Volunteers authorize the completion of required background checks to cover criminal history, driving records, personal interviews and other forms of screening as deemed appropriate by TCUSA.
- Community Service** – Volunteers maintain a steady presence in the lives of youth and in community efforts that strive to encourage others toward participation in volunteer efforts.

Volunteer Guidelines/Policies

- Volunteers will not abuse student including but not limited to:
 - Physically striking, spanking, shaking or slapping
 - Verbally humiliating, degrading or humiliating, using threatening terminology
 - Inappropriately touching a student
- Using, possessing or under the influence of drugs or alcohol during volunteer times.
- Smoking or the use of tobacco products is prohibited in the presence of students or parents during volunteer times
- Volunteers must appear clean, neat and appropriately dressed (casual business attire)
- Volunteers will abstain from humiliating or frightening disciplining techniques.
- Volunteers may not use profanity in the presence of students or parents.
- Gifts are prohibited. If you would like to donate something, please talk with the Site Coordinator/Executive Director.
- Volunteers must be free of physical or psychological conditions that may affect a student's wellbeing.
- I understand that California State Law requires all citizens to report any suspected abuse or neglect to the California Department of Protective and Regulatory Services and their local law enforcement agency.

I understand that any violation of the TCUSA Code of Ethics, Guidelines or Policies may result in my volunteer termination.

Signature _____ Date _____