



Youth Volunteer Application

Date of Application_____

Please Print

Last Name _____ First Name_____

Address _____

City_____ Zip_____

Age_____

School_____

Telephone Number_____ Cell Number_____

Email Address_____ Date of Birth_____

Do you currently attend a local church? Y___N___ If yes, where?_____

Name and Telephone Number of Person to Contact in Case of Emergency:

Name_____

Relationship to you_____

Phone Number_____



Name: _____
Phone Number: _____
Emergency Phone Number: _____
Address: _____

Liability Release Form

I being 21 years old or older, do for myself release, forever discharge and agree to hold harmless, Reaching Our Communities, its directors, employees, agents, chaperones or staff (including parents or other adults assisting with this ministry) thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in any activities associated with Reaching Our Communities.

Furthermore, I, hereby assume all risk of personal injury, sickness, death, damage and expense because of participation in travel, recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and not sue Reaching Our Communities, its directors, employees, agents, chaperones and staff (including parents or other adults assisting with this ministry), for any liability sustained by Reaching Our Communities as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Photo Release Form

I hereby grant the following rights to Reaching Our Communities, Inc. (ROC) and any of its affiliates, licensees, subsidiaries, or assigns ROC in consideration of their possible use of my visual depiction, oral statements or any other information and materials supplied by me (collectively the "material").

I acknowledge that no promise or representation has been made to me that (ROC) shall be obligated to use the material in any way, and I acknowledge that (ROC) shall have sole and absolute discretion and creative control in determining when or whether the material should be used in any manner.

ROC shall retain total ownership of the material; the right to broadcast, exhibit, distribute or display the material on broadcast or cable television, satellite transmission, films, photographs, videotapes, videocassettes, videodiscs, the print media, the Internet, radio format, record album audiocassette format, or by any other method or device now known or hereafter devised; the right to copyright the material; and the right to license others to use these rights.

ROC may use my name, likeness, voice, biographical information and/or other material supplied by me for purposes of advertising, publicity and promotion, but not as a direct endorsement for any product or service.

ACCEPTED AND AGREED

Participant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(If participant is under the age of 18)

Authorization Statement for Criminal History Record Check

Reaching Our Communities, Inc.

I, _____ (print your name), hereby **Reaching Our Communities, Inc.** to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until [insert name of nonprofit] receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Male Female
SEX (CIRCLE ONE)

DRIVER'S LICENSE NUMBER

STATE OF ISSUANCE

DATE OF EXPIRATION

California Applicants: If you would like a copy of your background check sent to you, please check the box.

To be completed by organization:

Identification verified with government issued picture identification.

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS

Staff and Volunteer Code of Conduct

As a volunteer serving within the organization of Reaching Our Communities, Inc., you agree to be “above reproach” so that the world will see, hear, and respond to change; and you agree to seek a careful, exemplary lifestyle to encourage and strengthen the communities in which we serve.

1. Staff and volunteers shall never leave a child unsupervised.
2. Restroom supervision: Staff and volunteers will check restrooms daily before allowing children to use the facilities. Please encourage parents or guardians to take children to the restroom before signing in to the program for the day. No one staff person will ever enter a bathroom with a child alone. Two staff persons are asked to accompany each other to the bathroom when checking on a participant.
3. Staff and volunteers should **NEVER** be alone with children.
4. Staff and volunteers shall not abuse children including:
 - a. Physical Abuse – strike, spank, shake, slap;
 - b. Verbal Abuse – humiliate, degrade, threaten;
 - c. Sexual Abuse – inappropriate touch or verbal exchange;
 - d. Mental Abuse – shaming, withholding love, cruelty;
 - e. Neglect – withholding food, water, basic care, etc.

Any type of abuse will not be tolerated and may be cause for immediate dismissal.
5. Staff and volunteers must use positive techniques of guidance, including redirection, positive reinforcement and encouragement, rather than competition, comparison, and criticism. If a child acts out of control, staff and volunteers should report to the Site Manager or Program Director to assist in handling the situation.
6. Staff and volunteers will conduct a visual health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Report concerns to either the Site Manager or Program Director. Please allow the Site Manager or Program Director to handle concerns with parents. If the appropriate staff person is not available, remember that parents should be addressed, if deemed appropriate, in a non-threatening way, or the proper authorities notified. Any questionable marks or responses will be documented.
7. Staff and volunteers respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.
8. Staff and volunteers will refrain from holding children on the lap, hugging a child inappropriately, and from kissing a child. Youth counselors cannot have special, personal relationships with each other or with participants.
9. Staff and volunteers will refrain from intimate displays of affection including hugs and kisses, towards others in the presence of children, parents, and staff.

10. Generally, volunteers are discouraged from making personal calls or texts during organization hours except in the case of emergency.
11. Staff and volunteers must appear clean, neat, and appropriately attired.
12. Using, possessing, or being under the influence of alcohol or illegal drugs during working/volunteering hours is prohibited.
13. Smoking or use of tobacco in the presence of children or parents during working/volunteer hours is prohibited.
14. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents are prohibited.
15. Staff and volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
16. Staff and volunteers may not date program participants under the age of 18 years of age. (See Item 8)
17. Under no circumstances should staff/volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian. (Written parent authorization on file with the ROC.)
18. Staff and volunteers are asked to not bring others to volunteer until they have completed the Reaching Our Communities application process.
19. Staff and volunteers are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend training on the subject, as instructed by a supervisor.
20. Cell phones, IPODS, electronic games, or any personal, audio visual equipment is are not allowed during working hours.

I UNDERSTAND THAT ANY VIOLATION OF THIS CODE OF CONDUCT MAY RESULT IN TERMINATION.

Employee/Volunteer Signature _____ Date: _____

Supervisor Signature _____ Date: _____