



ELGT Junior Volunteer Group Packet (PLEASE PRINT CLEARLY)

P.O. Box 386
East Liverpool, Ohio 43920
(330) 932-0490
eastliverpoolsgottalent.com

Thank you for your interest in participating in the ELGT Junior Volunteer Group!

This program is designed to connect local high school students with various volunteer opportunities. As an ELGT Junior Volunteer, you will have the opportunity to gain job skills, learn how to conduct yourself in a professional environment, increase self-esteem, and give back to your community.

As an ELGT Junior Volunteer, you will often be working directly with other teen participants assisting our ELGT Adult Volunteer Group and committee members facilitate activities. This direct interaction with other members and the community makes the volunteer process exciting, dynamic, and most importantly, rewarding and meaningful.

In order to volunteer at East Liverpool's Got Talent, please complete the following:

- Complete the attached ELGT Junior Volunteer Group Packet:
 - ELGT Junior Volunteer Membership Application
 - ELGT Junior Volunteer Rules and Regulations
 - ELGT Junior Volunteer Behavior Management Policy
- Obtain parent/guardian signatures on the following forms:
 - ELGT Junior Volunteer Group Rules and Regulations
 - ELGT Junior Volunteer Group Parent Agreement, Medical Release, and Permission Slip
- Mail the completed ELGT Junior Volunteer Group Packet to East Liverpool's Got Talent, P.O. Box 386, East Liverpool, OH 43920 or email signed forms to amy@eastliverpoolsgottalent.com.
- Attend a mandatory ELGT Junior Volunteer Group Orientation Meeting
 - The ELGT Junior Volunteer Group Coordinator will contact you to inform you of the date and time of the next available orientation.

Once the packet is complete and turned in, volunteers will be placed in the next available Orientation Meeting and placed at an appropriate site thereafter. All questions, concerns and completed application packets should be addressed to:

East Liverpool's Got Talent
Amy Hissom-Daugherty, Executive Director
330-932-0490



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ELGT Junior Volunteer Membership Application (PLEASE PRINT CLEARLY)

Name and Address

Junior Volunteer Name <i>(First, MI, Last)</i>		Parent/Guardian Name	
Address		City, State, and Zip Code	
Parent/Guardian Phone		Parent/Guardian Email	
Junior Volunteer Date of Birth	Age	Grade	Male or Female <i>(please circle)</i>
High School		High School Phone	
Emergency Contact Name: Phone Number <i>(Home)</i> : Phone Number <i>(Work)</i> :		Emergency Contact Name: Phone Number <i>(Home)</i> : Phone Number <i>(Work)</i> :	

Please state your reasons for volunteering:

Please provide the times which you are available to volunteer:

Monday: _____ Thursday: _____
 Tuesday: _____ Friday: _____
 Wednesday: _____ Saturday: _____
 Thursday: _____

Please indicate any special interests/hobbies/talents you have that would enrich program activities:

Preferred start date: _____ How did you hear about the ELGT Junior Volunteer Group?

Teacher _____ Parent _____ Flyer _____ Counselor _____ School Function _____ Friend _____ Website _____
 Other (Please Specify) _____

For Coordinator Use Only:

Schedule: Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____
 Sunday _____

Start Date: _____
 End Date: _____
 Total Hours: _____

Orientation Date _____
 Date Contacted: _____
 Site Placed: _____



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ELGT Junior Volunteer Group Rules & Regulations (PLEASE PRINT CLEARLY)

In order to provide a positive environment for all members of the ELGT Junior Volunteer Group, there will be no inappropriate dress. This includes, but is not limited to, clothing that advertises the use of drugs or alcohol, sexually suggestive or revealing clothing, Do-Rags, Bandanas, hats or any clothing that suggests "Gang" affiliation, ripped or torn clothing.

As an ELGT Junior Volunteer, I agree to:

- Conduct myself in an appropriate manner at all times
 - ✓ As an ELGT Junior Volunteer; you will be a role model to the youth you are working with. Keep this in mind when you are interacting with participants and staff.
- Interact with youth in a safe way
 - ✓ Understand that for safety and comfort reasons, you must abide by the "keep your hands to yourself" policy. There should be absolutely no rough housing, lifting youth off of the ground, etc.
- Be on time for all scheduled appointments
- Call a staff member if I am unable to attend a scheduled meeting or shift
- Keep all conversations professional and appropriate
 - ✓ Remember that you are always within ear shot of youth. Please save conversations about topics not directly related to your position as an ELGT Junior Volunteer for "off duty" hours.
- Adhere to all group policies
- Alert appropriate staff members about any problems with youth that may arise
- Dress appropriately for a position working with youth
 - ✓ Shorts should be mid-thigh length
 - ✓ Wear closed toed shoes
 - ✓ Wear clothing that you are able to freely move in
- Keep all contact with club members and staff limited to scheduled volunteer hours.

I understand that I will be removed from my volunteer position if any of these guidelines are not met.

 ELGT Junior Volunteer Name *(Please Print)*

 ELGT Junior Volunteer Signature

 Date

 Parent/ Guardian Name *(Please Print)*

 Parent/ Guardian Signature

 Date



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ELGT Junior Volunteer Group Behavior Management Policy (PLEASE PRINT CLEARLY)

Philosophy

East Liverpool's Got Talent recognizes that you are young adults and we strive to treat you as such. In order for this to happen, we ask that all members take responsibility for their actions and behave in a manner that makes this environment possible. As a member of the ELGT Junior Volunteer Group you understand you are responsible for your behavior and will act in a manner that is respectful to yourself and your environment. We understand that people of all ages make mistakes and mistakes are a part of learning and personal growth. East Liverpool's Got Talent staff will strive to allow our members to learn from their mistakes by providing you with opportunities to overcome behaviors that are barriers to personal growth. ELGT asks that all members refrain from behavior that can be considered:

- Dangerous - anything that could hurt yourself or someone else.
- Disrespectful – anything that could hurt someone else's feelings, including talking back to staff.
- Destructive – anything that could break something that belongs to you, another member, or East Liverpool's Got Talent and its equipment.
- Disruptive – anything that prevents the group from completing its activity.
- Dishonest – anything that involves lying, cheating, or stealing.

Behavior Management Procedures

The following steps will be taken by East Liverpool's Got Talent in the event of behavior problems:

- Staff will communicate with the individuals involved in an attempt to resolve the situation.
- Staff will immediately respond to further behavior from those involved in negative behavior, and consequences for the continued behavior will be implemented. (These may be loss of privileges, service to the group or suspension from group activities)
- In the event of continued behavior management issues, the parties involved may be asked to remove themselves from ELGT Junior Volunteer Group Activities. In the event the member refuses, East Liverpool Area Police may be contacted and a no-trespass order may be issued.
- In order to provide a positive and safe environment a Suspension, Referral to outside programming, or Loss of Membership may be required for continued negative behavior.

Member Expectations

As a Member you are asked take into consideration East Liverpool's Got Talent's expectations and are asked to follow them at all times.

- Respect for self
- Respect for others
- Respect for East Liverpool's Got Talent and/or event site property.
- Responsibility for your actions

Zero Tolerance Policy

All parties involved should be aware that East Liverpool's Got Talent has a zero tolerance policy towards violence, weapons, threats, intimidation, harassment, vandalism, and use of any alcohol, tobacco, or drugs during group activities. **Immediate Suspension** and possible loss of membership will occur should any member be involved in any of the above listed behaviors. Members and parents/guardians of members not yet of legal age understand that they will be required to pay all fees/damages incurred from any behavior that violates East Liverpool's Got Talent policy. If you have any questions regarding these policies, please feel free to contact East Liverpool's Got Talent at (330) 932-0490 or the ELGT Junior Group Coordinator assigned to you.

I, _____, have read and agreed to all policies and procedures listed in the ELGT Junior Volunteer Group Behavior Management Policy.. I have directed all questions about these policies to the ELGT Junior Volunteer Group Coordinator. I will discuss the ELGT Junior Volunteer Group consequences for not following the rules outlined in the Behavior Management Policy with my parents. I also agree to support the rules and consequences detailed in the ELGT Junior Volunteer Group Behavior Management Policy.

 ELGT Junior Volunteer Member Name

 ELGT Junior Volunteer Member Signature

 Date



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ELGT Junior Volunteer Group Parental Agreement, Medical Release and Permission Slip (PLEASE PRINT CLEARLY)

Name and Address	
ELGT Junior Volunteer Name (First, MI, Last)	Parent(s) Name
Address	City, State, and Zip Code
Home Phone	Alternate Phone (please specify)
Male or Female (please circle)	Youth Date of Birth

In consideration of the wholesome recreation and learning experience in which my child will participate, I/we as parent(s) or guardian(s) of the above named youth do hereby agree to allow my child to join the ELGT Junior Volunteer Group and accompany the group to their organized group trips or activities. I/we acknowledge receipt of an information sheet describing the planned events. I/we understand that my child assumes responsibility for proper behavior and compliance with the rules.

I hereby grant permission to East Liverpool's Got Talent, or the ELGT Junior Volunteer Group's adult leaders in charge, to obtain medical care from a licensed physician, hospital or medical clinic for my child in the event that I cannot be reached.

Check one of the following:

My Child is covered by hospitalization and medical insurance issued by _____ under policy number _____. The policy holder is _____.

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my child.

Add any other information concerning medication, allergies, illness, dietary restrictions, etc:

By signing below, the parent/guardian gives consent to the said child to participate in ELGT sponsored activities. The undersigned agrees to hold harmless (which means to not assign blame or legal responsibility) East Liverpool's Got Talent, its officials, ELGT Junior Volunteer Group leaders, chaperones, and those workers assisting in activities from liability, claims, demands, actions and causes of action arising out of or relating to any loss, damage or injury sustained in connection with my child's participating in activities, including transportation to and from activities. Parent further agrees to resolve any dispute arising from any harm where the matter is, by mutual consent, deemed not covered by this consent or over the consent itself, by submission to binding arbitration. Parents/guardians of participants are advised that photographs or video recordings may be used in publications, websites or other materials produced from time to time by East Liverpool's Got Talent (participants would not be identified, however, without written consent). Parents/guardians who do not wish their child/children to be photographed or filmed should notify by name East Liverpool's Got Talent in writing. Please note the ELGT Junior Volunteer Group Leaders have no control over the use of photographs or video taken by media that may be covering the event in which your child/children participate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date