



VOLUNTEER GUIDELINES FOR YOUTH WORKERS

Thank you for your interest in working with The Salvation Army. We are grateful to have you. We take seriously our responsibility to provide you and our youth with a safe, fulfilling experience. We live in an age in which child abuse is a reality in our society. We are all responsible to protect the children in our care. Our organization has implemented policies that strive to safeguard our children while promoting a positive, nurturing environment for their development. The guidelines below are to be strictly followed by anyone working in the youth program. We thank you for your diligence and care.

TEAM LEADERSHIP

Whenever feasible a youth will not be in the primary care of only one adult. Teams of adults will supervise activities. In some situations both male and female adult supervisors may be needed. This policy has three purposes: it provides for more than one adult to help ensure appropriate levels of supervision, it protects adults from unfounded allegations, and it lessens the possibility of an adult becoming a "guru" who thrives on the dependency of youth as well as an adult having undue influence over an individual youth.

OVERNIGHT ACTIVITIES

At least two adults will supervise overnight activities. If the participants are male and female, their male and female chaperones must be present. If these conditions cannot be met, then the event should be postponed. It is never appropriate for an adult chaperone who is not a family member to share a bed with a youth. Males and females attending events must not share the same sleeping quarters and should have separate access to bathroom facilities. Experienced adult workers should be included with adults who are newcomers to youth work.

INDIVIDUAL COUNSELING

Team counseling is preferable whenever possible. When team counseling sessions are not feasible, notify another adult of the location and with whom you are meeting. Counseling should be done in a public place where private conversations are possible but occur in full view of others. Guard carefully to avoid seclusion. Have female adults counsel female youths and males counsel males. A male/female team is generally appropriate for counseling either gender.

LONG-TERM COUNSELING

Workers may not be prepared or supported to provide long-term counseling or formal therapy to participants. Workers are encouraged to refer program participants who they suspect have a serious need for counseling to professionals in the community. Questions about referral should be discussed promptly with the program leader.

INFORMAL CONTACT (INDEPENDENT OF ORGANIZED ACTIVITIES)

Informal contact refers to phone calls, letters, or face-to-face contact between an adult worker and a youth and is not connected to "official" activities. The organization recognizes that informal contact between worker and youth may frequently occur. This interaction is usually legitimate and beneficial. However, workers should seek permission of parents before having informal contact with their child. The worker should clearly let the parent know the nature of the contact and that it is not part of the organization's activity. Parents are responsible for monitoring this informal contact.

TRANSPORTATION TO AND FROM MEETINGS:

Transportation to and from meetings is generally not part of organizational activities. Parents are responsible for providing or arranging for this transportation. Parents are discouraged from asking workers to transport children. However, if a worker does transport a child at the parent's request, this should be recognized as informal contact (not a part of the organization's activities), and the guidelines for informal contact should be followed (see paragraph above).

NOTE: This Practice Is Discouraged Because It Frequently Leads To Problems. However, If Your Organization Chooses To Allow This On A Limited Basis, We Suggest You Ask Parents To Initial., A Memo Explaining That These Rides Are Not A Part Of Organized Activities And The Parents Is Responsible For Supervising Such Activity.



Name _____ Email _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth ____/____/____ Home Phone # (____) _____

Parent's Name _____ Work # (____) _____ Cell# (____) _____

Emergency Contact _____
Name Relationship Home Phone# Work Phone #

Name of School _____ Grade (Circle) 9 10 11 12 Graduation Year _____

Career Interests _____

Present Employer _____ Work Phone # (____) _____ Hours Worked _____

Volunteer Experience _____

Interests, Skills, School Activities, Hobbies _____

Family Physician _____ Phone # (____) _____

Limitations Related To Health _____

REFERENCES:

Please choose your references from among the following: teachers, minister, principal, employer, adult volunteer here at The Salvation Army:

- 1. Name _____ Phone # (____) _____ City _____ State _____ Zip Code _____
- 2. Name _____ Phone # (____) _____ City _____ State _____ Zip Code _____
- 3. Name _____ Phone # (____) _____ City _____ State _____ Zip Code _____

I Want To Volunteer Summers Only Year- Round Limited School Project

Applicant's Signature _____ Date ____/____/____

Parent's Signature _____ Date ____/____/____

Your signature indicates your approval for your child's participation in the teen volunteer program and your acknowledgment that he or she is in good health.

Opportunities for volunteers are provided without regard to religion, creed, race, national, origin, age, or sex.

Note: some organizations require additional school verification of class work.