

After School Volunteer

Role: Provide general support for After School Program. Assist children with homework, studying and other academic needs. Assist with enrichment and recreational activities. Serve as a role- model for children. This position is expected to support a sense of "community" through the development of positive, cooperative relationships with children, staff, and other volunteers.

Essential Functions:

- Assist children in completing homework or with any other academic support
- Help answer children questions as they work through their homework and other parts of their day
- Participate in enrichment and recreational activities to include special functions, community service projects, snack time, outdoor games, large group and center activities
- Help the children with light routine clean up and organization of play equipment
- Serve a positive role model to the children within the mission of the Monster Club standards and expectations

Qualifications and Requirements:

- Must be between 13-17 years of age
- Complete the Volunteer Application
- Must provide two references from a non-relative or friend
- Enjoy working with children
- Be highly motivated
- Must be well groomed and appropriately dressed
- No Court Ordered Community Service is allowed

Time Commitment:

- After School program are implemented Monday-Friday from 2:00pm-6:00pm
- Commit to a regular after school day (minimum 2 hours per week)

Volunteers needed over the school year:

- Fall Session volunteers needs: August-December
- Winter/Spring Session needs: January-June

Support:

A brief orientation and overview of the volunteer responsibilities is provided in a one-on-one meeting with the Monster Club Coordinator to introduce the volunteer to Monster Club's Code of Conduct, Operating Policies and Procedures and duties. This meeting will take prior to the volunteers first volunteer day.



Volunteer Application

The following information is necessary for our records. The answers are completely confidential. Your cooperation in providing current information is both appreciated and necessary.

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Birthday: _____ Age: _____
Name of School: _____ Current Grade: _____
City: _____ Do you need Community Service? Yes _____ No _____
How Many Hours? _____
Are there any medical conditions that may affect your ability to volunteer? _____

Parent/Guardian: _____ Relationship: _____
Street Address (if different from above) _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email Address: _____
Parent/Guardian: _____ Relationship: _____
Street Address (if different form above) _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email Address: _____
Emergency Contact: _____ Home Telephone: _____
Cell Phone: _____ Work Phone: _____

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for terminating the volunteer relationship. I authorize verification of all information contained in this application.
As a Monster Club volunteer I agree to follow all Monster Club guidelines and policies. I am aware that Monster Club has the right to release me from service any time, just as I have the right to withdraw from volunteer service at any time.

Volunteer Signature Date

Parent/Guardians:
I have read and understand this application and give my child permission to be a volunteer at Monster Club. I accept full responsibility for my child's participation in this program and support my child and the Monster Club in this commitment.

Parent/Guardian Signature/ Date Parent/Guardian Signature/ Date

Monster Club Representative/ Date Community Director / Date

RSC/VP RSC/VP

REFERENCE FORM

List two personal character references that have known you for at least one year or longer and are not friends or related to you by blood or marriage. Please list phone numbers where these individuals may be reached during the day (if they work, you may provide their business number or cell phone number).

(1) Name/Title of person providing information: _____
Relationship to volunteer applicant: _____
How long have you known the volunteer applicant? _____
Telephone Number: _____
Reference Signature: _____ Date: _____

1. What three character traits would you use to describe the volunteer? _____

2. How is his/her attendance? Any tardiness? _____

3. Is he/she conscientious? _____

4. Is he or she responsible when completing assignments? _____

5. What are his/her strengths? _____

6. Is he/she an honest person? _____

7. How is his/her ability to get along with others? _____

8. Would you recommend him/her for this position? _____

9. What are his/her areas needing improvement/development? _____

10. Is there anything you could add that would promote or encourage this volunteer retention decision? _____

OFFICIAL USE ONLY

Reference Verified: _____ Date Completed: _____

Monster Club Representative: _____ Date: _____

Community Director: _____ Date: _____

REFERENCE FORM

List two personal character references that have known you for at least one year or longer and are not friends or related to you by blood or marriage. Please list phone numbers where these individuals may be reached during the day (if they work, you may provide their business number or cell phone number).

(2) Name/Title of person providing information: _____
Relationship to volunteer applicant: _____
How long have you known the volunteer applicant? _____
Telephone Number: _____
Reference Signature: _____ Date: _____

1. What three character traits would you use to describe the volunteer? _____

2. How is his/her attendance? Any tardiness? _____

3. Is he/she conscientious? _____

4. Is he or she responsible when completing assignments? _____

5. What are his/her strengths? _____

6. Is he/she an honest person? _____

7. How is his/her ability to get along with others? _____

8. Would you recommend him/her for this position? _____

9. What are his/her areas needing improvement/development? _____

10. Is there anything you could add that would promote or encourage this volunteer retention decision? _____

OFFICIAL USE ONLY

Reference Verified: _____ Date Completed: _____

Monster Club Representative: _____ Date: _____

Community Director: _____ Date: _____

Monster Club Volunteer Guidelines

- Volunteers must be 13-17 years of age.
- Volunteers are required to attend and participate in a volunteer orientation/training program. This program is intended to introduce volunteer to Monster Club's Code of Conduct, Operating Policies and Procedures and Volunteers' duties.
- **VOLUNTEERS MUST MAINTAIN STRICT CONFIDENTIALITY** about information they may see and/or hear concerning club members, residents and/or Team members.
- Volunteers should set a good example for club members by their manner, appearance, behavior and should be well-groomed and appropriately dressed. Volunteers must wear ID name tag at all times.
- Volunteers are required to adhere to the Monster Club's Code of Conduct and Policies and Procedures.
- Volunteers must **Sign In** and **Out** daily.
- Volunteers **MAY NOT EVER** touch club members in any way that is aggressive, disciplinary or sexual in nature.
- Volunteers are **NOT** allowed to bring anyone to Monster Club during volunteer hours.
- Volunteers may not conduct personal business while at Monster Club, which includes use of cell phones.
- Volunteers must always be supervised by a Coordinator or Counselor. Volunteers are **never** left alone with club members.
- Volunteers are **NOT ALLOWED** to discipline club members. All discipline problems are to be reported immediately to the Coordinator.
- Volunteers **may never** give any medication to club members.
- Volunteers should not laugh at or belittle club members.
- Volunteers who have concerns regarding club members should **Only** discuss with Coordinator, immediately.
- Volunteers may not have informal conversations or meetings with parents/guardians or other Team members.
- Volunteers will refrain from personal conversations with Coordinator, Counselor, other Volunteers and other Community Team members.

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for terminating the volunteer relationship. I authorize verification of all information contained in this application.

As a Monster Club volunteer I agree to follow all Monster Club guidelines and policies. I am aware that Monster Club has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

Volunteer Signature

Date

Parent/Guardian Portion

I have read and understand this application and give my child permission to be a volunteer at Monster Club. I accept full responsibility for my child's participation in this program and support my child and the Monster Club in this commitment.

Parent/Guardian Signature

Date

Monster Club Representative

Date

Community Director

Date

LIABILITY/ PHOTOGRAPHIC RELEASE FORM

Community Name: _____

Date: _____

I/We have read and understand the policies and procedures regarding the volunteer guidelines for the Monster Club Program and have completed and submitted the student volunteer application and other appropriate paperwork for consideration. I/We understand that despite the supervision by Monster Club personnel, involvement in Monster Club activities could result in a personal injury and/or property damage. In consideration of my child volunteering their time in the Monster Club program, the undersigned, for my/our heirs, executives and administrators, do hereby release, waive, covenant not to sue, hold harmless and forever discharge the above referenced community, Concord Management Limited, Monster Club Foundation Services, Inc. and their respective agents, partners, employees, representatives, successors and assigns of any and all claims, including liabilities, actions, damages, cause of actions, costs and expenses that I/we or my child may have against them in any way connected with my child's assisting with any activities in the Monster Club Program, including those related to travel to and from the activities and any and all personal injuries and property damage sustained by the undersigned or my/our child before, during and after participation in any of these activities. I/we agree that this waiver of rights includes but is not limited to any claims based on negligent, acts or omissions of any of the individuals or entities listed above. I/we also give consent for photographs or videos in which my child(ren) may appear, to be used for general publicity and promotional/ marketing purposes of Monster Club.

Print Name/Signature of Volunteer

Date

Print Name/Signature of Parent/Guardian

Date

Monster Club Representative

Date

Community Director

Date



Volunteer Questionnaire

The following information is necessary for our records. The answers are completely confidential. Your cooperation in providing current information is both appreciated and necessary.

The Monster Club program you are volunteering for: Community Name: _____

How often are you willing to serve in the Volunteer Program? _____

What days/hours are you available? _____

Do you have relatives attending this program? _____

Relationship to child (ren)? _____

Names of child (ren)? _____

Tell us about your educational background; (Highest Grade Level Completed) _____

Are you attending School Now? _____ If so, where? _____

Language spoken other than English? _____

Language written other than English? _____

Do you have any Health/Physical Limitations that may affect your ability to volunteer? _____

Tell us about your work experience? _____

Have you volunteered for other organizations? _____

Position/Dates/Organization? _____

What do you want to gain from your volunteer experience? _____

Tell us about your hobbies /interests/Special skills? _____

What do you do for fun? _____

Is there anything else you would like us to know about you? _____

Is there anything you could add that would promote or encourage this decision? _____

To become a Monster Club Volunteer I understand that I must complete an application and that a reference check will be processed. I understand that I am offering my services to the Monster Club Foundation Services, Inc. without compensation. Once I become a volunteer, I agree to abide by all Monster Club Policies and Procedures, Code of Conduct and Volunteer Guidelines.

Print Name: (First, MI, Last)

Date

Signature of Applicant

Date

Monster Club Representative

Date

Community Director

Date

Margaret Brooks
Monster Club Coordinator

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Leesburg, FL 34748
Monster Club: 352.787.9705
Margaret.Brooks@ConcordRents.com



MonsterClubFoundation.org