



## 2020 Youth Volunteer Application

Horizons Savannah's Youth Volunteer program provides an opportunity for students ages 15-18 to give back to their community. Youth Volunteers are vital to the success of our summer program. Volunteering with Horizons gives students the opportunity to interact with younger children, demonstrate skills such as responsibility and cooperation, serve as role models for other youth, and to practice good work habits.

Interested youth ages 15-18 that can commit to **at least 60 hours of service** during the period of June 1st - July 17th, 2020 are encouraged to apply. **All volunteers must attend mandatory training on May 28th, 2020.** Youth Volunteers that complete their service will be recognized.

Please return this application to Christy Edwards, Horizons Director, by no later than April 30<sup>th</sup>, 2020. Applications can be emailed to [cedwards@savcds.org](mailto:cedwards@savcds.org) or delivered to the Horizons office at Savannah Country Day School or mailed to Horizons Savannah, 824 Stillwood Drive, Savannah, GA 31419. Included in this packet are waivers and a code of conduct that must also be signed. **All NEW volunteers are required to complete the background screen consent form. Please fill in all the requested information on the background screen form.**

Have questions? Contact Christy Edwards at [cedwards@savcds.org](mailto:cedwards@savcds.org) or 961-8854.

## **Responsibilities and Requirements for a Horizons Youth Volunteer**

### **Skills Needed**

1. Desire to share your talents and interests with Horizons students.
2. Be respectful of people who are different than you, respectful of other students, volunteers and program staff.
3. Be reliable, trustworthy and honest.
4. Ability to solve problems and think creatively.
5. Show enthusiasm for your job and have fun!

### **Job Description**

- Work with children grades K-8 in the classroom, assisting the teacher and co-teacher with daily activities.
- Under the guidance of the teacher, work individually with students on reading and math.
- Supervise and participate with the students during recreational activities and encourage sportsmanship, teamwork and an active lifestyle.
- Serve as a role model for students in the program.
- Attend and participate in instructor led, lifeguard supervised swimming lessons to encourage students and foster a love of swimming.
- Attend and help with any off site activities such as field trips.

### **Program Hours**

- Monday – Friday, June 1st - July 17th 2020, 8:30am-3pm, **Closed the week of June 29th-July 3rd.**
- Volunteers must arrive no later than 8:30am and are asked to stay the entire day.

# 2020 Youth Volunteer Application

Please fill in all the following information and return with signed waivers and forms by no later than April 30th, 2020 to Horizons.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

In the case of an Emergency, who should we contact?

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Please describe any special medical conditions or needs we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**About You**

Are you an alumnus of the Horizons Program (you attended as a student)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what was the last year you attended Horizons? \_\_\_\_\_

Have you volunteered or worked with Horizons in the past?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, in which year(s)? \_\_\_\_\_

**New Volunteers** please answer the following questions:

My hobbies/interests are:

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I want to volunteer with Horizons because:

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What do you hope to gain from your volunteer experience with Horizons?

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**Days Available to Volunteer:** We ask that you be available to spend the whole day with our program (8:30am-3:00pm). This helps limit disruptions of daily routine for our students. Please be realistic and remember that we require a commitment of at least **60 hours with our program (10 days)**. We encourage you to do more than the required amount. Please circle the days you are available.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
June 1st	June 2nd	June 3rd	June 4th	June 5th
June 8th	June 9th	June 10th	June 11th	June 12th
June 15th	June 16th	June 17th	June 18th	June 19th
June 22nd	June 23rd	June 24th	June 25th	June 26th
July 6th	July 7th	July 8th	July 9th	July 10th
July 13th	July 14th	July 15th	July 16th	

Training: **All volunteers are required to attend training on Thursday, May 28th, from 8:30am-1:30pm.**

**Required Signature:**

I attest that the information I provided in my application is correct to the best of my knowledge. I agree to attend the required volunteer training and to report to my volunteer assignments on my scheduled days. I also agree to uphold the policies of the Horizons program and those of Savannah Country Day School or any other site facilities and I understand that a violation of these policies may result in the dismissal of my services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Horizons Volunteer  
Release of Liability/ Photo Release**

**For Volunteers Under the Age of 18**

I hereby give permission for my child

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**Your Child's First & Last Name**

to participate in Horizons.

On behalf of my child, myself, and my child's other parent or guardian, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, excepting only intentional acts and gross negligence, Horizons Savannah, Savannah Country Day School, St. Andrew's School, Savannah Christian Preparatory School, Bethesda Academy and the officers, employees, agents, or volunteers of the above listed organizations from any and all liabilities, claims, demands, or injury, including death, that may be sustained by my child while participating in Horizons. I know of no medical reason why my child should not participate. I also consent to the appropriate use by Horizons or SCDS of the above named student's picture, likeness or other representation which may be recorded, reproduced or displayed by means of photographic film, audio or video tape, or digital media for use in the promotion of Horizons. I understand that my child is honor bound to follow all rules of conduct specified by Horizons Savannah and if not, may be dismissed from duties. I also authorize Horizons Savannah to provide first aid and/or seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child.

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**Parent Signature**

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**Date**

**Volunteers over the age of 18**

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**Your First & Last Name**

By signing this form I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, excepting only intentional acts and gross negligence, Horizons Savannah, Savannah Country Day School, St. Andrew's School, Bethesda Academy, Savannah Christian Preparatory School and the officers, employees, agents, or volunteers of the above listed organizations from any and all liabilities, claims, demands, or injury, including death, that may be sustained while participating in Horizons. I know of no medical reason why I should not participate. I also consent to the appropriate use by Horizons or SCDS of my picture, likeness or other representation which may be recorded, reproduced or displayed by means of photographic film, audio or video tape, or digital media for use in the promotion of Horizons. I understand that I am honor bound to follow all rules of conduct specified by Horizons Savannah and if not, I may be dismissed from duties. I also authorize Horizons Savannah to provide first aid and/or seek medical attention for myself if I am injured and/or harmed and need immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to me.

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**Volunteer Signature**

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**Date**

# HORIZONS

## Volunteer Code of Conduct

Volunteers must attend the Volunteer Program Training.

Depending on the volunteer assignment, the Volunteer is an assistant to the Horizons Lead Teacher, Specialty Teacher or Program Director and will aid in the classroom, gym or office duties as requested by the Teacher/Program Director/Executive Director.

Volunteers must sign in and out every day.

Volunteers are required to attend each day of their assigned schedule. The staff and the students are counting on you to be there.

If a volunteer is to be absent, a phone call must be placed to the Horizons office (912) 961-8854 by 8:00 AM each morning of absences. Messages are accepted; however, the volunteer must make the phone call himself or herself.

Volunteers must stay with their assigned supervisor/teacher for the duration of their time at Horizons, unless assigned to an alternative duty as requested by the program director or executive director.

Volunteers are expected to actively participate in sports and academic activities. This includes participating alongside students, swimming, coaching and cheering students, providing academic help in the classroom, reading to students, etc.

Volunteers are expected to act as a positive role model for the students.

Dress code is presentable, casual and comfortable. You will be provided with a Horizons t-shirt to wear each day.

No cell phones/electronic devices are to be used during the program day. Texting while on duty is grounds for being dismissed from the program. Horizons is NOT responsible for any valuables brought to the program. Leave valuable items at home.

As a volunteer in charge of children, the safety of the students should be always in the forefront of your mind. If an accident/incident occurs, it is your responsibility to report it immediately to the Lead Teacher and/or nurse. All injuries must be reported.

All waivers and forms and a background check must be completed prior to serving as a volunteer.

**\*\* I HAVE READ AND UNDERSTAND THE VOLUNTEER CODE OF CONDUCT. I will abide by these rules:**

NAME of VOLUNTEER: (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For volunteers under the age of 18, a parent or legal guardian must sign. By signing, you are affirming that you child has read, understands and shall abide the Volunteer Code of Conduct.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# ALL NEW VOLUNTEERS MUST COMPLETE THIS FORM

ORIGIN DIAGNOSTICS  
3812 Sepulveda Blvd. #200  
Torrance, CA 90505  
(800) 440-6695

PEOPLE FACTS EMPLOYMENT SCREENING  
CBCInnovis, Inc.  
P.O. Box 535595  
Pittsburgh, PA 15253  
(800) 772-0130

## REPORT REQUEST

### APPLICANT INFORMATION: (Please print all information)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Social Security No: \_\_\_\_\_ \*Male: \_\_\_\_\_ \*Female: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check one: \_\_\_\_\_ US Citizen \_\_\_\_\_ Noncitizen National of the US  
\_\_\_\_\_ Lawful Permanent Resident \_\_\_\_\_ Alien Authorized to Work

Position Applied for: \_\_\_\_\_

### APPLICANT AUTHORIZATION

Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

### FCRA DISCLOSURE

This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*This information is requested solely for purposes of ensuring accurate retrieval of records.

PARENTAL CONSENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Parental consent required for applicants under age 18

### FOR EMPLOYER USE ONLY

Reports requested: (Place checkmark next to report(s) requested and fill in appropriate information)

\_\_\_\_ Credit Report

\_\_\_\_ Social Security Search

\_\_\_\_ Motor Vehicle Report St: \_\_\_\_\_  
License No: \_\_\_\_\_

\_\_\_\_ Nationwide Criminal Report

\_\_\_\_ National Sex Offender Registry

\_\_\_\_ Report (other): \_\_\_\_\_

Available:

\_\_\_\_ Education Verification

\_\_\_\_ Current Employer Verification

\_\_\_\_ Previous Employer Verification

\_\_\_\_ Professional License Verification

\_\_\_\_ Personal Reference Check

Do you want maiden name searched? \_\_\_\_Y \_\_\_\_ N

rev 01/15

\_\_\_\_\_  
Administrator

Date \_\_\_\_\_

\_\_\_\_\_  
Tim Kiene, Chief Financial Officer

Date \_\_\_\_\_