



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Summit Area YMCA Summer VolunTeens Program

Deadline to apply: Wednesday, June 1, 2016

Are you a middle or high school student interested in volunteering during the summer or do you need community service hours to fulfill an organizational requirement? If so, look no further than the Summit Area YMCA.

What is the YMCA Summer VolunTeens Program?

The Summer VolunTeens Program at the Summit Area YMCA is designed for high school students who want to help their communities by volunteering their time for 4 weeks starting July 5, 2016.

What Do VolunTeens Do?

As a VolunTeen, you will have a chance to experience different volunteer opportunities within the Y and at several local non-profit organizations.

VolunTeens rotate each week among four non-profit organizations on a flexible time schedule to meet the demands of each organization (3-5 days per week between the hours of 9:00 am – 4 pm). All are located within the Summit area and the teens will need their own transportation to the locations.

Organizations & Opportunities:

| Week | Non-Profit/Location | Time | Description of Volunteer Opportunity |
|-----------------|---|-----------------------------------|---|
| 6/30/2016 | Summit YMCA 67 Maple Street Summit, NJ Weidman Conference Room | 4-5pm | <i>Orientation Meeting for the VolunTeens program. Introduction to Sage Eldercare.</i> |
| #1 7/5-7/7 | Reeves Reed Arborteam 165 Hobart Avenue Summit, NJ | 10-12pm | <i>Volunteens will participate in the Horticultural classes as well as assist staff in prepping for camp.</i> |
| #2 7/11-7/14 | Summit YMCA 67 Maple Street Summit, NJ | time varies between 10- 1pm | <i>Volunteens will join our Volunteer Service Camp to partake in specialized volunteer opportunities. These include: drawing a teen mural, visiting a food pantry, visiting Grow-A-Row, the library and volunteering at camp one day.</i> |
| 7/15/2016 | NJ Sharing Network 691 Central Avenue New Providence, NJ | 10-1pm | <i>"Day of Service" with NJSN. Teens will get a tour of the facility, interact with employees as well as participate in a small volunteering opportunity while there.</i> |
| #3 7/18-7/22 | Visual Arts Center 68 Elm St Summit, NJ | 9-3pm | <i>Kids' Art Camp Volunteers –VolunTeens will assist with preparing art classes, assisting teachers in the classroom, distributing lunch/snacks, overseeing lunch periods, helping with art exhibitions and more.</i> |
| #4 7/25-7/29 | Sage Eldercare | 11:45- 3:15pm | <i>VolunTeens will provide assistance in the 'Spend a Day' senior day care center assisting with activities, lunch, games, and companionship.</i> |
| 8/1 | Wrap-Up Event 67 Maple Street | Ice cream social 4-5pm | <i>VolunTeens Evaluations, VolunTeen Service Certificates & Wrap-up event</i> |

BERKELEY HEIGHTS YMCA

A branch of the Summit Area YMCA.

550 Springfield Avenue | (P) 908 464 8373
Berkeley Heights, NJ 07922 | (F) 908 508 1059

SUMMIT YMCA

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The VolunTeens Program can...

- Enable you to help others in your community.
- Give you work experience for job applications.
- Help you stand out on college and scholarship applications.
- Fulfill school or other service requirements.
- Help you explore future careers while learning new skills.
- Expose you to new people and experiences.
- Be Fun!

Requirements to be selected as a VolunTeen:

- 14-16 years old.
- Pass a screening interview.
- Attend a volunteer orientation.
- Feel comfortable working with youth, young adults and the elderly.
- Have a reliable means of transportation to get to and from your volunteer jobs.
- Be friendly, dependable and trustworthy.
- Available during the period of July 5 to July 29, 2016.

How the process works:

1. Read the information here and talk with your parents or guardians about your interest in volunteering.
2. Decide if you can meet the time commitment of this volunteer program and talk about how you'll get to and from your volunteer jobs. Make sure you have transportation before you sign up for the VolunTeens Program.
3. Please complete the attached Application and Essay Questions as thoroughly as possible. All answers given on the student application portion must be completed in your own words. Feel free to type responses and use extra pages as necessary.
4. Complete the Acceptance and Permission Statement form. A parent or guardian must also sign and provide an email address used for confirmation purposes.

ONLY FULLY COMPLETED APPLICATION PACKETS (Application, Essays, Acceptance & Permission Statement) WILL BE ACCEPTED so be sure to verify all forms have been submitted.

Please mail all documents to the address below or email to Julie.Wagenblast@theSAY.org by Wednesday, June 1, 2016

**Summit Area YMCA
Summer VolunTeens Program
67 Maple Street
Summit, NJ 07901**

6. A staff member will contact you to schedule a one-on-one interview to discuss your interests. Potential candidates will be invited to have an interview with the Summit Area YMCA VolunTeens selection committee to be considered for the program.
7. To ensure the safety of our members and the children we service, we will also do 3 reference checks. Prior to starting, you will be required to attend a **mandatory orientation on June 30, 2016 at 4:00pm**; more information will follow on this.
8. Then you'll be a Summit Area YMCA VolunTeen!
9. At the conclusion of your VolunTeens service, you will be evaluated on your ability to perform assigned duties as well as receive a letter stating hours completed in the program. **For further questions, please contact**

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Julie Wagenblast at 908-273-3330, ext.1140 or julie.wagenblast@theSAY.org

Summer VolunTeens Program Application

Deadline to apply: Wednesday, June 1, 2016

Student Name _____ Email Address (mandatory) _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ Date of Birth: ____/____/____

Name of High School: _____ Year of Graduation: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Address (if different from above): _____

City: _____ Zip: _____ Phone: _____

Emergency Contact _____ Relationship: _____ Phone _____

Are you a member of the Summit Area YMCA (not a requirement) Yes ___ No ___

Skills and Interests _____

Previous volunteer experience (if any) _____

Why do you want to volunteer? _____

Volunteer Interests (please check all that apply):

Acting___ Arts___ Aquatics___ Camp___ Community projects ___ Children ___ Reading___ Seniors___ Sports___ Music ___

Have you ever worked with children? Yes ___ No___ Please explain _____

How did you learn about our VolunTeens program? _____

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Personal References:

Please list three references, including **a close family member**, who have known you for at least one year.

Work Reference _____ Family Reference (Relationship) _____ Other Reference _____ Years Known _____
 Name _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Home or Email Address _____

Work Reference _____ Family Reference (Relationship) _____ Other Reference _____ Years Known _____
 Name _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Home or Email Address _____

Work Reference _____ Family Reference (Relationship) _____ Other Reference _____ Years Known _____
 Name _____ Occupation _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Home or Email Address _____

Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court. ____ NO ____ YES, detail

Answering yes to these questions does not constitute an automatic bar to volunteering but will be considered in relation to the position sought.

I hereby certify that all of the facts set forth in my application are true and complete. I understand that if I engage as a Y Volunteer that any false information on this form or failure to disclose material facts will be considered grounds for discharge. I agree, as a volunteer, to abide by all established policies and procedures of the Y. I further understand that my services are on a volunteer basis for which no compensation or benefits (including workers' compensation) are provided and that these

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services are at will and may be terminated at any time by either party. The Y has my permission to obtain all necessary information from the references I have listed, or any other sources concerning my prior employment, volunteer, or personal history and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me. I understand that all materials produced for the Summit Area YMCA by the volunteer are property of the Summit Area YMCA.

X _____
Signature of Volunteer Applicant Date _____

I consent that photographs taken of myself are property of the Summit Area YMCA and may be reproduced as the Y desires, free of any claim on my part.

X _____
Signature of Volunteer Applicant Date _____

X Parent's Signature (for under 18) _____ Print Name _____ Date _____

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Summit Area YMCA Summer VolunTeens Program Essay Questions Application Deadline to apply: Wednesday, June 1, 2016

Please take the time to fully answer the following questions in your own words. Essay-style answers should be typed or neatly printed on separate sheets of paper.

1. Why are you interested in participating in the Summer VolunTeens Program?
2. What significant school or non-school achievements have you accomplished?
3. Please describe jobs or duties you have had in the community, at school, or at home that demonstrate your dependability, commitment and responsibility.
4. Tell us about your summer plans. Is there anything that would interfere with participation in the program such as vacation, camps, or other commitments?

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Summit Area Summer VolunTeens Program Acceptance & Permission Statement

ACCEPTANCE STATEMENT

I AGREE TO ATTEND THE SUMMER VOLUNTEENS PROGRAM (4 WEEKS). PLEASE NOTE THAT THIS IS A DAY PROGRAM AND THAT TRANSPORTATION TO AND FROM EACH DAILY SESSION IS YOUR RESPONSIBILITY.

X SIGNED: _____ DATE: _____
(STUDENT)

PERMISSION STATEMENT

I HEREBY GRANT PERMISSION FOR MY CHILD TO APPLY TO THIS PROGRAM AND FOR SELECTED REFERENCES TO REPORT MY CHILD'S ACHIEVEMENTS AND PERSONAL CHARACTERISTICS. I UNDERSTAND THAT IF MY CHILD IS ACCEPTED, WE WILL BE RESPONSIBLE FOR HIS/HER DAILY TRANSPORTATION TO AND FROM THE WORKSITE FOR THE DURATION OF THE PROGRAM.

I RECOGNIZE THAT PARTICIPATING IN THE VOLUNTEENS PROGRAM IS A PRIVILEGE AND IN CONSIDERATION THEREOF AM WAIVING ANY CLAIM OR RIGHT FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF OR IN CONNECTION WITH THE PROGRAM. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE SUMMIT AREA YMCA, ITS AGENTS, VOLUNTEERS AND EMPLOYEES FOR ANY AND ALL CLAIMS ARISING OUT OF OR IN CONNECTION WITH THE VOLUNTEENS PROGRAM.

PRINT PARENT NAME: _____ PARENT ADDRESS _____

PARENT EMAIL: _____ PARENT SIGNATURE: _____ DATE: _____

Please return completed form to:

Summit Area YMCA
Summer VolunTeens Program
67 Maple Street
Summit, NJ 07901
908-273-3330 Ext 1140 (phone)/ 908-273-0258 (fax)

APPLICATIONS ARE DUE WEDNESDAY, JUNE 1, 2016

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