



Thank you for your interest!

Our hope is that this initiative will help bring community support and resources to people who are on their journey out of poverty. As a volunteer working with our youth, you are an integral part of the creation of the Thriving Connections community.

Youth Community volunteers provide their energy and resources to contribute to leading and implementing the Thriving Connections Initiative while increasing their own awareness and urgency regarding poverty by actively building relationships across race and class lines, and modeling the way.

For more information contact:



Linda Patton

Thriving Connections Coordinator - helps to manage Thriving Connections as a whole
lindap@insccap.org
(812) 339-3447 ext. 520

Katie Thompson

Thriving Connections Coach-helps manage Thriving Connections leader and ally relationships

Emmanuel Scaife

Thriving Connections ACE - contact person for IU Service Learning Coordination
escaife@uemail.iu.edu
(812) 339-3447 ext. 522

All SCCAP services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

The SCCAP Thriving Connections Initiative is part of the South Central Community Action Program www.insccap.org

SCCAP Thriving Connections Initiative

Youth Community Volunteer Job Description

The Youth Community Volunteer has two primary goals:

- Provide quality, age-appropriate programming for youth of all ages during the Thriving Connections Weekly Community Meetings.
- Increase their own awareness and urgency regarding poverty by actively building relationships across race and class lines, and modeling the way.

Youth Community Volunteer commitment:

- Complete poverty awareness training
- Commit to volunteer on Thursdays from 6:00pm – 8:30pm for a semester, or other time period agreed upon with Thriving Connections staff
- Work together with other volunteers, Youth Community interns, and Thriving Connections staff to implement productive programming for the youth
- Communicate with Thriving Connections staff about availability and scheduling conflicts

SCCAP Thriving Connections Initiative

Youth Community Volunteer Application

Name _____ Today's Date _____

Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

What is the best way to contact you? _____

How did you hear about Thriving Connections?

Date of Birth: _____ Marital Status: Single / Married / Widowed / Divorced

Current place of employment _____

Job Title _____ Years in Position _____

Previous Work Experience _____

Highest grade completed (circle) 1-6 7-8 9 10 11 12 Other _____ Major _____

Do you have a vehicle? _____ Yes _____ No

Why are you interested in participating in Thriving Connections?

What, in your opinion, are the three most common causes of poverty? Please explain:

All participants in the Thriving Connections Initiative are required to do a background check. Background check results will only exclude those with crimes against children.

I am willing to undergo a background check.

Please initial _____

All Youth Community volunteers commit to an initial orientation and training with may be held onsite before my first time volunteering at a weekly meeting. After this initial orientation and training, Youth Community volunteers will be expected to attend weekly meetings as agreed upon with the Volunteer Coordinator. We are flexible with your schedule, but require some predictability to make sure we have adequate volunteer coverage.

I am willing to attend an orientation and initial training.

Please Initial _____

I am willing to read the Youth Community Volunteer Manual (if applicable), adhere to the policies, and ask questions for clarification.

Please Initial _____

I am willing to honor my commitment or let staff know if unforeseen circumstances prevent me from completing my duties.

Please Initial _____

Please note: By completing this application you are neither committed to nor ensured participation in the Thriving Connections Initiative. Regardless, we appreciate your interest and the time you took to complete the Volunteer Application.

Signature _____ **Date** _____

South Central Community Action Program, Inc.

Volunteer Registration

Name _____ Birth Date _____

Address _____

Phone Number _____ Email _____

Volunteer Position (circle all that apply):

Youth Community Volunteer

Meal Volunteer

Transportation Volunteer

Circle Ally

Guiding Coalition

I would like to volunteer (circle one):

Weekly

Bi-Weekly

Monthly

When Needed

I am available (circle one):

Evenings and Weekends

Weekdays (list days and times): _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Family members who might attend Thriving Connections functions with you:

Name _____ Birth Date _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Name _____ Birth Date _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

South Central Community Action Program, Inc.

Criminal Record Declaration

South Central Community Action Program (SCCAP) and the Thriving Connections Initiative require a background check of all participants in order to identify and limit potential danger to all participants, especially children. SCCAP will assess the relevancy of any arrests, pending criminal charges or convictions on an individual basis. SCCAP reserves the right to require additional information as necessary to assess the relevancy of any and all information you provide below.

PLEASE NOTE - You need not list the following:

- Any traffic fines of \$200.00 or less
- Any offenses, other than offenses related to child abuse and/or child sexual abuse or violent felonies, committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law
- Any convictions the record of which has been expunged under federal or state law
- Any conviction set aside under the Federal Youth Corrections Act or similar state law.

Please list all pending and prior criminal arrests and charges related to child sexual abuse and their disposition. Include dates and jurisdiction. If none, state NONE. Use additional sheets if necessary.

Please list all convictions related to other child abuse and neglect. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

Please list all convictions of violent felonies. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

I understand that providing false or misleading information could result in my not being considered for the Thriving Connections Initiative. I declare, under penalties of perjury, that the above is true and correct to the best of my knowledge.

Applicant Printed Name _____

Applicant Signature _____ Date _____

SCCAP Thriving Connections Initiative

Photo and Media Release

I hereby grant the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative / Thriving Connections Campaign** permission to use my likeness in a photograph, video, or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will be the property of the above organizations.

I hereby irrevocably authorize the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative / Thriving Connections Campaign** to edit, alter, copy, exhibit or distribute this photo for the purposes of publicizing the above organizations' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative / Thriving Connections Campaign** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contact in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME

DATE

SIGNATURE

DATE

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

PRINTED NAME

DATE

SIGNATURE

DATE

SCCAP Thriving Connections

Confidentiality Statement

We want you to know that confidentiality is extremely important in the Thriving Connections community. However, there are a few exceptions:

- In the case of potential or suspected abuse or neglect
- In the case of suicide or attempted suicide
- In the case of harm or attempted harm/plan to attempt harm to yourself or someone else

In Indiana everyone is mandated to report suspected child abuse or neglect. For the safety of everyone in the Thriving Connections, a Thriving Connections staff member may need to call child protective services or the police in the above cases. The purpose of mandated reporting is to ensure safety. Please take your concern directly to any of the Thriving Connections staff.

I understand that the relationships within the Thriving Connections community are confidential. Volunteers will not share information unless a report is needed to ensure safety.

Volunteer Signature _____ Date _____

Volunteer Print Name _____