Assistees Auxiliary Membership Information/Instructions

Assistees, an auxiliary of Assistance League of Fresno, is beginning the process of accepting teen girls and boys entering the ninth grade for the 2021-2022 school year.

Please read all attached documents and return (7) fill in forms only beginning January 11, 2021 and no later than February 28, 2021. Incomplete applications will not be considered. Send to:

Assistance League of Fresno
2037 W. Bullard Avenue PMB 306
Fresno, CA 93711

Notification of acceptance to membership will be emailed to you by March 31, 2021.

If you have questions, please call or text Wendy Yeh (559)917-4453

Required 7 forms:

- Assistees Auxiliary Membership Agreement
- Assistees Auxiliary Membership Profile 2021-2022
- Assistees Code of Conduct
- Release of Liability Agreement
- Guideline for Assistees Consent Form
- Photo Consent Form
- Confidentiality Policy
ASSISTEENS AUXILIARY MEMBERSHIP AGREEMENT
An Auxiliary of Assistance League of Fresno
2021-2022 (Year)

I ____________________________(Assisteens member) have read the policies and standing rules and agree to meet the following requirements to be a member in good standing.

Volunteer Hours: 40 Service Hours
Including: 1) 2 three-hour shifts at the Thrift Boutique
2) 9 hours of General or Committee Meetings
3) The remainder of the 40 hours can include volunteering at Philanthropic/ Fundraising/ Programs/ Projects designated by Assisteens

Note: Membership may be terminated if minimum 40 volunteer hours are not completed in the fiscal year. Community service hours are awarded for actual hours worked.

Financial Obligations:
Annual Dues: $45, & T-Shirt- required for new members: $15

Meetings:
Attend regular monthly meetings the first Wednesday evening each month, except for December, January, and May. December meeting is held on a Sunday; January meeting is held on the first Wednesday after all school resume classes; May meeting is held on the first Sunday in May.
Expected to participate in and support auxiliary fundraising activities.
Required to volunteer at only designated Assisteens Programs.

Attention Parents:
All newsletters and announcements regarding meetings will be e-mailed.

Required Forms:
Each of the following forms must be signed by parent/guardian and member:
_____ Consent Emergency Medical/Dental Treatment Form
_____ Membership Profile & Membership Agreement
_____ Code of Conduct
_____ Release of Liability/Photo Release

Parent Participation:
Provide transportation if necessary.
Volunteer to help with activities and programs/projects.
Support child in meeting membership obligations.

Assisteens Member Signature  email  date

Parent/ Guardian Signature  email  date
Name __________________________________________________________

Address __________________________________________________________

City ______________________________ State_________  Zip__________

Home Phone ( ___) _________________Cell Phone (____)__________________

Email________________________________ Date of Birth __________________

High School ___________________________ High School Graduation Year ________

School Activities:
______________________________________________________________
______________________________________________________________
______________________________________________________________

Community Activities:
______________________________________________________________
______________________________________________________________
______________________________________________________________

Special Interests or Abilities: (art, music, etc.):
______________________________________________________________
______________________________________________________________
______________________________________________________________
Why do you want to join Assisteens:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is your parent a member of Assistance League? Yes ___ No ___

Is(Are) your sibling(s) a member of Assisteens? Yes ___ (who_________________) No ___

Parent/Guardian Information:
Full Name of Parent/Guardian___________________________________________________

Cell Phone ____________________ Home Phone _______________________

Email __________________________________________________________

Emergency Contact (if other than above)_____________________________________

___________________________________________________________________________
CODE OF CONDUCT

I understand that my attitude and behavior are critical to the success and reputation of the Assisteens Auxiliary. For the good of the organization and my fellow Assisteens, I agree to abide by the following:

1. I will fulfill the expectations of my membership in accordance with Policies of Assisteens Auxiliaries.

2. I will conduct myself in an appropriate manner at all times while participating in Assisteens activities.

3. I will respect fellow Assisteens members and all those with whom I come in contact through Assisteens programs and events.

4. I understand that bullying and harassment will not be tolerated and may result in revocation of membership.

5. I understand that the use of tobacco, alcohol, drugs or gambling will not be tolerated at any Assisteens activity, and may result in revocation of membership.

6. I understand that use of electronic devices during meetings is prohibited. I also agree that I will carefully consider any material placed on the internet or posted in any form of social media in order to preserve and protect the name, image and reputation of Assistance League and Assisteens. I further understand that posting of inappropriate photos or videos will not be tolerated and it will result in revocation of membership.

7. I understand that if I am sent home early due to any misconduct or illness, it will be at the expense of my parent/guardian. In case of such an occurrence, the supervising adults will contact my parent/guardian and will, if necessary, make the travel arrangements.

8. I understand that if I need to leave an Assisteens activity before it is over, I will notify the adult in charge.

____________________________________________            _________________________
Assisteens Member            Date

Please print name: ____________________________________________________________

I have read the above Code of Conduct for the Assisteens Auxiliary. I understand and agree that my Assisteens member will abide by this code as stated.

_____________________________________________              ________________________
Parent/Guardian              Date

Please print name: ____________________________________________________________

* * *
RELEASE OF LIABILITY AGREEMENT

ASSISTEENS® AUXILIARY
An Auxiliary of Fresno

1. I, ________________________, am the parent, and/or legal guardian of ________________________, a minor, hereinafter referred to as “My Child”. My Child is a member of Assisteens, an auxiliary of Assistance League of Fresno. I understand that Assistance League of Fresno is a chapter of National Assistance League®. Assisteens, Assistance League of Fresno and National Assistance League shall hereinafter be referred to as Assisteens.

2. I understand that while My Child is participating in activities for Assisteens there is a risk of injury to him/her, which could result in loss of property, personal injury or death. On behalf of myself, My Child, our heirs, personal representatives, executors and assigns, I release, discharge, indemnify and hold harmless Assisteens, its agents, employees, directors, servants, members, successors, heirs, assigns and volunteers from any claims, causes of action or demands of any nature or cause connected with My Child’s participation. This includes, but is not limited to, damages, attorney’s fees and court costs incurred in connection with any claim or suit based on damages or injuries alleged to have been incurred by My Child while participating with Assisteens.

3. I agree to release, discharge, indemnify and hold Assisteens, its agents, employees, directors, servants, members, successors, heirs, assigns and volunteers harmless from any and all damages and costs incurred by me while my child is participating with Assisteens.

4. I understand that public relations are an important aspect of volunteering at Assisteens. I agree on behalf of myself, My Child, our heirs, personal representatives, executors and assigns to allow Assisteens, and its agents, to use any photographs, video or film taken of me or my child for use in public relations efforts. Assisteens will use all reasonable efforts to notify me of such publication, but notification is not required for the photographs, video or film to be used for public relations’ purposes.

I, ________________________ (Assisteen) have read and fully understand the terms and conditions of this agreement, and I will fully comply with all its conditions.

I, the parent/guardian of ________________________ (name) have read and fully understand the terms and conditions of this volunteer agreement, and I will fully comply with all its conditions.

_________________________           ____________________________
Date                                      Parent/Guardian

_________________________           ____________________________
Date                                      Assisteen

Return this form to Assisteens Coordinator
GUIDELINES FOR ASSISTEENS® AUXILIARY CONSENT FORM

Consent Regarding Transportation

__________________________________, has my permission to travel to and from Assisteens events during the ______________ year (check all that apply):

____ with any adult driver over 21. ______ I volunteer to serve as an adult driver.

____ may only drive her/himself. ______ may drive with other Assisteens in the car.

____ with another Assisteens member who is a licensed driver.

__________________________________  __________________________
Parent/guardian signature                Date

Consent for Emergency Medical/Dental Treatment

I understand every effort will be made to contact me as parent/guardian of ______________ in case of a medical and/or dental emergency while attending Assisteens events during the ______________ year. In the event that I cannot be reached, I hereby authorize the adult in charge of the event to obtain emergency medical and/or dental treatment.

Physician ____________________       Phone ________________

Dentist ______________________      Phone ________________

Parent/guardian contact information:

__________________________________  __________________________
Name                                         E-mail

__________________________________       _________________    _________________
Home phone                     Work phone       Cell phone

Additional person to contact in an emergency:

__________________________________  __________________________
Name                                         E-mail

__________________________________       _________________    _________________
Home phone                     Work phone       Cell phone
Please indicate below any physical problems, allergies, medications, etc., of which we should be aware:

___________________________________________________________________________

___________________________________________________________________________

* * *
PHOTO CONSENT FORM

I give Assistance League® and the auxiliary Assisteens® permission to publish the photograph of _______________________________________. This consent to publish includes, but is not limited to, still and motion pictures, slides, websites, social media sites, DVD and tape recordings (audio and visual) and any other media, whether now known or hereafter devised, an unlimited number of times. I waive and rights of compensation or copyright ownership thereto.

_____________________________________________________________________
Name of Assisteen (please print)

_____________________________________________________________________
Signature of Assisteen

_____________________________________________________________________
Name of Parent/Guardian (please print)

_____________________________________________________________________
Parent/Guardian Signature

_____________________________________
Date
Confidentiality Policy

It is the policy of Assistance League Fresno that board members and employees of Assistance League Fresno will not disclose confidential information belonging to, or obtained through their affiliation with Assistance League Fresno Board to any person, including their relatives, friends, and business and professional associates, unless Assistance League has disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.

Board members, volunteers and employees are cautioned to demonstrate professionalism, good judgment and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view. Upon separation of employment and at the end of a board member’s term, he or she shall return all documents, papers and other materials that may contain confidential information.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including suspension/termination.

Signature

Date