*Assistance League of Diablo Valley is a nonprofit, member volunteer organization dedicated to improving lives in our community through hands-on programs.*

**Assisteens Auxiliary Information Form 2018-2019**

**Assisteens, an auxiliary of Assistance League of Diablo Valley, is accepting applications for young men and women who will be entering grades 7 through 12 in the fall of 2018.**

Name Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_Grade in fall of 2018\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisteens’ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s E-mail (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisteens' E-mail (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School you will be attending in Fall 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size S M L XL Please circle one.

I have read and accept the ***Obligations of Membership*** and ***Code of Conduct*** and would like to submit my name for membership in Assisteens.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and accept the ***Obligations of Membership*** and Parental ***Responsibilities for Participation in Assisteens*** and would like to submit my child’s name for membership in Assisteens.

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents’/Guardians’ Names**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Member Applications for 2018-2019**

Please fill out and sign the attached forms:

* Assisteens Auxiliary Application Form
* Obligations of Membership
* Parental Responsibilities for Participation in Assisteens
* Assisteens Auxiliary Application Form
* Consent Form Regarding Transportation and Photo Releases
* Consent Form for Emergency Medical or Dental Treatment
* A copy of the Assisteens’ California Driver’s License and proof of auto insurance

New members are welcomed in April; dues are due by May 1. Final date for acceptance of new members is September 30 or upon maximum enrollment of 60.

All teens in grades 7 through 12 arewelcome!

A checklist is included to help you ensure all the necessary forms are signed. Applications may be mailed or hand delivered to:

Assistance League of Diablo Valley

2711 Buena Vista Avenue

Walnut Creek, CA 94597

If you need more information or have any questions, please email:

Assisteens Coordinator: Iris Segal, at **iesegal@yahoo.com**

**OBLIGATIONS OF MEMBERSHIP**

**Financial Obligation**

* Dues: $35 annually; remit with application
* Assisteens T-shirt: $15 for all new members, or if needed for returning members
* Sell minimum of two items per fundraiser where applicable
* Sell a minimum of two Fashion Show Tickets

**Time Commitment**

* Minimum commitment of 35 service hours per year
* Staff a minimum of one shift at the Assistance League Thrift Shop
* These hours will be dedicated to philanthropic community service programs, fundraising, monthly regular meetings, governing body meetings, committee meetings, special events, including travel time.

**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 obligations of my membership in accordance with **Policies of Assisteens Auxiliaries.**
2. I will **respect** fellow Assisteens members, adult leaders and all those with whom I come in contact through Assisteens programs and events.
3. I understand that bullying and harassment will not be tolerated and may result in revocation of membership.
4. 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.
5. I understand that use of electronic devices during meetings is prohibited.
6. 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.
7. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Responsibilities for Participation in Assisteens**

In order to make your student’s participation in Assisteens a rewarding and enriching experience, there are certain parental responsibilities that will ensure the safety and success of each teen.

* Attend the required parent/guardian meeting in August or September to discuss expectations and responsibilities of membership
* Ensure your Assisteens member meets their responsibilities of membership
* Provide transportation to regular or committee meetings
* Provide meals for the monthly meetings as required
* Drive to a philanthropic program or fundraising event
* Make phone calls
* Chaperone events
* Assist the Assisteens Liaison, Coordinators and committee members as deemed necessary

Assisteens is a unique experience. We do not require that parents, or guardians, become a member of Assistance League; however, our organization and your child will benefit from your involvement.

I have read the ***Parent/Guardian Responsibilities for Participation in Assisteens*** and accept these responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assisteens Member Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CONSENT FORM FOR TRANSPORTATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) has my permission to travel

to and from Assisteens events during the 2018-2019 year (check all that apply):

O with any adult driver over 21 O I volunteer to serve as an adult driver

O may only drive her/himself

O with another Assisteens member who is a licensed driver in accordance with CA state law

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assisteens Member Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**CONSENT FORM FOR PHOTO RELEASES**

I give Assistance League of Diablo Valley permission to publish in print, electronic or visual format, the likeness or image of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I waive any rights of compensation or copyright ownership thereto.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assisteens Member Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Date**

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CONSENT FORM FOR EMERGENCY MEDICAL OR DENTAL TREATMENT

I understand every effort will be made to contact me as parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) in case of a medical and or dental

emergency while attending Assisteens events during the 2018-2019 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 or Guardian contact information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone Cell Phone

Additional person to contact in an emergency:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone Cell Phone

Parent/guardian signature Date

Please indicate below any physical problems, allergies, medications, etc. that we should be aware of:

**An Auxiliary of Assistance League of Diablo Valley**

**Description and Purpose:** Assisteens is a nonprofit, volunteer organization comprised of teenagers in grades 7 through 12 who are interested in learning the value of volunteering as well as developing leadership and organizational skills. Under the guidelines of the national organization, the members select their own philanthropic programs and raise the funds necessary to implement them. Assisteens also support the chapter’s major fundraiser, Assistance League Way Side Inn Thrift Shop in Lafayette.

The current Assisteens philanthropic programs include hosting two parties for disadvantaged children, one with gifts from Santa and a springtime event; providing bi-monthly activities at a local senior care facility, corresponding with homebound seniors; supplying snack packs for receiving center emergency kits for teens in crisis; and supporting other chapter programs throughout the year.

**History:** Assisteens Auxiliaries have been a part of Assistance League chapters since 1959. Assisteens Auxiliary of Assistance League of Diablo Valley was established in 1977 and are now celebrating our 40th Anniversary.

**Membership:** Membership is limited to 60**.** Membership dues are $35. Regular attendance at auxiliary meetings, participation in philanthropic programs and fundraising is expected. Parent/guardian permissions are required.

**New members are welcomed in April; dues are due by May 1. Final date for acceptance of new members is September 30 or upon maximum enrollment of 60.**

**All teens in grades 7 through 12 are welcome!**

**For more information, please contact:**

**Assistance League of Diablo Valley**

**2711 Buena Vista Avenue**

**Walnut Creek, CA 94597**

**925-934-0901**

[aldv@sbcglobal.net](mailto:aldv@sbcglobal.net)

**website: diablovalley.assistanceleague.org**

**Membership Renewal Packet Check List**

Have you remembered to include:

* Assisteens Application Form
* Obligations of Membership 2018-2019
* Code of Conduct
* Parental Responsibilities for Participation in Assisteens
* Consent Form For Emergency Medical or Dental Treatment
* Consent Form for Transportation and Photo Releases
* Your dues payment check in the amount of $35 made payable to **Assistance League of Diablo Valley**
* Your Assisteens T-shirt payment in the amount of $15 for all new members, or if needed for renewing members.