Dear Potential Volunteer,

Thank you for your interest in becoming a volunteer at the Q Center at ACR Health. The Q Center is a youth center for lesbian, gay, bisexual, transgender, and questioning/queer youth. We also serve allies and families of our youth, and provide LGBTQ Cultural Competency trainings/workshops in the community.

I have enclosed some potential job descriptions for you to review. Please take some time to consider the different roles, and where your time, interest, and expertise would be best utilized.

If you would like to be considered as a potential volunteer, please fill out the enclosed forms and return to ACR Health to my attention. You will be contacted as soon as possible to schedule an interview.

If you have any questions or concerns regarding volunteering for the Q Center, please feel free to contact me at (315) 898-2515, or via email at havallone@acrhealth.org. Thank you for your willingness to volunteer our program.

Sincerely,

Hilary Avallone
Q Center Program Supervisor
The Q Center @ ACR Health

Application Submission:

To return via fax: 315-352-1681
To return via email: print & scan to attachment for havallone@acrhealth.org
For clickable PDF, please contact Hilary at havallone@acrhealth.org
JOB DESCRIPTION
YOUTH GROUP SUPPORT STAFF

General Description:

Youth group volunteers support the program support groups. The facilitator's primary responsibility is to maintain a supportive and confidential space for LGBTQ youth to discuss their feelings and concerns regarding their identity, friends, family, school, and general life happenings.

Skills:

Volunteers must be able to present a warm, supportive, and professional manner toward group members. They should possess strong interpersonal & communication skills and demonstrate the ability to relate well with youth and young adults between the ages of 8-26. Volunteers must also be able to work well with staff as they facilitate the groups, and provide ongoing support through schedule programming. A qualified volunteer possesses knowledge & awareness of issues facing LGBTQ youth.

Tasks:

- Availability for either in-person events/groups and/or virtual groups.
- Attend scheduled volunteer/intern meetings.
- Attend the volunteer orientation, as well as any additional required trainings.
- Become familiar with area resources for LGBTQ youth.
- Be willing to donate time to chaperone additional youth events.

Expected Performance:

- Provide stability in the lives of young people with a commitment of a least 1 year to the program and regular attendance at support groups or other activities.
- Demonstrate good communication and listening skills.
- Establish a warm, supportive, and safe atmosphere for youth.
- Demonstrate reliability and punctuality.
- Maintain the confidentiality of group participants.
- Act as an appropriate role model for youth.
- Adhere to the guidelines and policies of The Q Center and Volunteers/Interns.
- Exhibit cultural sensitivity while working with youth.
JOB DESCRIPTION
AFTERSCHOOL/DROP-IN ASSISTANCE

General Description:

After School/Drop-In Volunteers will staff the afterschool program 1-3 days a week prior to support groups. Responsibilities include ensuring all youth sign in at the front desk, engage with youth regarding their school work, identity, friends, family, school, and general life happenings, and ensure youth are adhering to the Q Center Code of Conduct.

Skills:

After School/Drop-In Volunteers must be able to present a warm, supportive, and professional manner toward Q Center members. They should possess strong interpersonal and communication skills and demonstrate the ability to relate well with youth between the ages of 8-22. A qualified candidate possesses knowledge & awareness of issues facing LGBTQ youth.

Tasks:

• Availability for either in-person events/groups and/or virtual groups.
• Attend scheduled volunteer/intern meetings.
• Attend the volunteer orientation, as well as any additional required trainings.
• Become familiar with local resources for LGBTQ youth.
• Be willing to donate time to chaperone additional youth events.

Expected Performance:

• Provide stability in the lives of young people with a commitment of a least 1 year to the program and regular attendance at support groups or other activities.
• Demonstrate good communication and listening skills.
• Establish a warm, supportive, and safe atmosphere for youth.
• Demonstrate reliability and punctuality.
• Maintain the confidentiality of Q Center participants.
• Act as an appropriate role model for youth.
• Adhere to the guidelines and policies of The Q Center and Volunteers/Interns.
• Exhibit cultural sensitivity while working with youth.
Please complete the following documentation and return to havallone@acrhealth.org:

- Volunteer Application
- Signed Volunteer Guidelines
- Pledge of Confidentiality
- Emergency Contact Information
- Resume
- Background Check
- Scan/copy of COVID Vaccination card (front/back)
VOLUNTEER APPLICATION

Name ___________________________ Gender Pronouns __________________ Date ________
Address __________________________________________ Zip __________________
Phone __________________________ Email _______________________________
Education __________________________ Profession __________________________

Position of Interest/Region __________________________________________

Can you make a one-year commitment to this volunteer role? __________________
Would you be available for periodic volunteer training sessions? __________________
Do you have your own transportation? __________________
Do you have a valid Driver’s License? __________________
Do you have Auto Insurance? (List policy limits and name of carrier) ________________

Have you ever been convicted of or pled guilty to a crime (either misdemeanor or a felony) involving abuse, neglect or misconduct involving a child, family court proceedings involving abuse or neglect, or do you have any charges pending against you? _______Yes _______No
If Yes, please explain fully: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

(A conviction record will not necessarily be a barrier to volunteering. Factors such as job relations, age, time of offense, seriousness and nature of violation and rehabilitation will be taken into account.)

Please tell us about any previous experience working with youth:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What qualities do you have that would help you work with youth?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please tell us about any previous experience working with LGBTQ populations:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Current or most recent employer information:
Company: _____________________________ Position: ________________________
Address: ______________________________________________________________
Supervisor: ____________________________ Telephone #: _____________________
Dates Employed: ________________________________________________________

Educational Background: School Year(s) Field of Study
High School: ___________________________________________________________
College: ______________________________________________________________
Other (please specify): ___________________________________________________

Special interests, hobbies and skills: ________________________________

Please provide three (3) references - two (2) professional and one (1) personal -
who can attest to your qualifications to be a volunteer working with LGBTQ youth:

1) Name_________________________ Phone # ____________________________
   Address ____________________________________________________________ Zip ____________
   Relation to Applicant ________________________________________________
   Email ____________________________

2) Name_________________________ Phone # ____________________________
   Address ____________________________________________________________ Zip ____________
   Relation to Applicant ________________________________________________
   Email ____________________________

3) Name_________________________ Phone # ____________________________
   Address ____________________________________________________________ Zip ____________
   Relation to Applicant ________________________________________________
   Email ____________________________
I understand that as a volunteer, I will follow the guidelines of The Q Center as communicated to me during my interview and that I agree to. I further understand that submission of a completed application does not obligate me to accept, or ACR Health to assign, a volunteer position. Convictions for an offense involving children or Failure to disclose a criminal conviction on the application form will be disqualifying.

My signature below indicates that the information contained in this application is correct to the best of my knowledge. I authorize any persons, organizations or references named in this application to give you any information, including opinions, which they may have regarding my character and fitness for work with minors.

__________________________________________  ______________________
Signature                                      Date
GUIDELINES FOR VOLUNTEERS/INTERNS WORKING WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING YOUTH

1) Volunteers/Interns are responsible for maintaining a safe, supportive and confidential space for Gay, Lesbian, Bisexual, Transgender and Questioning youth to meet, socialize and support each other.

2) The function of Volunteers/Interns is one of information resource, role model, and supportive group leader – not therapist, social worker, caretaker, advice-giver, or friend.

3) Volunteers/Interns are not to meet or establish any type of relationship with Youth in the program outside of the program setting unless they have the explicit permission of the Director of Volunteer Services and the Program Coordinator, regardless of the youth’s age. (Remember, as a Volunteer/Intern of ACR Health, you are in a position of authority and power). Transparency is mandatory regarding any and all relationships between youth and volunteers/interns.

4) As a Volunteer/Intern of the program, drugs, alcohol, weapons, or sex should not be involved in any interaction between Volunteers/Interns and Youth Group members.

5) If Volunteers/Interns cannot make a scheduled shift, they should contact the Program Coordinator as soon as possible so a replacement can be found. (Finding another volunteer to cover for you is appreciated)

6) If Volunteers/Interns are having difficulty with a situation or a particular youth, they should consult with other volunteers/interns on the team and contact the Program Coordinator, Director of Youth Services, or Director of Volunteer Services.

7) Volunteers/Interns are responsible for developing a relationship with the parent/guardian of youth for the purpose of encouraging family involvement and support of their child.

8) Volunteers/Interns should not leave the premises until the last youth has been picked up by their ride.

9) Volunteers/Interns are responsible for cleaning up the space and securing the building at the end of programming (i.e. lights off, doors locked and room back in order). Youth should be part of the cleanup process.

10) Agency keys/fobs issued to Volunteers/Interns are not to be given to anyone or used for any purpose other than facilitation of youth groups, assisting with afterschool/drop-in and/or special events.

11) Volunteers/Interns must not take any action that jeopardizes the legal, financial, and/or public image of ACR Health or its programs. Such actions could result in the termination of your volunteer/intern status.

12) As a Volunteer/Intern, you are the staff representative of LGBTQ Youth Programs and ACR Health. Please represent us well.

FAILURE TO ADHERE TO THE ABOVE GUIDELINES IS GROUNDS FOR DISMISSAL FROM THE YOUTH PROGRAM.

I, ____________________________________________________________, agree to adhere to the above Guidelines.

_________________________ Date__________________________
Signature
Pledge of Confidentiality

I, ________________________________, am volunteering my time to work for The Q Center at ACR Health. I understand that in the course of my work with The Q Center, I may learn certain facts about other volunteers, youth, and/or clients being served by The Q Center and ACR Health that are highly personal and confidential by nature. Examples of such information are medical conditions and treatment, finances, living arrangements, employment, sexual orientation, gender identity, relations with family members, and the like.

By signing below, I agree to maintain confidentiality of all staff, volunteers, interns, clients and youth at The Q Center and ACR Health.

________________________________________
Print Name

________________________________________  _________________
Signature                     Date
EMERGENCY CONTACT INFORMATION

Volunteer/Peer/Intern Name: ________________________________________________________  

Print name

Start Date: ______________________________________________________________________

Address: _________________________________________________________________________

Home Phone: ______________________________  Cell Phone: _____________________________

Emergency Contact Name: _____________________________________________________________

Relationship to Volunteer: _____________________________________________________________

Home Phone: ______________________________  Cell Phone: _____________________________

Work Phone: ______________________________

Is it OK to share this information with your volunteer program supervisor? _____yes _____no

Agency Supervisor’s Name (Print): _____________________________________________________________

Agency Supervisor’s Signature: _____________________________________________________________
Pre-Employment- Post Offer Security/ Background Check Questionnaire

The information requested below is required to conduct a criminal history background check and will not be used for any other purpose. Criminal history information received by ACR Health will be maintained as confidential and will not be re-disclosed unless otherwise required under the law or as a condition of employment.

Fax to: Peter Vinch and Vinch’s P.I. & Security
PO Box 8, North Syracuse, N.Y. 13212
Office: 315-374-6384  FAX 631-869-0241  JAXSAR@yahoo.com
PLEASE PRINT ALL ANSWERS CLEARLY & NEATLY

FROM: Name___________________, Human Resources
Name______________________, Volunteer Services
Phone number: 315-475-2430 FAX: 315-472-6515
Email_________________________

Section I. Personal Information to verify identity:

Applicant Name: ________________________________________________________________
                      First            Middle            Last
Other Last Names Used: __________________________________________________________

Date of Birth: __________-________-________
                      Month            Day            Year

Social Security Number: __________________________________________________________

Current Address: _________________________________________________________________
                      Street name-City-State-Zip

Driver’s License #:_________________________ State______ Expiration Date:__________

Section II. Conviction Record

Please list every state you have ever lived in _________________________________________.

You may wish to contact an attorney prior to completing the information requested below. Signing the completed form waives all rights.

Failure to disclose this information will be considered an untruthful response and grounds for immediate refusal of employment and or “cause” for immediate termination if hired under fraudulent circumstances.

□ □

Have you ever been convicted of a misdemeanor or felony?   Yes / No (If yes, please explain) ____________________________________________________________
Have you ever been convicted of any offense related to drugs or alcohol?  
(If yes, please explain)

Have you ever been convicted of any other crime not listed in your above responses?
Yes / No (If yes, please explain)

Please use this space for any further explanations needed regarding your above responses.

I understand my answers are given voluntarily and I may consult an attorney before I sign this agreement. By my signature I waive my right to consult an attorney.

Section: III Statement of understanding and consent to complete background:

I understand my answers are given by me, voluntarily and if I so desire, prior to consenting that the aforementioned data be given to Peter Vinch and Vinch’s P.I. and Security by my signature below, I may consult an attorney before I sign this form. By my signature below, I fully understand that I waive my right to consult an attorney.

Under penalty of perjury I declare the aforementioned answers true to the best of my knowledge.

By my signature below, I authorize Peter Vinch and Vinch’s P.I. and Security to: investigate my background and criminal history and any other fact of my character and that I forever hold Peter Vinch and Vinch’s P.I. and Security, it’s employees, heirs, family, vendors and anyone else not stated herein and now, harmless, for any and all information gathered and reported to employer. I understand even if I am hired a false statement made herein and above is immediate grounds for termination without notice or cause.

I, the undersigned applicant or volunteer, have read, understand and agree to all the terms of this release and affix my signature below in acknowledgement of same. I waive my right to counsel upon signing this legal agreement.

Applicant’s signature ___________________________ Date __________

Print applicant name clear
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