



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.

Sincerely,

Hilary Avallone
LGBT Program Manager

Application Submission:

To return via fax: 315-565-6035

To return via email: print & scan to attachment for havallone@acrhealth.org

Please complete the follow documentation and return to 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 (Shake-Up) 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 schoolwork, 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 8-29. 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.



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



Name

Date

Pronouns

Email

Phone Number

Address

Area for Placement

- Syracuse
- Watertown
- Utica

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 or pled guilty to a crime (misdemeanor or 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 provide a written explanation or other pertinent information.

Can you make a one-year commitment to this role? Yes No

Please tell us about any previous experience working with youth:

What qualities do you have that would help you work professionally with youth and young people?

Tell us about any previous experiencing working with the LGBTQ Community.



Educational Background:

School	Years attended	Field of Study

Work Experience:

Company	Position	Address	Supervisor	Dates

Special interests, hobbies, and skills:



Please shade in your availability

Availability							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00a							
8:30a							
9:00a							
9:30a							
10:00a							
10:30a							
11:00a							
11:30a							
12:00p							
12:30p							
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6:00p							
6:30p							
7:00p							
7:30p							
8:00p							



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, an internship 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.

Name

Signature

Date



**GUIDELINES FOR VOLUNTEERS/INTERNS WORKING WITH
LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING YOUTH**

- 1) 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, caretaker, advice-giver, or friend.
- 3) 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 Youth Family, and Education Services or the Program Manager regardless of the youth's age. (Remember, as a Interns 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 Interns 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 their assigned program staff or 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, Program Manager or Director of Youth, Family, and Education 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 Internship status.
- 12) As Interns, 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.

Name

Signature

Date



Pledge of Confidentiality

I, _____, am requesting a placement with Youth, Family, and Education Services as an intern. I understand that in the course of my work with program, 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.

Name

Signature

Date



EMERGENCY CONTACT INFORMATION

Intern Name: _____

Start Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____



Integra Discovery Services / KTCM, LLC
634 Old Liverpool Rd Suite 1, Liverpool, NY 13088
Phone: (315)453-3929 Fax: (315)453-2349

BACKGROUND SCREENING APPLICANT INFORMATION FORM

PLEASE PRINT YOUR NAME AS SHOWN ON DRIVER'S LICENSE

FIRST	MIDDLE	LAST	MAIDEN/AKA
SOCIAL SECURITY NUMBER		STATE ISSUED	DATE OF BIRTH (MM/DD/YR)
DRIVER'S LICENSE NUMBER		STATE ISSUED	

PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY

CURRENT ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS

PLEASE SIGN HERE

DATE

REQUESTING COMPANY

NAME

PHONE NUMBER

SEARCH TYPE: CHECK THE BELOW SCREENING SERVICES YOU WOULD LIKE:

<input type="checkbox"/> NCIS/ALIASES	<input type="checkbox"/> FEDERAL CRIMINAL	<input type="checkbox"/> PROFESSIONAL LICENSE VERIFICATION
<input type="checkbox"/> SSN VALIDATION	<input type="checkbox"/> COUNTY CRIMINAL	<input type="checkbox"/> NY STATE WIDE CRIMINAL HISTORY
<input type="checkbox"/> ADDRESS	<input type="checkbox"/> STATE CRIMINAL HISTORY () STATE	<input type="checkbox"/> GLOBAL REPORT/TERRORIST WATCHLIST
<input type="checkbox"/> MOTOR VEHICLE (NY)	<input type="checkbox"/> FEDERAL CIVIL	<input type="checkbox"/> EDUCATION VERIFICATION
<input type="checkbox"/> TENNANT HISTORY	<input type="checkbox"/> SEX OFFENDER	<input type="checkbox"/> EMPLOYMENT VERIFICATION
<input type="checkbox"/> MVR ()STATE	<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> REFERENCE VERIFICATION

DISCLOSURE AND AUTHORIZATION FORM

_____ will procure an investigative consumer report on you for employment purposes. Integra Discovery Services, 634 Old Liverpool Road, Suite 1, Liverpool, NY 13088, will prepare this report. The report will contain information bearing on your character, general reputation, personal characteristics and mode of living. The types of information that may be obtained include, but are not limited to: Social Security Number Verification; Criminal Records Check and Conviction History; Court, Educational and Driving Record History; Verification of Employment; Personal and Professional Licensing and Certification Checks; Drug Testing Results. The information contained within this report will be obtained from private and public record sources, including, as appropriate, interviews with sources such as neighbors, friends and associates. You may request more information respecting the nature and scope of any Investigative Consumer Report by contacting the company requesting this report. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices: If you reside or are applying for a position in CA, ME, NY or WA, please note: **California:** You may view and obtain the file maintained on you by Personnel Profiles upon submitting proper identification and paying the costs of duplication services, by appearing at their offices in person, during normal business hours and no reasonable notice, by mail. You may also receive a summary of the file by telephone. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive, from the company requesting the report, within five business days of our receipt of your request, the name, address and phone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies, copies of any such reports.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting the agency which requested the report. **Washington State:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency, a summary of your rights and remedies under state law. **Residents of, or for jobs located in CA, MN and OK Only** will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box below. You may obtain information or copies from the requesting company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the requesting company.

I request a free copy of the report.

Fair Credit Reporting Act Notification: You have the right to receive a copy of your consumer credit report should one be requested for employment reasons. I request a copy of the report.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization Form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Integra Discovery Services, to the requesting Company. I understand that if the Company hires me, my consent will apply throughout my employment. I understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, education, driving record history and standing, criminal records check and conviction history, pre-employment drug test results and all other information deemed pertinent by the consumer reporting agency by the following: my past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; and motor vehicle records agencies.

PLEASE FILL OUT AND SIGN BELOW:

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____
SS NUMBER	PLEASE SIGN HERE	DATE
_____-_____-_____	_____	_____

