

**VOLUNTEER EXPECTATIONS**

Welcome to your volunteer experience with the Middleton Youth Center. We appreciate your interest in supporting our students and thank you for your investment of time and care. As a new or continuing volunteer, you will have the support of the Youth Center Director and Assistant Director. In addition to this assistance, we are providing the following guidelines to outline expectations about your volunteering:

1. Complete the required application paperwork and attend orientation and training sessions.
2. Be prompt and dependable. Please notify the Youth Center Director at [ghinahara@mcpasd.k12.wi.us](mailto:ghinahara@mcpasd.k12.wi.us) if you cannot come at your scheduled time.
3. Sign in and out upon arrival and departure with a Youth Center staff member.
4. Wear a volunteer pin for identification
5. Communicate. Ask questions, share ideas, get to know the staff and other volunteers. Youth Center staff are here to help - don't hesitate to call, leave a note, or ask for a meeting to discuss any problems or concerns that may arise. Every problem is solvable with respectful, honest Communication
6. Be a positive role model for students and youth in attitude, behavior and language. Let your conversations demonstrate respect for others, and avoid language that may be perceived as discriminatory, sexist, or offensive.
7. Be respectful of student's diversity of culture, language, religion, and background. Don't assume that all students celebrate the same holidays (Christmas, Easter, Halloween, or even birthdays). Don't assume the make-up of a student's "family" (size, race, gender or financial resources). Practice correct pronunciation and spelling of students' names if they are unfamiliar. Show interest in students' cultures and learn more about those cultures. Use students' preferred gender pronouns.
8. Be confidential. Respect the confidential nature of the knowledge you gain concerning the academic performance, behavior and personal information of the students with whom you work. Discuss concerns with the Youth Center staff, not with other volunteers, parents/family members or acquaintances.
9. Maintain contact only in school setting. Do not initiate contact with the students with whom you work or their families outside of the school or program setting.
10. Protect privacy. Do not ask for students' addresses or phone numbers, and do not share yours with the students. Please do not take a photo of the student(s) you tutor.

11. Gifts for students are inappropriate. Don't bring gifts or food treats for individual students. With Youth Center Director approval, volunteers may bring snacks for the entire class or group, or they may make a donation of books or supplies for the class or group.
12. Follow "safe touch" suggestions. Volunteers do not initiate touching a student (pats on arm or back, or for younger children, hand-holding, hugs, or lap-sitting), but may respond to student's initiation of appropriate touch.
13. Notify the Youth Center Director if a student tells you something or you notice something that may indicate his/her safety is at risk or he/she is in emotional distress. Staff will do the necessary follow up.
14. Know and adhere to Youth Center regulations regarding Internet use and social media.
15. Silence cell phones during volunteer assignments.
16. Never arrive to your volunteer assignment while under the influence of alcohol or drugs, or use alcohol, drugs or tobacco during your assignment. Never carry a weapon on school premises or other program sites
17. Fundraising, solicitation of donations, and using a volunteer placement for personal gain are prohibited. Some program fundraising and solicitation of donations may be appropriate in collaboration with designated program staff. Only they are authorized to publicly represent the program and/or serve as spokespersons.
18. Follow universally accepted norms regarding non-harassment and safe work-place rules and regulations.
19. Ensure positive closure. If you plan on ending your volunteer involvement before the end of the school year, please notify the Youth Center Director. It is especially important that the students you work with are aware of your final volunteer session. Students needs to be left with the clear message that you have enjoyed working with them.
20. Enjoy knowing your investment of time and interest is making a difference for students!

**VOLUNTEER INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If student, Institution \_\_\_\_\_ Year/Area of Study \_\_\_\_\_

What experience do you have working with children/youth (parenting, volunteering, sports, etc.)?

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

Language(s) you are comfortable using: \_\_\_\_\_

Subject/Program Preference: (ex: art, sports, tutoring)

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

Please indicate the times you are available. The Youth Center is open 3:30-6pm on school days and 1:30-5:30pm Monday-Thursday during the 8-week Summer Program.

<b>Day of the Week</b>	<b>Available Hours/Times</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Total Hours per Week \_\_\_\_\_

**Release:** I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Middleton Youth Center, the City of Middleton, its boards and officers, agents and employees from and against all claims, demands, and loss of liability of any kind or nature for any possible injury during volunteer service.

**Release and Indemnification:** In consideration of being permitted to participate in the Volunteer Program at the Middleton Youth Center, part of the City of Middleton, Dane County, Wisconsin, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby release and forever discharge the City of Middleton, its employees, administrators, successors and assigns, of and from any and every claim, demand, action or right of action, of whatever kind of nature, arising from or by the reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any actions whatsoever, while acting within the scope of my participation in the City of Middleton Public Lands, Recreation & Forestry Volunteer Program whether by negligence or otherwise. I further agree to indemnify the forgoing releases from any loss, liability, damage or cost they may incur at any time due to any acts or omissions on my part during my volunteer service. I further state that I have carefully read the forgoing release and indemnification agreement and have a complete understanding of the contents therefor and sign this release and indemnification agreement by my own free will.

**Confidentiality Agreement:** I understand that in providing my services as a volunteer with the Middleton Youth Center I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the students with whom I work. If a student tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to the Youth Center Director.

**Media Release:** I give the Middleton Youth Center permission to use my likeness in any media coverage approved by the Middleton Youth Center and in the Middleton Youth Center’s publications, website, and social media.

I also agree to not initiate contact with the students with whom I work or their families outside of the Middleton Youth Center.

\_\_\_\_\_  
Full Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parental Consent (If a volunteer is under the age of 18)**

I, \_\_\_\_\_ (parent/ guardian) give my permission to \_\_\_\_\_ (child) to volunteer with the City of Middleton Youth Center.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\* This form is required for Non-MCPASD Volunteers \*

Middleton Police: Please email the results of this background check to the Middleton Youth Center at [MiddletonYouthCenter@ci.middleton.wi.us](mailto:MiddletonYouthCenter@ci.middleton.wi.us). Thank you!

**City of Middleton  
Authorization for Release of Information**



(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of City of Middleton or other authorized representative bearing this release to obtain information and records pertaining to me from any or all of the following sources:

1. ~~Any place of business (for purposes of obtaining credit or employment data)~~
2. ~~Credit rating bureaus of institutions maintaining individual credit rating files~~
3. ~~Any previous employer~~
4. ~~Present employer~~
5. ~~Any school, college, university or other educational institution~~
6. Any police or government agency for purposes of obtaining driver's license records and any criminal violations on record
7. ~~Any military records~~

Modified by Gabrielle Hinahara, Youth Center Director on 1/18/18

I hereby release any individual or institution, including its officers, employees, or related personnel, both individual and collectively, from any or all liability for damages of whatever kind, which may any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Exceptions to this blanket authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
WI Drivers License #

\_\_\_\_\_  
Address (Street and Number)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Race/Ethnic Group

\_\_\_\_\_  
Sex (Male/Female)

**Middleton Youth Center volunteers, please complete and mail this form to:**  
Middleton Police Department  
7341 Donna Dr  
Middleton, WI 53562