



Junior Counselor Application Packet

Dear Volunteer Applicant,

Thank you for your consideration to volunteer time, talent, and efforts to ensure the success of the Arkansas National Guard Child and Youth Program. We appreciate your desire to work with our children and youth. Without the help of volunteers like you, the programs, trainings, and services provided for our children and youth would not be possible. The impact of volunteers, like you, within the National Guard is felt locally, statewide, and at the national level.

The following pages of this guide will provide you with a better understanding of what volunteering looks like with the Arkansas National Guard Child and Youth Program. It will also provide you with the forms needed to apply for consideration in volunteer opportunities. Working with children and youth can be a very rewarding experience. You have now taken the first step toward positively impacting the lives of our Arkansas National Guard children and youth.

Please read through the following information carefully, then complete and submit all required documents to the Child & Youth Program Coordinators. The safety of our Service Members' children is our number one priority. Please be patient and understanding through the process. We want to take every measure to ensure that our volunteers who work with children have been screened thoroughly and properly. Please be aware that your information will be submitted on a State and FBI level, pending amount of time spent with children. Should you have any questions about the information in this guide please contact James Garrett at 501-216-7295 and james.g.garrett13.ctr@army.mil.

On behalf of the all the Arkansas National Guard children and their families, I thank you for your commitment, generosity, and support of the Arkansas National Guard Child and Youth Program.

Sincerely,

Mr. James Garrett, CTR
Lead Child and Youth Program Coordinator
501-212-4077 (Office)
501-216-7295 (Cell)
james.g.garrett13.ctr@army.mil

7301 Kansas St
North Little Rock, AR 72199





Arkansas National Guard Child and Youth Program

VOLUNTEER PROGRAM

Position Objective

To assist the Arkansas National Guard(ARNG) Child & Youth Program Lead and Coordinator (LCYPC/ CVPC) in the delivery of child and youth related trainings, events, and activities, as well as, to ensure youth program policies are enforced (i.e. Youth Code of Conduct).

Major Responsibilities/Description of Duties

1. To assist the LCVPC/CVPC in facilitating youth activities, leadership forums, camps etc.
2. To promote and coordinate youth opportunities, as needed. To include, but not limited to, Yellow Ribbon events, State Teen Panel, Program Development, Trainer, Administrative Support, Event Coordinator, and Camps.
3. To promote a safe environment for all youth, teens and volunteers.
4. To enforce behavior expectations for students as outlined in the Youth Code of Conduct.
5. To maintain communication with LCYPC/CYPC regarding concerns, disruptive behaviors, injuries and/or unforeseen changes to previous agendas or planning.
6. To serve as a facilitator during small and large group trainings/activities.
7. Other duties as assigned by the LCYPC/CYPC.

Supervision

1. The CYPCs will serve as the supervisor of all ARNG Youth Program volunteers.
2. The Arkansas State Family Program Director possesses direct responsibility of the Arkansas National Guard Child and Youth Program.

Time Required

We know your time is limited and precious and, therefore, we appreciate any time and assistance you are able and willing to provide for us. Please keep in mind, we rely on you and trust you to be present at the events/programs you sign up to attend. If there are extenuating circumstances which prohibit you from attending, please notify LCYPC or CYPC as soon as possible in order to have time to fill that vacancy.

Junior Counselor Application

Complete all sections of the application.

Section 1: Applicant Information

| | | |
|-------------------------------------|---------------------------------------|---------------------------------|
| Full Name: | Gender: <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Address: | | |
| City: | State: | Zip: |
| Home Phone (with area code): | | Cell Phone (with area code): |
| Email Address: | | |
| T-Shirt: | Age: | Date of Birth (mm/dd/yy): |

| | |
|--|---|
| | |
| Member of the Arkansas National Guard <input type="checkbox"/> NG <input type="checkbox"/> ANG | <input type="checkbox"/> Spouse of a Service Member <input type="checkbox"/> Relative of a Service Member <input type="checkbox"/> Other: |
| Member of: <input type="checkbox"/> Active Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard | Unit Affiliation: |
| Are you a full-time employee of the Arkansas National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is your status? <input type="checkbox"/> AGR <input type="checkbox"/> ADOS <input type="checkbox"/> Fed Tech <input type="checkbox"/> State Employee <input type="checkbox"/> Contractor | |

References for Non- Guard Affiliated Applicants

If you are not a National Guard Service member or related to a National Guard Service member, please provide the name, address, and phone number of two individuals that are not related to you for a character reference:

| Name | Address | Daytime Phone | Relationship to Applicant |
|------|---------|---------------|---------------------------|
| | | | |
| | | | |

I authorize the National Guard to contact the references above. I understand that misrepresentation or omission of information requested is just cause for non-selection as a volunteer. I waive the right to review these references.

Applicant Signature: _____ Date: _____

Volunteer Experience

If you have not previously volunteered with the National Guard Youth Program, please list your previous volunteer work and/or experience working with children and youth.

| Organization | Brief Role and Duties | Year/Length |
|--------------|-----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Volunteer Interests, Specialties, and Certifications

What special interests do you have that could benefit our youth?

Are you First Aid/CPR certified? If so, what **date is** your certification through?

Do you have any other certifications that would be beneficial at our camps/events?

What are your preferences as far as volunteering? Do you prefer working with 8-12 years or 13-17 years? Do you prefer to work directly with youth or behind the scenes?

Is there anything else you want us to know?

Volunteer Certification Form

As required by the Department of Defense, a criminal history background check which includes a FBI fingerprint check and a state criminal background check must be performed on all individuals working with National Guard Children and Youth. Background checks will be submitted to the Arkansas State Police department.

Have you ever been arrested for or charged with a crime involving a child? Yes No

Have you ever been asked to resign because of or been decertified for a sexual offense? And if so, "provide a description of the case disposition." Yes No

I, the undersigned, grant permission for the Arkansas National Guard Youth Program to conduct a background investigation to verify that I do not have a criminal record. I understand that this information will be kept confidential and that it is required to provide protection and a safe environment for the children. I, the undersigned, do hereby certify under penalty of perjury, that I have not been convicted in Arkansas or any other state or jurisdiction of any crime or disorderly personal offense involving sexual offenses, child molestation, endangering the welfare of children, or incompetence.

Signature: _____ Date: _____

Volunteer Code of Ethics

As an Arkansas National Guard Child and Youth Program (ARNG CYP) Volunteer, I am a professional. I realize that I am subject to the same Code of Ethics that binds all professionals within the National Guard. I accept these responsibilities and respect matters of confidentiality. (Including all conversations with families)

I understand that as a ARNG CYP volunteer, I have agreed to work without monetary compensation, except for mileage and per diem, as determined by the ARNG Family Programs Office. Having accepted this position, I will perform my work according to the same standard operating procedures as paid staff/contractors are expected to carry out their work.

I believe that all work should be carefully planned and carried out, in a professional manner. I will work with the LCYPC/CYPC and other volunteers to ensure that I am performing the duties expected from me, in a timely and professional manner.

I promise to work with an open mind and be flexible in all situations so that my performance is a benefit to the Children/Youth, families, Service members and staff/contractors within the National Guard Community.

Signature of Volunteer

Date

Code of Conduct

Purpose:

The purpose of the Arkansas National Guard Youth Program is to develop a positive and safe learning environment that encourages military youth. We expect all persons involved to practice positive behaviors that foster the total development of youth. Each individual must accept the responsibility of creating a positive image that reflects the Youth Program ideals. In seeking uniformity in the conduct expected, the following code of conduct has been developed to provide a clear understanding of expectations of attendees, volunteers, and supporting personnel.

Code of Conduct:

1. Participants should attend and be actively involved in all scheduled activities. Failure to be in assigned locations may lead to dismissal from youth event.
2. Participants are expected to always follow the directions of the Youth Program staff.
3. Participants should respect the property of others. Deliberate destruction of facilities or removal of equipment is not permitted. Financial responsibilities for any damage caused by deliberate destruction will be assumed by the participant and/or parents or guardian. The same applies to the property and personal items of the other participants.
4. Participants should treat others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others are not permitted.
5. Participants are expected to dress according to the dress code at all times.
6. Possession, distribution of illegal substances, alcohol, tobacco products, weapons, knives or any items that can be used as a weapon must be reported to law enforcement. The Youth Program Staff have the right to conduct a search of a participant's outer clothing and personal belongings, lodging rooms and furniture being used by a participant if there is "reasonable suspicion" that the participant has drugs, alcohol or weapons.
7. Electronic devices (cell phones, MP3, video games, CD players, TVs, computers, etc.) are not allowed. These items will be confiscated and returned to the participant at the end of the event. **Allowances are made for Adult Volunteers who have the responsibility of ensuring safety and communication during an event.**

Consequences: *(See Release from Volunteer Service)*

*NOTE: Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by those responsible for the youth event will be viewed as a violation and appropriate action will be taken. **If an infraction occurs, the coordinator or person in charge of the youth event will provide appropriate communication to parents/guardians.***

Signature of Volunteer

Date

Confidentiality Statement

I, the undersigned, do hereby acknowledge that in my volunteer role for the Arkansas National Guard, I may have access to confidential information. I agree that I will not disclose any such confidential information maintained by the Arkansas National Guard to any unauthorized person, and I will adhere to confidentiality guidelines of the National Guard.

I acknowledge and agree that disclosure of confidential information to entities outside ARNG CYP staff, obtained by me during my volunteer status, could result in termination from my volunteer position. Confidential information includes personal identification information, children, family, medical, and otherwise sensitive information obtained during service as a volunteer or from children and families of ARNG Service Members.

_____ INITIALS

ARNG Youth Program Media Release

The Arkansas National Guard Family Programs Office occasionally uses photographs of events and participants in an official capacity. I, the undersigned, do hereby grant permission to Arkansas National Guard Family Programs Office to use my image without further permission or payment. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images such as those on the Arkansas National Guard Web site, Army Virtual FRG website and the Arkansas National Guard official Facebook pages.

Signature: _____ Date: _____

Release from Volunteer Service

In the event a statutory volunteer does not uphold the established criteria, as outlined in the volunteer agreement and confidentiality forms, the Arkansas National Guard Child and Youth Program Coordinators reserve the right to release said volunteer from future service with the Arkansas National Guard Child and Youth Program. In an attempt to prevent this from happening, the following procedure must be followed before a statutory volunteer can be released from service:

1. Upon observation of a behavior violating volunteer agreement forms, the Child and Youth Program Coordinator (LCYPC/CYPC) will address the issue with the volunteer as a verbal reminder. This will be done individually and privately.
2. If the inappropriate behavior continues, following the individual verbal reminder from the LCYPC/CYPC, the volunteer will meet with the LCYPC/CYPC and State Family Program Director to discuss the issue(s) and a formal documentation of behavior will be placed in the volunteer's state file.
3. If the behavior continues following the previously mentioned steps, the LCYPC/CYPC and State Family Program Director will meet with the volunteer and officially release them from any further involvement with the Arkansas National Guard Child and Youth Program. At the time of dismissal, all expenses for mileage, per diem and lodging incurred by the volunteer will become the responsibility of the volunteer. The Arkansas National Guard Services Branch will not provide any monetary reimbursement for expenses.

Volunteers are the key to the success of any program; however, our number one priority is the safety of the Children and Youth we work with. At all times, and in all situations, volunteers must conduct themselves in a manner which is professional, respectful of themselves and others, adheres to the criteria established in the volunteer agreement and confidentiality forms, and is a positive example for those around them.

Signature of Volunteer

Date

I verify all the information provided within this Arkansas National Guard Child and Youth Program Volunteer Application packet is accurate as of the date noted below. I also agree to all the regulations and conditions of being a Volunteer for the Arkansas National Guard Child and Youth Program.

Signature of Volunteer

Date

Printed Name of Volunteer

Date

DEPARTMENT OF THE ARMY
Camp Joseph T. Robinson
Arkansas National Guard Family Programs
7301 Kansas Street
North Little Rock, Arkansas 72199

AFFIDAVIT

For and in consideration of being permitted to ride as a passenger in a government owned vehicle operated by or on behalf of the Arkansas Army National Guard, for and on behalf of myself, my personal representatives, servants or employees from any and all claims of property damage and/or personal injury or death resulting from or during said transportation or continuances thereof, or from any supportive maintenance operations incident to this transportation.

Name of Volunteer: _____

Signature of Volunteer: _____

If Volunteer is under 18 years of age Parent/Guardian signature below is required.

Parents/Guardian (please print) Name: _____

Parent/Guardian Signature: _____

Witness: _____

Name and address of person to notify in case of emergency:

Name: _____

Phone number: _____ Cell: _____

Organization Signature Block and Extension