

SOUTHERN CALIFORNIA

2022 **Y**OUTH  
**L**EADERSHIP  
**S**UMMIT

JULY 17-22\*  
LOS ANGELES, CA

FOR STUDENTS **WITH** DISABILITIES

## Volunteer Packet

**WWW.SCRS-ILC.ORG/YLS**

For additional information and how to complete the application,  
please email or call us at:

**yls@scrs-ilc.org / 562 862-6531 Ext: 501**

\*Date subject to change. YLS is an In-Person Event, LA County COVID Protocols Enforced.



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## **OVERVIEW OF MINIMUM QUALIFICATIONS**

All staff are required to submit a Live Scan and pass a background check. Your work as staff is contingent on passing a background check.

All staff are required to follow and sign the YLS Ground Rules and Guidelines, YLS Confidentiality Agreement and Social Networking Policy.

## **EXPECTATIONS**

All volunteer and staff are expected to:

- Demonstrate sensitivity to, and understanding of, individuals from diverse disability, socioeconomic, cultural, and ethnic backgrounds
- Demonstrate flexibility and the ability to multi-task
- Demonstrate professionalism, including the ability to stay positive and be respectful to all
- Be a positive role model
- Be a team player and work together with other YLS staff
- Be aware of the possibility of bullying, and prevent and intervene
- Be responsible to help ensure the safety and security of delegates and other staff members
- Assist with emergency evacuation procedures as needed during the day or night
- Attend staff orientation prior to delegate arrival



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## Volunteer Application

Please submit your application via  
Email: YLS@scrs-ilc.org  
Or in person to SCRS-IL Downey  
7830 Quill Drive, Ste. D, Downey, CA 90242

### Please provide complete information

Last Name	First Name	Middle Initial	Date

Other names by which you have been known (such as maiden name)

Home Phone	Cell Phone	E-mail Address

Home Address	City	State	Zip

Previous Address (if at current address for less than 5 years)	City/State/Zip

Emergency Contact Name	Relationship

Cell phone	Alternate phone

**Do you require any special accommodations?**    Yes    No    If yes, please explain:


Please list Language(s) if other than English: \_\_\_\_\_





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Are you under 18 year of age (If yes, you will be require to complete a parent permission form).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?			
(Misdemeanor convictions for marijuana-related offenses that are more than two years old need		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.			
(Note: No applicant will be denied the opportunity to volunteer solely on the grounds of conviction of a criminal offense.			
Have you ever volunteered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length of Services
If yes, name of the organization			
Have you ever volunteer for SCRS-IL before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes when and what position:			
Do you have any friends or relatives working or volunteering for SCRS-IL?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state name(s) and relationships:			
Name		Relationship	
Name		Relationship	

## Availability

Hours Per Week:	Regular Each Week:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>AM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When can you start: \_\_\_\_\_

## Location and Department Preferences

Location Preference (check those that apply)	<input type="checkbox"/> Pasadena	<input type="checkbox"/> Downey	<input type="checkbox"/> Arcadia
Department Preference (if any)	<input type="checkbox"/> Independent Living Department	<input type="checkbox"/> Vocational Department	<input type="checkbox"/> Regional Department



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### \_\_\_\_\_ Group Assistants

The Group Assistants is one of the most active positions at YLS. They keep the various activities organized, including helping assist Co-Counselors with small group logistics and motivating the delegates during the Large Group sessions and small group sessions. Each Small Group has at least two Group Assistants. Group Assistants are responsible for providing general assistance to their assigned Small Groups. They are supervised by the Co-Counselors. Specific duties include:

- Help delegates with various accommodations related to Small Group activities, such as writing and/or reading.
- Serve as the “spirit squad” to motivate delegates, including leading cheer sessions.
- Conduct bed checks in the evening
- Assist delegates and staff with meal trays in the cafeteria and other minimal accommodation duties

### \_\_\_\_\_ Logistics Assistants:

The Logistics Assistants support the YLS program activities but are not assigned to a Small Group. Specific tasks include:

- Oversee audio/visual equipment set-up and serve as a microphone runner during large group sessions
- Set up site for various program experiences
- Assist setting up Large Group meeting areas, including arranging tables, chairs, and other equipment
- Display time signs to keep speakers and schedule on time
- Provide general program assistance to the Co-Facilitators, Logistics Coordinator, and other lead staff as requested
- Assist delegates and staff with meal trays in the cafeteria and other minimal accommodation duties
- May act as hall monitors, as needed

### \_\_\_\_\_ Night Security/Day Security (8-10 Positions):

This position is to assure the safety of all YLS on-site participants and adherence to rules by the delegates and staff during the night. The persons responsible will maintain hallway security for YLS. Requirements Night Security:

- Must stay awake to monitor the dorm hallways from 9:30 p.m. – 7:30 a.m.
- Contact the YLS Project Manager and/or overnight medical staff if a situation or emergency arises.
- Assist delegates and staff in the event of an emergency evacuation.
- Ensure delegates do not leave or wander the facility aside from the designated areas (unless with YLS staff).
- Respond to questions delegates may have in the night and find appropriate staff to provide assistance if needed.
- Identify and ask individuals who are not part of YLS to leave the floor/area that is designated to YLS only.



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## **VOLUNTEERS AGREEMENT AND CODE OF CONDUCT**

### **As a volunteer for SCRS-IL:**

- I agree to abide by SCRS-IL Volunteer Policy.
- I will conform to all rules and regulations commonly applied to employees of SCRS-IL including safety, discrimination, harassment, and confidentiality.
- I will confide all questions, suggestion, and comments to my immediate SCRS-IL supervisor and/or her/his manager.
- I give consent to SCRS-IL to use my name, statements and/or pictures in connection with any marketing programs.
- I agree to hold harmless SCRS-IL, its agents, employees, directors, and insurance carriers from any and all claims, damages and judgments which I may have now or in the future against SCRS-IL in all matters pertaining to my service as a volunteer to the organization including, but not limited to, personal injury.

### **I further agree to (please read each line):**

- Abide by all of the above and following and understand this is not an all-inclusive list of conduct, rather a representation of what is expected. If I am unsure if something would go against acceptable behavior, I understand it is my duty to contact my SCRS-IL supervisor for direction.
- Present a positive attitude while volunteering in support of the mission and goals of SCRS-IL.
- Act professionally while performing my volunteer responsibilities; no use of vulgar, profane, or obscene communication; no disorderly conduct, fighting or acts of violence; no misuse, destruction, stealing or removal of SCRS-IL property; no weapons; no giving or taking of bribes; no commission of crimes.
- Treat all Consumers with kindness and in an appropriate manner.
- Provide appropriate notice of all unavoidable absences or tardiness.
- I understand that when I am acting as a SCRS-IL volunteer, I will only perform my duties when physically and mentally fit for duty, understanding that no one should represent SCRS-IL when impaired by alcohol and drugs (including prescription drugs if they cause impairment); I understand this is a drug and tobacco free environment.
- Only serve as a representative in the community when authorized to do so by SCRS-IL.
- If I am a resident of a property served by SCRS-IL, I understand that I only represent the organization when I am at a SCRS-IL sanctioned event or program. I should not represent myself as a SCRS-IL representative outside of the program area.
- Maintain and safeguard any confidential business, donor, employee, consumer, or volunteer information to which I may become privy.
- Observe all safety and security rules when performing my volunteer duties.
- Ensure my actions toward children and/or adult consumers at no time cross the line of appropriateness in a way that could be considered unlawful and inappropriate including, but not limited to, touching, any type of sexual contact, etc. I understand that I may never accompany a child alone into the restroom and that physical contact with children should be minimal and only in the presence of other. Appropriate touching should be limited to handshakes, "high fives", brief hugs and/or a brief touch on the shoulder.

In order to remain as a volunteer in good standing, I understand that I am required to consistently abide by the Volunteer Code of Conduct and that failure to do so will result in my being released from my duties.

**Volunteer Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_



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## WAIVER OF LIABILITY FOR VOLUNTEERS

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Volunteer's Name

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SCRS-IL Volunteer's Supervisor

To help protect SCRS-IL and to minimize liability, please read the following conditions that apply to your service as a volunteer/student intern.

1. I wish to volunteer my time, effort, and services as a volunteer to assist SCRS-IL and/or I am participating in a program whereby I am volunteering my time as part of an approved internship program.
2. I have read and signed the YLS volunteer packet and policies of SCRS-IL. I understand the expectations of me as a volunteer and I promise to follow them.
3. As a volunteer, I donate my time, effort, and services to SCRS-IL and understand that I will receive no compensation in return.
4. I recognize and understand that my volunteer activities for SCRS-IL may expose me to the possibility of injury to my person and property and that I may suffer some kind of injury as a result of an accident and other unforeseen circumstances.
5. I recognize that as a volunteer/, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.
6. Despite this risk of injury and lack of workers compensation or other medical insurance coverage from SCRS-IL, I knowingly and voluntarily waive any and all claims, actions, or causes of action against SCRS-IL and agree to hold the agency, its, agents, affiliates, and employees harmless for any injury or damage that I may suffer as a result of my activities as a volunteer/intern for SCRS-IL.
7. In return for my agreement to these conditions, SCRS-IL accepts my services as a volunteer/intern.

Volunteer/Intern Signature: \_\_\_\_\_

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



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## VOLUNTEER PHOTOGRAPH RELEASE FORM

SCRS-IL, a California 501 (c)(3) nonprofit charitable corporation, is seeking approval to use photograph(s) of this Volunteer. Photographs may be used for reporting and marketing purposes. The use of photos for any medium will follow these guidelines:

- No Volunteer names will be published with photos.
- No personal phone numbers and/or addresses will be published.

EVENT: \_\_\_\_\_

VOLUNTEER'S NAME: \_\_\_\_\_

Please note that signing this form is voluntary and that one's decision to sign or not to sign will not affect their eligibility for Volunteering.

### RELEASE

By signing below, I consent, without further consideration or compensation, to the use (full or in part) of photographs made of me as a Volunteer/Intern of SCRS-IL's programs and services for the purpose of SCRS-IL reports, newsletters, internet and/or web production to the website [www.scrs-ilc.org](http://www.scrs-ilc.org) and printing on paper for the distribution, and any marketing and publicity materials. Further, I release SCRS-IL, its contractors and/or employees or any other related party from any liability that may arise from the use of such materials. The release will remain in full force and effect until withdrawn in writing by me. In use of Volunteer/Intern photographs, SCRS-IL affirms that: (1) no Volunteer/Intern names will be published

**Volunteer Signature**

Printed Name: \_\_\_\_\_

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



## **VOLUNTEER/INTERN CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_ the undersigned volunteer, understand that in the course of my volunteer assignment with SCRS-IL, I may have access to and become acquainted with information of a confidential, proprietary, or secret nature which is or may be either applicable or related to the present or future business of the company, its research and development, or the business of its consumers. Such trade secret information includes, but is not limited to, devices, inventions, processes, compilations of information, records, specifications, and information concerning consumers and/or vendors.

I agree that I will not disclose any of the above-mentioned trade secrets, directly or indirectly or use them in any way, either during the term of my volunteer assignment or at any time thereafter, except for the benefit of the company and as required in the course of my volunteer with the company. I agree that I will not remove or otherwise transmit confidential, proprietary, or secret information without express prior written consent of an authorized company representative.

I understand that consumer lists, consumer databases, employee list, which the volunteer has or will have access during volunteer assignment, are trade secret and shall be solely the property of the employer. I agree that I will not during my volunteer or for a period of one year

immediately following termination of my volunteer assignment, either directly or indirectly call upon or attempt to solicit or take away any of the Organization's clients or business products or services competitive with the Organization, based on information from the client lists, client databases, employee list, employee database. This applies to both attempts to take away the Organization's clients or business either for myself or for any third party.

I further understand that this agreement is not to be construed as constituting a promise of a continued internship, volunteer assignment, or offer of future employment.

Volunteer Signature: \_\_\_\_\_

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