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) 898-2426, or via email at esharrow@acrhealth.org. Thank you for your willingness to volunteer with LGBTQ youth.

Sincerely,

Elliott Sharrow  
Q Center Program Coordinator Mohawk Valley  
The Q Center @ ACR Health  
287 Genesee St., Utica, NY 13501
JOB DESCRIPTION
YOUTH GROUP FACILITATOR

General Description:

Youth group facilitators staff the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth 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:

Youth Group Facilitators 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 other volunteers as they facilitate the group in teams of two or three. A qualified volunteer possesses knowledge & awareness of issues facing LGBTQ youth.

Tasks:

- Facilitate at least one youth group per month.
- Attend monthly 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 at 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:

• Attend at least 1 after school/drop-in session per week.
• Attend monthly 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.
VOLUNTEER APPLICATION

Name_________________________ Gender Pronouns________________ Date________
Address________________________________________ Zip________
Phone_________________________ Email ____________________________
Education_______________________ Profession _________________________

Position of Interest _____________________________________________

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: __________________________________________ Telephone #: ____________________
Supervisor: ____________________________ Telephone #: ____________________
Dates Employed: ____________________________________________________________

Educational Background:

High School: ________________________________________________________________
College: ________________________________________________________________
Other (please specify): _______________________________________________________

Special interests, hobbies and skills: ___________________________________________

Would you like to receive an agency newsletter & other correspondence via mail or
e-mail? ___Yes ___No

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 _______________________________________

Please attach a copy of your resume with your application.

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
Background Check Policy

We will need a background check from you in order to complete the application process. For your convenience and with your permission we will complete the check through Vinch’s P.I. & Security.

The results of the background check will not necessarily impact your acceptance into The Q Center’s volunteer/internship program.

Please complete the attached form.
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?   Yes / No (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
Rev. 12/18 WP/MED
EMERGENCY CONTACT INFORMATION

Volunteer/Peer/Intern 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

Supervisor’s Name (Print): __________________________________________________________

Employee Signature: ______________________________________________________________