



Assisteens®
An auxiliary of Assistance League® Conejo Valley

December 1, 2019

We are accepting applications for membership for second semester 2019-2020. Please go to our website:

<https://www.alconejovalley.org/assisteens-.html>

The Membership Application button. Please print out all forms and complete all information. Be sure all required signatures are on the forms.

Use this check list to be sure you bring all the required paperwork:

- _____ Membership Form 2019-2020
- _____ Release and Waiver of Liability
- _____ Parental Responsibilities for Participation in Assisteens
- _____ Consent Form Meeting and Field Trip Authorization
- _____ Code of Conduct for Assisteens

All forms and dues must be received by January 15, 2020. You can mail all the documents to:

Assisteens Coordinator
Assistance League Conejo Valley
P.O. Box 4732
Thousand Oaks, CA 91359

We look forward to welcoming you into Assisteens.

Sincerely,

Priscilla Boone
Assisteens Coordinator



Assisteens®
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MEMBERSHIP FORM
2019-2020

The information below is for use in our Roster. Please PRINT all information and only share emails and telephone numbers that you want us to use currently.

Name: _____ Birthday _____

Address: _____

City/State/Zip: _____

Student Home Phone: _____ Student Cell Phone: _____

Student Email: _____

School Attending: _____ Grade in 2019-2020 _____

Parent name: _____ Parent Cell: _____

Parent email: _____

ASSISTEENS MEMBERSHIP AND RESPONSIBILITIES

- Membership in Assisteens is open for seventh through twelfth grades. No one entering the senior year of high school who was not formerly an Assisteens member shall be eligible for membership.
Members joining mid-year are responsible to attend a minimum of four (4) of the five (5) Regular Meetings held in January, February, March, April & May.
January 27, 2020 February 24, 2020 March 23, 2020 April 27, 2020 May 26, 2020
Meetings are from 7 p.m. – 9 p.m. at the Westlake Village Community Room 31200 Oak Crest Drive Westlake Village CA 91361
Members are responsible to participate in a minimum of fourteen (14) hours of service between joining in January and May 26, 2020 plus regular meetings.
Members are responsible for completing a mandatory thrift shop training and a minimum of one three-hour thrift shop shift. Thrift shop hours count towards the 14 hour service minimum.
Members shall have all forms properly completed and on file with the Assisteens Coordinator.

NEW ASSISTEENS MEMBER - \$20 is the pro-rated annual dues
*Includes \$5.00 one time only orientation fee

Please return this form and your check (payable to Assisteens) by January 15, 2020.

MAIL TO: Assistance League Conejo Valley
Assisteens Auxiliary
PO Box 4732
Thousand Oaks, CA 91359

For use by Treasurer: Date: _____

Amount: _____ Ck. # _____

Update: Data Base ___ Constant Contact ___ Roster ___ Grade Level ___

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RELEASE AND WAIVER OF LIABILITY

This release and waiver of Liability is executed this _____ day of _____, 2019 by _____ (name of Assisteens®) in favor of National Assistance League® and Assistance League® Conejo Valley, and its auxiliaries, directors, officers, employees and agents.

I, the volunteer (if under the age of 18, parents or guardians agree), hereby freely and voluntarily, without duress, execute this Release and Waiver of Liability under the following terms:

I hereby acknowledge and agree that in consideration of being permitted to become a member of National Assistance League and Assisteens®, an auxiliary of Assistance League® Conejo Valley and/or volunteering to participate in the various functions associated with said membership, I do hereby, release and forever discharge Assistance League and Assistance League Conejo Valley and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind or nature, either in law or equity which may hereafter arise from my participation with Assistance League or Assistance League Conejo Valley and/or any program, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Assistance League or Assistance League Conejo Valley.

I understand and acknowledge that this Release discharges both Assistance League and Assistance League Conejo Valley from any liability or claim that I may have against Assistance League or Assistance League Conejo Valley with respect to any bodily or other injury, illness, death or property damage that may result from my participation. I also understand that Assistance League and Assistance League Conejo Valley do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health or disability insurance, in the event of injury, illness, death or property damage.

Insurance: I understand that Assistance League or Assistance League Conejo Valley may elect to provide group accident or other liability insurance for the benefit of its volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it may provide such insurance, Assistance League and Assistance League Conejo Valley, do not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its members or volunteers, and expressly disclaim any responsibility or obligation to do so. **As a volunteer, I am expected and encouraged by Assistance League and Assistance League Conejo Valley to maintain medical, health, disability, property, vehicle and all other applicable insurance coverage for my own benefit and protection.**

Medical Treatment: Except as otherwise agreed to by Assistance League or Assistance League Conejo Valley, in writing, I hereby release and forever discharge Assistance League and Assistance League Conejo Valley, from any and all liability, claims, demands and causes of action whatsoever that may arise on account of first aid or other medical treatment rendered during my participation with Assistance League, and Assisteens, an auxiliary of Assistance League Conejo Valley and/or any program, activity, or event sponsored, managed, arranged or promotes by, or otherwise affiliated or associated with Assistance League and Assistance League Conejo Valley.

ASSISTEENS RELEASE AND WAIVER OF LIABILITY (page 2 of 2)

Assumption of Risk: I understand that my participation with Assistance League® and/or Assistance League® Conejo Valley and/or any program, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Assistance League and/or Assistance League Conejo Valley, may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities and release Assistance League and/or Assistance League Conejo Valley, from all liability for injury, illness, death, and/or property damage that may result.

Photography/Audio Release: I do hereby grant and convey unto Assistance League and/or the Assistance League Conejo Valley, all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Assistance League, and/or Assistance League Conejo Valley, or made with its consent, during my participation in any program, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with either Assistance League or Assistance League Conejo Valley, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

As parent/guardian of _____ (“the minor”), I hereby consent that Assisteens Conejo Valley and/or Assistance League of Conejo Valley may use the likeness, name, and voice of the “minor” in any photographic, magnetic, electronic, or other media, for publication in such form as Assisteens® Conejo Valley deem appropriate. Such media shall become the property of Assisteens Conejo Valley to use as they desire, free and clear of any claims on my part.

Other: I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions. I understand that this document affects certain legal rights which I have and I voluntarily sign my name and my teens’ name and agree to be bound by the terms herein.

Signature of Assisteens/Volunteer member: _____

Date: _____

Please print name: _____

Signature of parent/guardian: _____

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2019-2020

*PARENTAL RESPONSIBILITIES FOR
PARTICIPATION IN ASSISTEENS*

Assisteens Conejo Valley realize that the success of this organization is only assured through the support and assistance of its members. In order to make your teens experience in Assisteens Conejo Valley the best it can be, there are certain responsibilities that we ask parents to take on to ensure the safety and success of each teen.

- Be responsible for transportation to and from meetings, philanthropic programs, fundraising events and activities.
- Assist your son/daughter in meeting all auxiliary requirements/responsibilities, including:
 - ❖ Attendance at membership philanthropic programs and activities
 - ❖ Attendance at monthly meetings
 - ❖ Fulfillment of financial obligations
 - ❖ Fulfillment of service obligations, hours and commitments
- Assist, chaperone and participate in philanthropic programs when needed.
- Provide refreshments for one (1) meeting during the year.

Parents are asked to provide a **contact number** where you can be reached to receive last minute or emergency information for your teen, _____

I have read and understand the above guidelines and agree to assist my son/daughter _____, with whatever may be necessary, to insure success in Assisteens. I will provide some refreshments in (month) _____

Name (printed) _____

Parent/Guardian signature _____ Date _____

Parent Email _____

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2019-2020

Consent Form MEETING AND FIELD TRIP AUTHORIZATION
(Minor)

Completion of This Form is required for ALL Meetings or Field trips.

Coordinator: Priscilla Boone

Asst. Coordinator: Kathleen Dirks

I hereby give permission for my child, (name) _____, to participate in the Assisteens meetings and field trips as determined. Meetings will be held the fourth (4th) Monday of the month, except in May when the meeting will be held on the third (3rd) Monday. There will be no regular meetings in June, July, August or December. Field trips or participation in our Philanthropic Programs will be part of the regular Assisteens program. Transportation for these events will be provided by a parent, a coordinator or teens over the age of sixteen (16) driving themselves.

1. Regarding special assistance/accommodations: Is special assistance or are accommodations necessary for your child to participate in meetings or field trips?
_____ No _____ Yes
2. I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the meetings, field trips or philanthropic programs. Any participant determined to be in violation of behavior standards will be sent home at their own or their parent's/guardian's time and expense.
3. In the event of illness or injury, I hereby consent to whatever is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the participant(s) or parent(s).
4. I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

Please print Parent/Guardian's last name: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Phone #: _____

CODE OF CONDUCT FOR ASSISTEENS®

I understand that my attitude and behavior are critical to the success and reputation of the Assisteens Auxiliary. For the good of the organization and my fellow Assisteens, I agree to abide by the following:

1. I will fulfill the expectations of my membership in accordance with Policies of Assisteens Auxiliaries.
2. I will conduct myself in an appropriate manner at all times while participating in Assisteens activities.
3. I will respect fellow Assisteens members and all those with whom I come in contact through Assisteens programs and events.
4. I understand that bullying and harassment will not be tolerated and may result in revocation of membership.
5. I understand that the use of tobacco, alcohol, drugs or gambling will not be tolerated at any Assisteens activity, and may result in revocation of membership.
6. I understand that use of electronic devices during meetings is prohibited. I also agree that I will carefully consider any material placed on the internet or posted in any form of social media in order to preserve and protect the name, image and reputation of Assistance League and Assisteens. I further understand that posting of inappropriate photos or videos will not be tolerated and may result in revocation of membership.
7. I understand that if I am sent home early due to any misconduct or illness, it will be at the expense of my parent/guardian. In case of such an occurrence, the supervising adults will contact my parent/guardian and will, if necessary, make the travel arrangements.
8. I understand that if I need to leave an Assisteens activity before it is over, I will notify the adult in charge.

Assisteens Member

Date

Please print name:

I have read the above Code of Conduct for the Assisteens Auxiliary. I understand and agree that my Assisteens member will abide by this code as stated.

Parent/Guardian

Date

Please print name:
