



An Auxiliary of Assistance League® of Conejo Valley
A Chapter of National Assistance League®

June 1, 2020

We are accepting applications for membership for our fiscal year 6/1/2020 – 5/31/2021. Please follow the Membership Application link on our website:

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

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 2020-2021
- _____ Release and Waiver of Liability
- _____ Parental Responsibilities for Participation in Assisteens
- _____ Consent Form Meeting and Field Trip Authorization
- _____ Code of Conduct for Assisteens
- _____ Standard for Good Standing
- _____ Interest & Skills Survey

All forms and dues must be received by May 31, 2020. You can mail all the documents to:

Nicole Radoumis
Assisteens Coordinator
6441 Chesebro Road
Agoura Hills, Ca 91301

We look forward to welcoming you into Assisteens.

Sincerely,

Nicole Radoumis
Assisteens Coordinator 2020-2021



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MEMBERSHIP FORM 2020-2021

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**. **Please note the school emails have historically not worked well for receipt of Assisteens communications.**

Name: _____ Birthday _____

Address: _____

City/State/Zip: _____

Student Home Phone: _____ Student Cell Phone: _____

Student Email: _____ Grade when first joined Assisteens: _____

School Attending: _____ Grade in 2020-2021 _____

Please be sure to include all parents/guardians you want registered in our communications platform to receive Assisteens newsletters.

Parent name: _____ Parent Cell: _____

Parent email: _____

ASSISTEENS MEMBERSHIP 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.
- New members are responsible for attending a mandatory New Member Orientation which is scheduled for Monday August 24, 2020 from 7:00 p.m. – 9:00 p.m. to be held at the Westlake Village Community Room.
- All members are responsible to attend a minimum of seven (7) of our eight (8) regular meetings. Meetings are held the fourth (4th) Monday of the month from 7:00 p.m. to 9:00 p.m. except for May, which will be held the third (3rd) Monday of the month. There are no regular meetings in June, July, August or December.
- Meetings are from 7:00 p.m. – 9:00 p.m. at the:
Westlake Village Community Room
31200 Oak Crest Drive
Westlake Village CA 91361

September 28, 2020
October 26, 2020
November 23, 2020
January 25, 2021

February 22, 2021
March 22, 2021
April 26, 2021
May 17, 2021

_____ Initials

MEMBERSHIP FORM 2020-2021 (page 2 of 2)

- Members are responsible to participate in a minimum of twenty (20) hours of service each fiscal year, plus regular meetings.
- New members are responsible for completing a mandatory thrift shop training session. All members are responsible for completing a minimum of one three-hour thrift shop shift. Thrift shop hours count towards the 20 hour service minimum.
- Members shall have all forms properly completed and on file with the Assisteens Coordinator.
- All Assisteens are required to have a monogrammed Assisteens polo shirt to be worn whenever Assisteens are engaged in community service. All new members and any returning members who do not have a shirt need to complete the following order form and include \$16.00 payment for the shirt as part of the enrollment process. ***Please circle the size you need:***

Ladies:	Small	Medium	Large	X Large
Men:	38/40	42/44	46/48	50/52

\$ _____ RETURNING ASSISTEENS MEMBER - \$30.00 annual dues

\$ _____ NEW ASSISTEENS MEMBER - \$35.00 annual dues
Includes \$5.00 one-time-only orientation fee

\$ _____ I need a shirt - \$16.00

_____-0-____ I already have a shirt

\$ _____ Late Fee \$10.00 if submitted after May 31, 2020

\$ _____ **Total Remittance**

Please Note:

1. Return all forms and a ***check made payable to Assisteens*** by May 31, 2020. Applications are not complete without correct amount of payment made out to Assisteens.
2. You will need to use 2 postage stamps – this will make a thick package – you don’t want it returned to you for insufficient postage.
3. Assisteens membership is limited to 50. Enrollment will end when we reach this limit.
4. Your application will be acknowledged upon receipt and acceptance decision.

Assisteens Signature: _____ Date: _____

Please print name: _____

Parent/Guardian Signature: _____ Date: _____

Please print name: _____

MAIL TO: Nicole Radoumis, Assisteens Coordinator
Assistance League Conejo Valley
6441 Chesebro Road
Agoura Hills, Ca 91301

For use by Treasurer: Date: _____

Amount: _____ Ck. # _____
Update: Data Base _____ Constant Contact _____



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RELEASE AND WAIVER OF LIABILITY

This release and waiver of Liability is executed this _____ day of _____, 2020 by _____ (name of Assisteens®) in favor of National Assistance League and Assistance League of 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 of 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 of 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 of 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 of Conejo Valley.

I understand and acknowledge that this Release discharges both Assistance League and Assistance League of Conejo Valley from any liability or claim that I may have against Assistance League or Assistance League of 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 of 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 of 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 of 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 of Conejo Valley, in writing, I hereby release and forever discharge Assistance League and Assistance League of 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 of 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 of Conejo Valley.

_____ Initials

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 of 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 of 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 of 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 of 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 of 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 of 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.

Assisteens Signature: _____
Please print name: _____

Date: _____

Parent/Guardian Signature: _____
Please print name: _____

Date: _____



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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. Your Assisteens will be assigned to a refreshment committee team for one of the regular meetings.

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 ensure success in Assisteens.

Parent/Guardian Signature: _____

Date: _____

Please print name: _____



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Consent Form MEETING AND FIELD TRIP AUTHORIZATION

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

I hereby give permission for my child, (name) _____, to participate in the Assisteens meetings and field trips as determined. 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, 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.

Parent/Guardian Signature: _____

Date: _____

Please print name: _____



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 Signature: _____

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 Signature: _____

Date: _____

Please print name: _____



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Assisteens Membership “Good Standing”

Section 4.03 Standards of the Policies of Assisteens Auxiliary – Conejo Valley – provides that “The Governing Body shall have the power to establish and maintain standards. Accordingly, the 2019-2020 Governing Body established Standards for “Good Standing” of Membership. Good Standing status is necessary for the following:

1. Eligibility to be on the Nominating Committee which is formed each February to create slate of officers for next year’s Governing Body.
2. Eligibility to be nominated for a leadership position on the next year’s Governing Body.
3. Eligibility for membership renewal in April/May of each spring for subsequent years.

Assisteens members need to meet the following requirements in order to be in Good Standing:

I. Prior to formation of Nominating Committee:

1. Must comply with Code of Conduct.
2. Must have missed no more than 1 Regular Meeting through February:
(out of Sept, Oct, Nov, Jan, Feb. – must attend at least 4 meetings)
Absences beyond one Regular Meeting may be made up with one additional shift at Thrift Shop.
3. Thrift Shop training, mandatory shift and any absence shifts must be completed prior to January 30.
4. Time sheets must be submitted timely (within 10 days of month end) for every month through January.
5. Must have completed at least 16 of the required Community Service Hours by January 30.
6. Must have participated actively in Assisteens Fundraising activities. Governing Body to establish standards for “Active Participation” in each approved Assisteens fundraising event.

II. Prior to membership renewals for next year:

1. Must comply with Code of Conduct.
2. Must have missed no more than 1 Regular Meeting through April 30.
Absences beyond one Regular Meeting to be made up with one additional shift at Thrift Shop.
3. Thrift Shop training, mandatory shift and any absence shifts must be completed by April 30.
4. Time sheets must be submitted timely (within 10 days of month end) for every month through April.
5. Must have completed at least 20 of the required Community Service Hours by April 30.
6. Must have participated actively in Assisteens Fund Raising activities. Governing Body to establish standards for “Active Participation” in each approved Assisteens fundraising event.

Assisteens Member: _____

Date: _____

Please print name: _____

Parent/Guardian: _____

Date: _____

Please print name: _____



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Interest & Skills Survey

Name: _____ Email: _____

What grade will you be in Fall, 2020? _____ Cell Phone: _____

Philanthropic Interests:

Please tell us why you joined Assisteens and what needs in our community are of specific interest to you:

What are you most looking forward to doing while in Assisteens?

How do you want to contribute to Assisteens?

Please tell us what you would like to do as a member of Assisteens to contribute to our organization:

General Skills: Check all that apply

Creativity	_____	Research	_____
Organization	_____	Crafting	_____
Problem Solving	_____	Music/Singing	_____
Money Management	_____	Photography	_____
Graphic Design/Desktop	_____	Fundraising	_____
Writing Skills	_____	Other	_____
Editing/Proofreading	_____		

Social Media Used: List all that you use

Please share 6 fun things about yourself - extracurricular activities, sports, travel, volunteer work, hobbies, etc.

Please use the back of the page or an extra sheet of paper if needed to complete your responses.