



Summer Internship 2022 Application

Please return to: PO Box 15202, Richmond, VA 23227 or mentor@ylfr.org

Full Name: _____ **Date:** _____
(last) (first) (middle)

Position: _____ Elementary Teacher (please indicate preference: _____ K-1 _____ 2-3 _____ 4-5)

E-mail address: _____

Mailing address: _____

Phone: _____ **Birth Date:** _____ Male Female

Employer or School: _____

Highest level of education completed: _____

(For students) Major & expected graduation date: _____

Emergency Contact:

Name _____ Relationship _____ Phone _____

Personal References (not employees or relatives)

Name: _____

Name: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

How did you hear about the internship?

Why are you interested in this position?

Previous volunteer/job experience:

Hobbies, special talents/skills:

Community/church Affiliations:

Have you ever been arrested or charged with a misdemeanor? _____

If so, what was the charge? _____

Have you ever had a driving violation? _____

If so, what was the charge? _____

Do you have your own transportation? ___ Yes ___ No

Indicate areas of interest:

Do you have a preference or connection to one of the Learning Centers?

___ Delmont Elementary Learning Center ___ Highland Park Elementary Learning Center

___ Southwood Elementary Learning Center

APPLICANT STATEMENT

I understand that the Youth Life Foundation of Richmond does not discriminate in its employment practices (full-time, part-time, or volunteer) against any person because of sex, race, color, nationality, ethnic origin, gender, handicap, or status as a veteran. I further understand that any offer of employment is conditioned on the proof of legal authority to work in the United States.

I authorize the Youth Life Foundation of Richmond to obtain records of my service, reasons for leaving employment, and any and all recorded and/or unrecorded information employers may have concerning me. I also release the Youth Life Foundation from any liability or damage whatsoever in the event that the information obtained disqualifies me as a candidate for employment.

By signing below, I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that any falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired, or if hired, may result in immediate dismissal.

By signing below, I also authorize the Youth Life Foundation of Richmond to conduct a criminal background check in accordance with the policies set forth by the center.

Volunteer Name (printed): _____

Signature: _____ **Date:** _____

Volunteer Coordinator: _____ **Date:** _____

INTERN CONFIDENTIALITY STATEMENT

I promise to hold in confidence all information regarding Youth Life Learning Center. I will not violate confidential relationships between the program, their clientele, staff, and volunteers. I will not remove from the office any written records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the center files. I accept full responsibility for maintaining the confidential and private nature of all records and information. I further understand that I can discuss cases assigned to me only with my designated supervisor.

I understand that I am personally responsible and fully liable for any violation for this agreement.

Intern Name (printed): _____

Signature: _____ **Date:** _____

Volunteer Coordinator: _____ **Date:** _____

CODE OF CONDUCT FOR VOLUNTEER/CHILD RELATIONSHIPS

1. Always stay within view of others when tutoring a student.
2. If circumstances arise for you to speak with a student in private, another adult must be present.
3. If you must speak to a child in private without another adult present, do so in a place that is well away from the ears of others but still in view.
4. Never meet with a child in a private room with the door(s) shut.
5. Respect the privacy of the child. Do not become intrusive or curious more than is necessary to monitor the health and safety of the child. Do not ask personal questions regarding the sexual experiences of the children and youth.
6. The child has the right to reject displays of affection if he or she feels uncomfortable about them. Not every child comes from a background in which affection is openly displayed. Respect the child's wishes.
7. Protect your own privacy. Children are naturally curious and may ask you questions about your personal life. Please refrain from sharing details of your private life, particularly your personal relationships, or discussing sensitive topics.
8. If you are asked to serve as a chaperone on a trip, another adult must be present when supervising showers or when assisting the children as they change clothes.
9. The Youth Life Learning Centers have a discipline policy that will be enforced by staff only. This policy does not include nor will the foundation tolerate any type of corporal punishment inflicted on a child.
10. Volunteers are encouraged to spend time with students outside of Learning Center hours. Always make staff aware of plans so that we will be able to protect the safety of both you and the child. Parental permission is always required for taking students off-site.

SEXUAL ABUSE POLICY

It is the responsibility of the Youth Life Foundation of Richmond (YLFR) to provide for the protection, security and well-being of the children who have been entrusted to our care. The subject of child sexual abuse while disconcerting to consider is a fact that we must acknowledge. As such the YLFR will be diligent in its efforts to be informed and to be actively involved in the reporting and prevention of child abuse.

If a child exhibits behavior that indicates that he or she may be a victim of sexual abuse you should report this to the Learning Center Director or another staff member immediately. A report will then be filed with the proper authorities.

Signs of Sexual Abuse

- *Change in behavior, extreme mood swings, withdrawal, fearfulness, and excessive crying.*
- *Acting out inappropriate sexual activity or showing an unusual interest in sexual matters.*
- *A sudden acting out of feelings or aggressive or rebellious behavior.*
- *Regression to infantile behavior.*
- *A fear of certain places, people, or activities, especially being alone with certain people. Children should not be forced to give affection to an adult or teenager if they do not want to. A desire to avoid this may indicate a problem or may indicate that parents have cautioned the child against such behaviors.*

Signs of Child Abuse

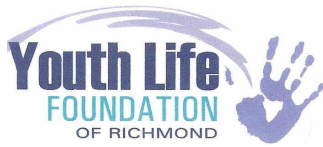
- *Reluctance to change clothes in front of others.*
- *Withdrawn*
- *Sexualized behavior towards adults or other children, which is unusual sexual behavior and/or knowledge beyond that which is common for the particular developmental age.*
- *Poor peer relationships*
- *Either avoids or seeks out adults*
- *Pseudo-mature*
- *Manipulative*
- *Self-conscious*
- *Problems with authority and rules*
- *Eating disorders*
- *Self-mutilating*
- *Obsessively clean*
- *Drug and/or alcohol abuse*
- *Delinquent behavior/running away*
- *Extreme compliance or defiance*
- *Fearful, anxious*
- *Suicidal gestures and/or attempts*
- *Promiscuous*
- *Engages in fantasy or infantile behavior*
- *Unwilling to participate in sports activities*
- *School difficulties*

During the training workshop for volunteers only certain sections of the text will be highlighted **but it is your responsibility as a volunteer to read the entire text, as you will be held liable for its contents and your adherence to the Code of Conduct for Volunteer/Child Relationships.**

By signing below you acknowledge your understanding of the above and your agreement to abide by the Code of Conduct for Volunteer/Child Relationships.

Intern Name (printed): _____

Signature: _____ **Date:** _____



RELEASE FOR PUBLICITY PURPOSES

(Radio, TV, Newspaper, Magazine, Web Page, Personal Appearance or Other)

I, _____ hereby give my permission
(printed name)

to be included in publicity for the Youth Life Foundation of Richmond. I agree to participate in the following:

(Check all that apply)

- Photography
- Videotape
- Audiotape
- Written Article
- In-person presentation
- Web page
- Other (specify)

The Youth Life Foundation of Richmond has my permission to use photographed, videotaped, audiotaped or written material or in-person presentation in the following specified ways: General YLFR purposes, i.e. web-page, fundraising and publicity.

Signed: _____

Date: _____



LIABILITY RELEASE FORM

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER: Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YOUTH LIFE FOUNDATION OF RICHMOND programs or accessing YOUTH LIFE FOUNDATION OF RICHMOND facilities could increase the risk of contracting COVID-19. YOUTH LIFE FOUNDATION OF RICHMOND in no way warrants that COVID-19 infection will not occur through participation in YOUTH LIFE FOUNDATION OF RICHMOND programs or accessing YOUTH LIFE FOUNDATION OF RICHMOND facilities. [Initial: _____]

I have read and understood the Liability Release Form, and agree to all the terms herein. [Initial: _____]

Volunteer Name (printed): _____

Signature: _____ **Date:** _____



CONFIDENTIAL RELEASE AND WAIVER

In the interest of children's and co-worker safety it is my understanding that the Youth Life Learning Center will conduct a comprehensive background investigation of my work and personal history. I hereby authorize Volunteer Select to obtain information in order to conduct a social security number verification, criminal file check, and sexual offender search. I hereby release you as custodian of, both individually and collectively, as an agency of the federal government, state, city, country or any political subdivision thereof, or university, or any other educational institution, credit bureau, lending institution, consumer reporting agency holding records considered confidential to me, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Last Name: _____ **First Name:** _____

Middle Name: _____ **Name Suffix:** _____

Other Last Name: _____ **Other First Name:** _____

Date of Birth (ex. 01/01/1980): ____ / ____ / ____ **SSN** (ex. 123-45-678): ____ - ____ - ____

Phone #: _____ **Sex:** _____ **Male** _____ **Female**

(phone number must be your permanent home phone number so if you are a college student mentor, please include your parent's home number)

Street Address: _____

City: _____ **State:** _____

Zip: _____ **County:** _____

(address must be your permanent address so if you are a college student mentor, please include your parent's address or where you reside when not in school)

Driver's License State : _____ **Driver's License #:** _____

Intern Name (printed): _____

Signature: _____ **Date:** _____