

R.O.C.K. Volunteer Registration Form

What do I need to do to become a R.O.C.K. Volunteer?

- 1) Love children and know you want to spend quality time with them while building positive relationships.
- 2) Complete the Volunteer Registration Form and return it to the R.O.C.K. office by scan/email (volunteer@rocksf.org), fax (614) 333-4034 or mail to Real Options for City Kids, 73 Leland Ave., San Francisco, CA 94134.
- 3) Complete the Background Clearance - Instructions will be provided upon receipt of this form.
- 4) Provide proof of a negative TB test within the last four years (for school-based volunteers).
- 5) Attend a volunteer training session.

What does R.O.C.K. expect from volunteers?

- Promptness and dependability
- Flexibility
- Initiative
- Patience
- Imagination and creativity
- Sense of Humor
- Discretion and trustworthiness with confidential matters relating to kids and their families
- A warm, positive, and supportive attitude
- Sensitivity to children's needs
- Respect for team work and co-workers

What can a R.O.C.K. Volunteer expect from R.O.C.K.?

- Appreciation and respect
- Clear communication
- Training and demonstrations of how to work with kids in specific situations
- Appropriate matches between volunteers and children
- Training and development in building positive, satisfying relationships with children
- Training and support in behavior management

R.O.C.K.'s programs are designed to build relationships with children while offering them opportunities to gain a sense of accomplishment and fun. R.O.C.K. volunteers are asked to sign up for a minimum number of sessions during a program so that children can depend on consistent and trusted adults being present.

About R.O.C.K.

Real Options for City Kids (R.O.C.K.) is dedicated to nurturing the healthy development of children by listening attentively to their needs and by providing opportunities to those who might not otherwise have access. R.O.C.K. aims to promote the positive development and long-term success of the youth that it serves through a combination of in-school and after school learning enrichment, sports and fitness, leadership training, outdoor adventure, and summer camp opportunities. R.O.C.K.'s programs are designed to serve girls and boys, ages 6-17, who live in or attend school in San Francisco's Visitacion Valley.

I am interested in the following programs
Learning Enrichment Programs

Tutoring Arts/Crafts Performing Arts Technology

Participation Ideas (specific skills and/or interests you have that would help R.O.C.K. place you in the best volunteer role)

Sports and Fitness Programs

Soccer Volleyball Basketball Football

Outdoor adventures (Mountain biking, rock climbing, camping, etc.)

Participation Ideas (specific skills and/or interests you have that would help R.O.C.K. place you in the best volunteer role)

Administrative Support

Fundraising Event Planning Office Support

Participation Ideas (specific skills and/or interests you have that would help R.O.C.K. place you in the best volunteer role)

Dates and times I would be available for volunteering during the school year and summer

Contact me at

Name Phone
Address City State Zip
Date of Birth Ethnicity Email

Employed by or attend school at

Do you have prior experience working with children and youth? If so, please include the ages of the children/youth you worked with, the name of the organization(s) in which you were involved, and the type of activities in which you participated.

How were you introduced to R.O.C.K.?

Do you have medical insurance? YES NO

Please name carrier(s)

In the event that you no longer have medical insurance, we ask that you do not participate in R.O.C.K. programs until you are fully insured. I agree to withdraw from R.O.C.K. programs in the event that I am no longer insured.

Signature

Date

Do you have automobile insurance? YES NO

Please name carrier(s) AND POLICY LIMIT

If you do not have automobile insurance you may not transport R.O.C.K. program participants.

What was the date and result of your last TB test?

If you have any medical limitations, please explain briefly.

Have you ever been convicted of a felony? YES NO

If yes, please explain.

Please provide two references who can provide insight into your work with children and/or intent to work with children.

Name

Contact Information

Name

Contact Information

Emergency Contact Name

Relation

Phone

Can R.O.C.K. use pictures of you on thank you cards, website, newspaper, television and/or any other marketing/media materials about R.O.C.K.? YES NO

Having full confidence that every precaution will be taken to ensure my safety during my participation as a volunteer in R.O.C.K. programs, I hereby waive all claims against R.O.C.K., R.O.C.K. staff, R.O.C.K. board of directors, or R.O.C.K. partnering organizations in the event that an accident or injury should occur.

Signature

Date