

## Real Options for City Kids (ROCK) Volunteer Registration Form

### What do I need to do to become a ROCK 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 ROCK office by fax (415) 333-4031 or mail to 590 Leland Ave., San Francisco, CA 94134.
- 3) Complete the Background Clearance
  - Obtain a finger print card and instructions by contacting Curt at the ROCK office (415) 333-4001 ext 1# or [curt@rocksf.org](mailto:curt@rocksf.org).
  - Get finger printed and submit receipt for reimbursement (optional).
- 4) Provide two references who can provide insight regarding your work with children and/or intent to work with children.
- 5) Attend a volunteer training session.

### What does ROCK 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 ROCK Volunteer expect from ROCK?

- 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

ROCK's programs are designed to build relationships with children while offering them opportunities to gain a sense of accomplishment and fun. ROCK 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 ROCK

Real Options for City Kids (ROCK) 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. ROCK 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. ROCK's programs are designed to serve girls and boys, ages 6-17, who live in or attend school in San Francisco's Visitacion Valley.



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### I am interested in the following programs:

#### Learning Enrichment Programs:

- |  |  |
|--|--|
| <input type="checkbox"/> Homework assistance | <input type="checkbox"/> In-class teacher assistance |
| <input type="checkbox"/> Arts/Crafts         | <input type="checkbox"/> Other:                      |

Participation Ideas (specific skills and/or interests you have that would help ROCK place you in the best volunteer role)

#### Sports and Fitness Programs:

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Outdoor adventure activities (Mountain biking, rock climbing, camping, etc.) |                                     |                                     |
| <input type="checkbox"/> Soccer   | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Other:   |                                     |                                     |

Participation Ideas (specific skills and/or interests you have that would help ROCK place you in the best volunteer role)

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

#### Contact me at:

Name: _____	(Home/Cell): _____
Address: _____	(Work): _____
City, Zip: _____	Email: _____
D.O.B. _____ Ethnicity: _____	Fax number: _____

Employed by or attend school at:

Is it okay to call/fax you at work? \_\_\_\_\_

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 ROCK?



## Real Options for City Kids (ROCK) Volunteer Registration Form

Do you have medical insurance? Please name carrier(s) \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you have automobile insurance? **Please name carrier(s) AND POLICY LIMIT**

**If you do not have automobile insurance you may not transport ROCK program participants.**

What was the date and results of your last TB test? \_\_\_\_\_

Do you have any medical limitations? If so, please explain briefly.

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there individuals or organizations that you believe would be interested in learning more about ROCK and volunteer opportunities and/or resource development? If so, how could we contact them? \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Can ROCK use pictures of you on thank you cards, website, newspaper, television and/or any other marketing/media materials about ROCK? YES NO (circle one)

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

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

