



721 S. Quentin Road
Palatine, IL 60067
(847)359-7490

1585 N. Rand Road
Palatine, IL 60074
847)776-3730

YOUTH ADVOCATE APPLICATION (1 OF 2)

Date _____

Name _____
Last First M.I.

Home Address _____

City _____ State _____ Zip Code _____

(H) Phone: _____ Cell: _____

SSN: _____ - _____ - _____ E-mail _____

Employer _____

Business Address _____

Business Phone _____

Previous work experience (if any) _____

Education (if completed): Grade _____ H.S. _____ College _____

Previous Volunteer Experience (if any) _____

Special Interests/Hobbies _____

Special Training – arts, music, crafts, etc. _____

Foreign Language – speak, read, write _____

Do you have a valid driver's license? Y N Do you have a car? Y N

Do you have any medical limitations? Y N If so, please explain:

Person to notify in case of emergency: Name _____

Address _____ Ph _____ Relation _____



YOUTH ADVOCATE APPLICATION CONTINUED (2 OF 2)

Type of volunteer work preferred _____
(name of program)

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> I prefer to work alone | <input type="checkbox"/> I prefer to tackle problems |
| <input type="checkbox"/> I prefer challenging new projects | <input type="checkbox"/> I prefer to be part of a group |
| <input type="checkbox"/> I prefer to be a leader | <input type="checkbox"/> I prefer to try new things |
| <input type="checkbox"/> I prefer to be a follower | <input type="checkbox"/> I prefer an opportunity to meet and get to know new people |

Specific hours and days of availability are _____

Have you had any specialized youth experience? (paid or unpaid) _____

Are you acquainted with anyone who has worked at this agency? If so, who? _____

How long have you lived in this area? _____

REFERENCES (non-relative)

Name _____ Address _____
Street
City State Zip

Name _____ Address _____
Street
City State Zip

Name _____ Address _____
Street
City State Zip

Signature



YOUTH ADVOCATE

Reports to: Youth Advocacy Program Coordinator

Goal: Work with youth in the community as a role model under the policies and guidelines of The Bridge Youth & Family Services “Youth Advocate Program”.

Responsibilities:

I. Advocate Relationship with Youth

Build and maintain a relationship with an assigned youth that:

- focuses on guidance, support, trust and friendship
- provides a *positive* role model
- lasts for a minimum of one year
- meets with youth for 2 - 4 hours each week, 1-2 contacts by phone
- works toward goals established by the program coordinator, child, & parent(s)
- adheres to the principles of service to the youth of The Bridge, and acts in a manner that is consistent with the community’s image and the standards of The Bridge.

II. Advocate Relationship with Parent

The advocate will:

- keep parent informed of times and dates for getting together with youth
- ask youth if s/he has checked with parent for approval of outing times and dates

III. Supervision

The advocate will:

- attend 8 of 12 monthly Youth Advocate meetings
- submit a monthly report to the Youth Advocacy program coordinator listing activities with the child
- participate in an evaluation process regarding effectiveness in this role

These criteria are necessary and required for the success and accountability of the Youth Advocacy Program. The volunteer is expected to consider the supervision model to be as important to being an advocate as are any of the other duties.

Advocate

Date



GROUP YOUTH ADVOCATE

Goal: As a role model, under the policies and guidelines of The Bridge Youth and Family Services “Youth Advocacy Program”, you will have an opportunity to work with the youth in the community.

Reports To: Youth Advocacy Program Coordinator

Responsibilities:

Group Advocates' Relationships with the youths are to always build, reinforce and maintain a positive relationship with them, both in and out of a group atmosphere setting. As an Advocate, you should always....

- *focus on guidance, support, trust and friendship*
- *at all times, provide and present your role as a positive role model*
- *participate in group activities*
- *work toward goals established with the program coordinator, child, & parent(s)*
- *adhere to the principles of service to the youth of The Bridge and always act in a productive and positive manner that is consistent with the community's image and the standards of The Bridge.*

Supervision: The Group Advocate will always....

- *attend all scheduled advocate trainings, meetings and youth activities*
- *participate in the periodic evaluation process regarding effectiveness*

The above goals and criteria are necessary and required for the accountability and continued success of the Youth Advocate Program. The volunteer should always remember that the supervision model is as important to being an Advocate, as are any of the other duties relating to the Youth Advocate Program.

Advocate Signature _____

Date _____

Program Coordinator _____

Date _____



YOUTH ADVOCATE PROGRAM POLICY

Due to the vast responsibility to both our program participants and our service community, along with the need for each of us to provide exemplary models of behavior to the youth whom we serve, the following program policy must be followed at all times. *Any violation of this policy will result in the immediate termination of the Youth Advocate Volunteer.*

POLICY

1. In all cases, and at all times, illegal activities and behavior in the presence of a Bridge Youth Services youth is prohibited (i.e., illegal drug use, shoplifting, etc.). This includes either the intentional or unintentional exposure of a young person to illegal activities due to the personal activity of a volunteer.
2. At no time shall staff or volunteers sanction, either through active permission or passive non-action, the involvement of a program participant in illegal behavior. It is understood that such behavior may occur without staff or volunteer sanction and in those cases, the agency's goals are to work toward the elimination of such behavior, while maintaining the relationship with the youth.
3. **PLACEMENT:** All placement needs shall be directed to the Volunteer Coordinator or the Associate Director for the assessment of a client's need or lack of foster care. *At no time should Bridge volunteers offer or provide his/her residence for foster placement to youth in the Advocacy Program.*
4. **CONFIDENTIALITY AND SERVICE PLANS:** *At no time does a volunteer have the authority to provide confidential information or to make decisions affecting the youth's involvement in any other program or service.* Any and all requests directed to a volunteer for confidential information or to make decisions affecting residence, living status or entrance into any other program or service (including judicial or child welfare programs) **MUST** be immediately referred to the Volunteer Coordinator or to the Associate Director for a decision.

I HAVE READ, CLEARLY UNDERSTAND AND BY SIGNATURE ACCEPT THESE POLICIES.

Advocate Signature _____

Date _____

Volunteer Coordinator _____

Date _____



CONFIDENTIALITY AGREEMENT

I, _____, a Bridge Youth and Family Services Volunteer, agree that any information obtained concerning persons served at The Bridge shall remain confidential. Volunteers are required as Bridge staff to follow the standards of the Confidentiality Act. These standards are to report any information to the Coordinator of Volunteer Services whereby a client discloses information of self or others that could result in serious harm or death and/or information about child abuse or neglect. As staff, volunteers are required to report those situations to their supervisor.

Volunteer

Date

Coordinator of Volunteer Services

Date

Are you familiar with anyone (neighbor, friend, relative, etc., who is or has been a client at The Bridge? _____yes _____no



Drug-Free Workplace Policy

The Bridge Youth & Family Services make a good faith effort to maintain a drug-free workplace through implementation of the following resources.

1. Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited.
2. For violation of such prohibition, The Bridge shall, in addition to any appropriate personnel actions, refer any employee who is found to use illegal drugs or alcohol while on duty or at work to a Substance Abuse Assistance Program for assessment, counseling and referral for treatment or rehabilitation.
3. Every employee shall be in receipt of a copy of The Bridge's drug-free abuse awareness program which will inform said employee about, a) the dangers of drug abuse in the workplace; b) our policy of maintaining a drug-free workplace; and c) penalties that may be imposed for drug abuse violation.
4. All employees agree to notify their supervisor of any criminal drug statue conviction for a violation occurring in the workplace while on duty no later than five days after such conviction.
5. The Executive Director will be notified of any such conviction within ten (10) days. Within thirty (30) days of receiving notice of such a conviction, the agency will take appropriate personnel action concerning such an employee, up to and including termination; and/or require such employee to participate satisfactorily in an agency approved drug/ alcohol abuse assistance or rehabilitation program. All referrals for drug or alcohol counseling will be confidential.

Signature

Date



DRIVING RECORD INQUIRY

Name: _____

Title: _____

All Personnel who transport children must have a valid driver's license and complete this form. Personnel must give their direct supervisor their insurance card and driver's license to be photo copied.

1. Have you had your driver's license revoked or suspended in the past three years for a D.U.I, manslaughter or reckless homicide?

Yes _____

No _____

2. Have you caused an accident resulting in death of any person in the past five years?

Yes _____

No _____

I hereby confirm that the information is true to the best of my knowledge.

Signature: _____

Date: _____



INSURANCE INQUIRY

The Bridge Youth & Family Services assumes no liability for wrongful or negligent acts of advocates or volunteers providing services to clients of The Bridge.

Therefore, I _____, Advocate/Volunteer attest that I have a valid driver's license and carry the following automobile insurance to protect the interest of the clients I serve, myself, and The Bridge.

Automobile Insurance Company _____

Name of Agent _____

Phone Number _____

Coverage:

Bodily Injury Liability _____

Per Person _____

Per Occurrence _____

Property Damage Liability _____

Per Occurrence _____

Medical Payments, per person _____

Uninsured Motorist Coverage: Yes _____ No _____

Per Person _____

Per Occurrence _____

Signature _____

State of Illinois Driver's License# _____

Date _____

* A copy of driver's license and auto insurance policy must be in file.
DCFS



APPLICATION CHECKLIST

Youth Advocate Application (2 Pages)

Youth Advocate Responsibilities

Youth Advocate Responsibilities (2 Pages)

Youth Advocate Program Policy

Confidentiality Agreement

Drug- Free Workplace Policy

Driving Record Inquiry

Authorization for Validation of Driver's License and Driving Record

Insurance Inquiry

****11 Pages Total ****

Please complete all forms and return to:

The Bridge Youth and Family Services
Youth Advocacy Coordinator
1585 N. Rand Road
Palatine, IL 60074
Tel: 847-776-3730
Fax: 847-776-3739