

**One-Time Volunteers – Tip Sheet**

The objective of your role during your service with THINK Together is to help create a positive and safe environment for our students.

As a one-time volunteer, you are considered a “visitor” for the day. If you are interested in becoming a regular volunteer with us, please contact your Site Coordinator or the Regional Manager of Volunteers to schedule a volunteer orientation.

In order to have a positive experience with us, we ask that you please follow the agreements below:

1. **Be Safe!**

* THINK Together staff is responsible for the supervision of the program site. At no time are volunteers left alone with children; a paid staff member, who has completed THINK’s extensive training, must be present.
* Keep students within your field of vision at all times.
* Strict confidentiality concerning personal matters of the students, staff and interns must be practiced at all times. Personal matters include student records, home addresses, telephone numbers, health information, files and reports, as well as any personal matters a student confides to another individual. The only instance in which a volunteer may break this policy is if a student’s health, safety, and/or well being are in danger
* For the protection of the children, interns and staff, THINK Together does not promote or sanction socializing or association with program participants under 18 outside of THINK Together activities.

1. **Be Respectful!**

* We are role models the moment we step onto the school campus. Therefore, it is important to use appropriate language, manner, and conduct at the site at all times
* Relationships among all participants in the THINK Together programs must be maintained in a respectful and professional manner.
  + - Inappropriate physical contact and flirtatious behavior is unacceptable.
    - Staff and interns are never to initiate physical contact with the students. Remember, some people do not like to be touched. Respect boundaries.

1. **Be Responsible!**

* Dress Code - We encourage volunteers to wear clothing that demonstrates their high regard for education and presents an image consistent with your volunteer responsibilities.
* Remember we are guests at the school sites that THINK operates out of. Please use care while in the classrooms and do not use any supplies and/or resources that do not belong to THINK.
* Give full attention to students: no cell phones, iPods, etc.
* Make sure to sign-in upon arrival at the site, and sign-out prior to departure!

1. **Have Fun!**

* We hope your time with THINK Together is a great one. On behalf of the staff, students, and volunteers with THINK Together we want to say THANK YOU for your service today. HAVE FUN!!!

 **EMERGENCY CONTACTS**

Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

**First** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choice** Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choice** Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional** Allergies to medication or

any medical conditions you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

would like us to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITH THIS SIGNATURE, I AUTHORIZE EMERGENCY MEDICAL TREATMENT.

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**Signature Date**