



Empower a Youth. Inspire the Future

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HIGH SCHOOL VOLUNTEER APPLICATION

Full Name _____			<input type="checkbox"/> Female	<input type="checkbox"/> Male
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>		
Home Address: _____	City: _____	State: _____	Country: _____	Zip Code: _____
Mailing Address: _____	City: _____	State: _____	Country: _____	Zip Code: _____
Social Security No: _____ - _____ - _____	Email Address: _____			
Driver's License # _____	Home Phone #: _____	Cell Phone #: _____		
Ethnicity: _____	Date of Birth: _____	School Name: _____	Grade Level: _____	
Parent/Guardian's Full Name: _____		Parent/Guardian's Occupation: _____		
Parent/Guardian's Cell Phone #: _____		Parent/Guardian's Work Phone #: _____		

References

Please provide the names and addresses of: (1) a teacher or school counselor who knows you well; 2) another adult who has known you for at least 2 years. These references will be asked to vouch for your reputation, character, and morals.

TEACHER/COUNSELOR			WORK TELEPHONE
SCHOOL ADDRESS	VILLAGE	ZIP	EMAIL
ADULT REFERENCE			WORK TELEPHONE
ADDRESS	VILLAGE	ZIP	HOME TELEPHONE

STATEMENT OF UNDERSTANDING

I understand that Mañe'lu, formerly Big Brothers Big Sisters of Guam will conduct a thorough background screening before I am accepted into the program. Mañe'lu is under no obligation to assign me to a Mentee/Hoben, and my participation is completely voluntary. If I am accepted as a Mentor/Saina, I understand my obligation to meet with my Mentee/Hoben regularly and to inform Mañe'lu agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the Mañe'lu staff and discontinue my service if I am requested to do so by the agency.

Signature of Applicant: _____ **Date:** _____



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FULL RELEASE OF ALL CLAIMS

I, _____, the undersigned parent or guardian
(Parent/Guardian's Name)

of _____, a minor child, being fully cognizant of the possibility of
(Child's Name)
physical or emotional harm or injury occurring to said minor child while participating in activities sponsored by or associated with Mañe'lu, on both the said minor child's and the undersigned's behalf, hereby fully and for all purposes, release Mañe'lu, and any person or group associated therewith, from all liability (past, present, future, actual, claimed, or contingent) which may otherwise exist or be claimed to exist, as a result of the said minor child's participation in any such activity or event, the undersigned assuming all risk for any liability, harm, or injury which might otherwise be claimed or exist, and waiving any right he or she may have to dispute the scope of this release on any statutory or other ground. I also agree to immediately notify the staff of Mañe'lu, in writing, of any concern, potential claim or other problem arising from or regarding the minor child's participation in the program.

ORIENTATION RELEASE

I, _____, the undersigned parent or guardian of
(Parent/Guardian's Name)

_____, understand that at the time of matching I will be provided the Mañe'lu
(Child's Name)
Parent/Youth Orientation Packet, which includes information on child maltreatment and personal safety. I understand that it is my responsibility to review this information with my child, and that I may contact Mañe'lu at any time for further information regarding youth personal safety, or to arrange for further training with Mañe'lu staff.

PARENT SIGNATURE _____ DATE _____

CASEWORKER SIGNATURE _____ DATE _____



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HIGH SCHOOL VOLUNTEER
PARENT/GUARDIAN PERMISSION FORM

I, _____, give permission for my daughter/son,
_____, to volunteer as a High School Mentor/Saina. I understand that
at a minimum she/he will be volunteering through the end of the school year, and that she/he will spend an
hour each week with an elementary school student. I understand that her/his involvement in the Mañe'lu
program will be under the guidance of Mañe'lu Staff. Transportation is the responsibility of the volunteer.

I feel this is a good opportunity for my daughter/son and fully support and recommend her/his involvement
with the program. Please accept this permission form as a positive reference for my daughter/son to
participate in this program.

Parent/Guardian Signature

Date



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PARENT/GUARDIAN REFERENCE FORM

Name of Applicant: _____

Name of Parent/Guardian: _____

Contact Information for Parent/Guardian: _____

In serving as a reference for your child's application as a High School Mentor/Saina, please answer the following questions.

1. Do you believe your son/daughter will be a good mentor and a positive role model for a younger student? Why or why not?

2. Describe your son/daughter's personality and interests (e.g., is she shy or outgoing, prefer outdoor or indoor activities, is she trustworthy, reliable, and consistent?)

3. Do you believe your son/daughter can fulfill the commitment of six-months/one school year to the Mañe'lu program? If no, please explain any concerns you have.

4. Have you observed your son/daughter interacting with younger children? If so, can you describe how your son/daughter interacts with younger children?

5. What reservations or concerns do you have about your son/daughter's participation?



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CONFIDENTIALITY POLICY

Mañe'lu, formerly Big Brothers Big Sisters of Guam respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non- Mañe'lu organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, may have access to client and volunteer records.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.
7. Territorial law mandates that suspected child abuse be reported to the appropriate authorities (GPD or Child Protective Services-DPHSS).
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.
9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, gender, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as age, gender, race, religion, interests, hobbies, family situation, etc.

By signing this document, I have read, understand, and agree to program participation under the above conditions.

Signature

Date



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Media Release Form

I hereby give Mañe'lu permission without compensation to the use (full or in part) of all still photos or videos taken of me for use in promotional/publicity purposes.

I further release Mañe'lu from any liability for what I, or anyone claiming by, through, or under me might deem misrepresentation in connection with the use of the aforementioned items in which I may have appeared. I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the parent or legal guardian indicated below has signed on my behalf.

Print Name: _____

Signature: _____

Address: _____

Signature of Parent or Guardian if under 18 years of age

Signature or Parent/Guardian: _____