

# OVERVIEW: YOUTH PARTNERSHIP PROGRAM

# COMMUNITY YOUTH AGAINST VIOLENCE

## VOLUNTEER/PARTNERSHIP PROGRAMS

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# YOUTH PARTNERSHIP PROGRAM

### *Student Volunteers in Community Service*

#### **OBJECTIVE**

The CYAV Youth Partnership Program encourages high school students to serve as community volunteers, and increase their awareness of the community and the value of appreciating life.

#### **DUTIES**

Students volunteer in community service roles. They may assist: seniors and/or physically challenged citizens; the homeless; non-profit, religious or civic organizations; and in other areas identified as needing voluntary services.

#### **TRAINING**

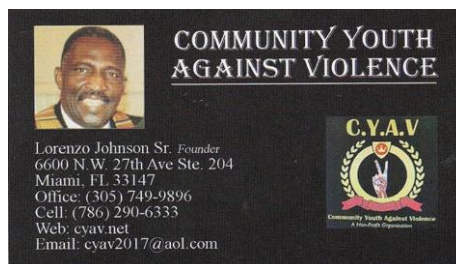
All students must attend a training session with the CYAV Youth Coordinator on general volunteer service and Youth Partnership Program requirements. They will also receive additional training/orientation from the recipient volunteer organization.

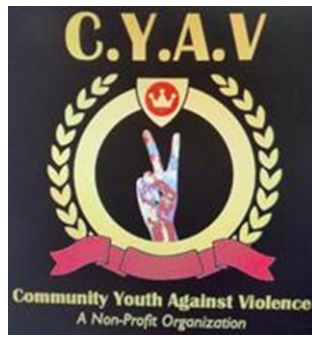
#### **DURATION**

Students are expected to be in an extended, routine relationship with the organization. Students may also participate in specific projects for special community needs.

#### **RECOGNITION**

Student contributing at least 20 community service hours annually will receive a certificate. Students serving more than 75 hours prior to graduation receive a pin and certificate (seniors only).





# COMMUNITY YOUTH AGAINST VIOLENCE

## Youth Partnership Program Student/Parent Guidelines

### *Purpose*

- To encourage secondary school students to serve as Community volunteers
- To increase awareness of the needs of the community
- To increase awareness of the life-long value of Volunteerism



### *Mission Statement*

Our mission is to create and develop a mindset in our young men and women from all walks of life. Our goal is assist them in transitioning from the “POP-OFF” mentality, while considering the consequences of their aggression. Our aim is to develop actions and get results. Ultimately, we will place these concepts in the schools throughout our communities.

### *Program Guidelines*

- Students may count volunteer work after the completion of the school-based training workshop offered by CYAV
- Students will not be paid for services rendered
- Students may use this program to meet the requirements for volunteer hours mandated by Miami-Dade County Public Schools for graduates

### *Hours That Can Be Counted*

- Community service for public, non-profit agencies
- Performances that meet an identified community service
- Youth service provided during summer vacation, weekends, and school holidays
- Time before school, after school, during lunch hour, early release days, and some weekends

### *Tips for Selecting an Agency*

- Parent/guardian is solely responsible for selecting agency where student volunteers
- Provides a safe environment for student
- Purpose is service to the community
- Provides a supervisor for the student
- Provides meaningful duties for student
- Provides detailed volunteer position description including any prerequisites

### *Student Volunteer Objectives*

- To enjoy a meaningful volunteer experience
- To have duties clearly defined by agency
- To always work under supervision
- To have opportunities that enhance talents, skills, vocational interests
- To enjoy a healthy and safe work environment
- To have the availability of a CYAV Counselor to help with problem solving
- To ask questions

**If a student is asked to do anything which makes them feel uncomfortable, the student should report this to their parent or guardian, school guidance counselor, CYAV Coordinator or another trusted adult.**

### ***Student Volunteer Objectives***

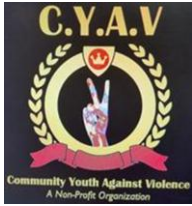
- Contact the agency/organization/project selected
- Submit a completed Youth Partnership Program Agreement form
- Respect CONFIDENTIALITY of agency/clients
- Perform volunteer service on own time, without payment or academic credit
- Maintain appropriate behavior and proper attire while volunteering
- Maintain attendance
- Provide own transportation to and from volunteer site
- Perform volunteer service on the day and time agreed (*If you can't keep your service obligation, call the agency in advance and notify them or change obligation*)
- Sign in at volunteer site every time you arrive (*Maintain records of volunteer hours, acknowledged by agency, to be used for service hour credits for recognition*)
- Submit volunteer sign-in sheets before end of senior year graduation
- Complete the Volunteer Experience form prior to graduating

### ***Youth Partnership Program Student Checklist***

- ✓ Attend training session at your school where you will receive volunteer information
- ✓ Complete the YPP Agreement form for each volunteer site.

#### **Once you have received all your YPP information at the training session:**

- ✓ Call the agency/organization/special project to arrange for training at the agency and to schedule your volunteer time.
- ✓ Remember to sign in at the volunteer site and keep a record of your volunteer hours. Agency designee must sign your YPP time sheet.
- ✓ On order to receive the credit you have earned for your community service you must turn in all information to the Youth Partnership Program Coordinator. Please be sure you have completed the following:
  - 1) Attended training session
  - 2) Completed the YPP Agreement Form
    - a. Student information
    - b. Organization information
    - c. Parent/guardian information and signature
    - d. YPP Coordinator signature
  - 3) Read student/parent guidelines
  - 4) Completed time sheet(s)
  - 5) Completed a Volunteer Experience Form prior to graduating



# COMMUNITY YOUTH AGAINST VIOLENCE

## Youth Partnership Program Agreement Volunteer/Partnership Programs

### STUDENT INFORMATION: *(To Be Completed by Student)* PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_ SCHOOL ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City Zip*

SCHOOL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT'S DAY PHONE: (\_\_\_\_) \_\_\_\_\_

CIRCLE ONE: FRESHMAN SOPHMORE JUNIOR SENIOR GRADUATION YEAR: \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

I agree to fulfill the duties and time commitments as listed in the organization's volunteer job description, including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the rules of the organization for which I will be volunteering and to abide by the procedures, including any record keeping required to maintain the confidentiality of organization and client information.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### ORGANIZATION INFORMATION: *(To Be Completed by Organization's Supervisor of Student Volunteers)*

NAME OF ORGANIZATION/AGENCY/SCHOOL PROJECT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City Zip*

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ OPERATING HOURS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

*(Contact person must verify the volunteer's hours and the quality of the volunteer's work)*

COMMUNITY SERVICE SITE: \_\_\_\_\_

VOLUNTEER JOB DESCRIPTION: \_\_\_\_\_

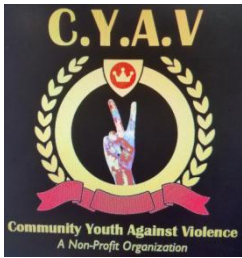
**CONTACT PERSON'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION: *(To Be Completed by Parent or Guardian)*

I have read and fully understand the volunteer job description above and know the expectations for my son/daughter and hereby request and approve that \_\_\_\_\_ participate in the Youth Partnership Program. I understand and hereby give my approval for my son/daughter to participate in volunteer activities of the Youth Partnership Programs that take place on or off school property, during or after school hours. When volunteering through the Youth Partnership Program, I understand that I am totally responsible and agree not to sue Community Youth Against Violence, its employees, or agents for any and all loss of damage, and any actions, claims, demands, costs, or expenses therefore, which the above named student or I may have arising out of or which are in any way connected with my son/daughter's participation in the Youth Partnership Program, including transportation to and from the activity.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CYAV COORDINATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# “COMMUNITY YOUTH AGAINST VIOLENCE”

## ATTENTION YOUTH

Are you tired of tired of the violence in your community?

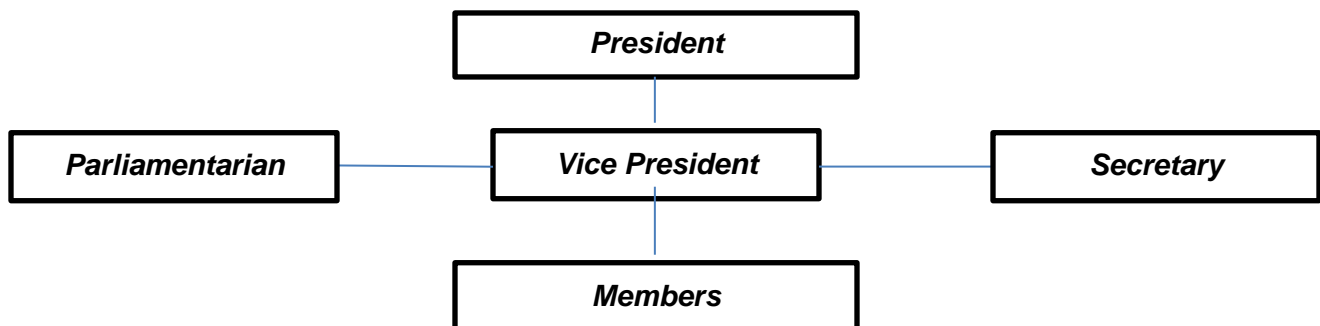
Are you tired of losing a friend or loved one to acts of violence?

Are you afraid to walk the streets in your community?

Become a voice in by joining Community Youth Against Violence Organization. You will come together with other youth, community partners, and concerned citizens to affect positive change!



### *“CYAV Student Council (Interim Board)”*



*For More Information, Please Contact Your Activities Director At Your School*

*“Involving Youth in Enhancing Our Community”*

*Please See Our Website: [cyav.net](http://cyav.net)*



## COMMUNITY YOUTH AGAINST VIOLENCE MEDIA RELEASE PARENTAL CONSENT FORM

\_\_\_\_\_  
(Date)

Dear Parent:

Please be advise that during the year your child may be photographed, videotaped, or interviewed at various community events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspaper, brochures, videos, television, the internet, websites, and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below.

\_\_\_\_\_  
(Students Name)

Yes My child's photograph/video/interview may be reproduced and release for use in the media

No My child's photograph/video/interview may not be reproduced and released for use in the media.

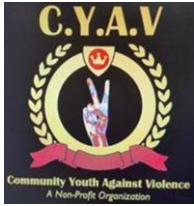
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return this signed form to:

L. G. Johnson  
Community Youth Against Violence  
6600 NW 27<sup>th</sup> Ave, Miami FL 33147  
305—749-9896





# COMMUNITY YOUTH AGAINST VIOLENCE

## Volunteer Experience Form

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

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Identify the problem or need for your community service:

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2. How/why did this community service interest you?

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3. State your involvement during your volunteer work:

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4. Reflect on your community service:

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*Please attach additional sheet(s) if necessary*

Youth Signature: \_\_\_\_\_



# COMMUNITY YOUTH AGAINST VIOLENCE

## Youth Partnership Program Sign-In Sheet

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

Volunteer Site: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Date	In	Activity	Out	Hours	Signature

**Total Hours:** \_\_\_\_\_

**I VERIFY THE ABOVE HOURS ARE ACCURATE**

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