



Junior Golden Experiences Ambassador's Volunteer Program



Why Volunteer with Golden Experiences

Thank you for your interest in serving as a junior volunteer with Golden Experiences. Our volunteers are officially known as Golden Experiences Ambassadors (GEAs). The GEAs make a difference each and every day in the lives of others by sharing their time, talents, and passions. Whether you have one hour to spare each week or several we have many volunteer opportunities available to leverage your skills to help others. Research suggests that people who help others are not only happier they are also healthier.

About Our Volunteer Program

We are blessed to have great support from our community who share a passion to serve other through volunteering. Golden Experience volunteer opportunities may vary based on community need and location of events. Each of our volunteer opportunities offer a variety of unique assignments based on your experience and areas of interest. Our vision for volunteerism is to serve our community while offering enriching and impactful experiences for our volunteers.

Junior GEA Volunteer Program

This is a year around program for high school students (minimum age 15 years old). The program offers many great opportunities to serve others in need.

Applications window is April 1 – 12, 2024 (Successful individuals/groups will be Interviewed.)

Interviewing will be conducted April 15 – 26, 2024.

Selection announcements – April 30, 2024

Orientation – June 1 – 4, 2024

Official start - is June 10, 2024.

Graduation / Awards ceremony - TBD.



Our Junior Golden Experiences Ambassador (JGEA) Program Requirements are as follows:

- Be a high school student – age 15 -18
- Commit to at least 1 year of service.
- Volunteer at least 8 hours per month.
- Successfully complete application and interview.
- Successfully complete orientation and training.
- Adhere to dress code and code of conduct.
- Maintain communication and submit reports as required.



Possible Areas of Service

- **Golden Navigators Program** - The objective of this program is to facilitate mentorship and character development among high school volunteers and students in middle or elementary school, fostering academic support and the cultivation of positive virtues. (Pending launch)
- **Community Engagement** - This volunteer role would require direct interaction with members of our community providing support and assistance as needed.
- **Support & Clerical Work** – This volunteer role would involve assisting Golden Experience Ambassadors as needed. Duties may vary based on need but may include, packing and sorting donated items, wrapping gifts, organizing items at a community event, folding brochures, Minutes taking.
- **Social media Management and Content creation** - Managing and creating posts, designing graphics, and helping improve the organization's online presence.
- **Fundraising (Optional)** - Planning and organizing fundraiser events, engaging with donors, creating fundraising campaigns, and collaborating with the team to achieve financial goals.



Golden Experiences Junior Ambassador Volunteer Program

Application

Please Print Clearly

Demographics

Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

How did you hear about the program? _____

Education

High School Name _____ Trade School _____ College of choice _____

Major or Field of Interest _____

Prior Volunteer Experience _____

Personal Data

Specific skills, trainings, talents, hobbies, and interests _____

Languages spoken _____

Why do you want to volunteer with Golden Experiences? _____



Would you be interested in helping with special projects, such as fundraising or special events?

___Yes___ No

References

Please list two local personal references (Other than family members)

Reference #1

Name _____ Phone _____

Address _____ City _____ Zip Code _____

Reference #2

Name _____ Phone _____

Address _____ City _____ Zip Code _____

Have you ever been convicted of, or been on deferred adjudication for, or are you now either awaiting trial for, or on deferred adjudication for a felony or misdemeanor? ___Yes___ No

If yes, describe, including charges, dates, and locations _____

Are you now, or have you ever been excluded, debarred, suspended, or otherwise declared ineligible to participate in federal or state community programs? _____

If accepted as a volunteer, I agree:

Your Name _____

Confidentiality Agreement

I agree to use confidential or proprietary information only as needed to perform my volunteer duties. This means I will not access confidential or proprietary information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential or proprietary information belonging to Golden Experiences. I understand that I will be automatically dismissed as a volunteer if I do not response my responsibility for maintaining confidentiality.

Your Signature _____ Date _____



Please place your initials on each of the designated lines below:

____ I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

____ I shall attempt to resolve any problems related to my volunteer activities with the Junior GEAs Volunteer Lead, and if unsuccessful, attempt to resolve any such problems with the Volunteer Director for Golden Experiences.

____ I shall make my best effort to fulfill my commitment to Golden Experiences by completing all assignments that I accept.

____ I shall at all times uphold the mission of Golden Experiences.

____ I understand that the volunteer services department reserves the right to terminate my volunteer status at any time as a result of (1) failure to comply with Golden Experiences policies, rules, and regulations; (2) 3 absences without prior notifications; (3) unsatisfactory attitude, work, or appearance; (4) any other circumstance which, in the judgement of the volunteer services department would make my continued service as a volunteer contrary to the best interest of Golden Experiences.

____ I understand that my participation in GEx volunteer activities constitutes consent for the use of my likeness, voice, and any other identifiable features in their promotional materials. As we embark on this journey together to make a positive impact in our community, we understand the importance of capturing the moments we share. We believe that these moments not only serve as cherished memories but also inspire others to join our cause and spread kindness and compassion.

By participating in our volunteer activities, you may have the opportunity to be photographed or recorded. These images and recordings may be used for promotional and educational purposes, including but not limited to, social media posts, website content, newsletters, and marketing materials.

However, be rest assured that we will always prioritize your privacy and dignity, and we will not use any images or recordings in a manner that is inappropriate or harmful.

If you have any concerns or objections regarding the use of your image or recordings, please feel free to communicate with our team, and we will respect your wishes to the best of our ability. Thank you for your understanding and cooperation in this matter. Together, let us continue to spread joy, hope, and positivity in our community.

Release of Liability Statement:

I, _____ understand and acknowledge that my participation in volunteer activities organized by Golden Experiences, Inc. involves certain risks and hazards. In consideration of being permitted to participate in these activities, I hereby agree to the following release of liability:



1. I voluntarily assume all risks associated with my participation in the volunteer activities, including but not limited to, physical injury, illness, property damage, or loss, regardless of the cause.
2. I release, waive, and discharge Golden Experiences Inc., its directors, officers, employees, volunteers, and agents from any and all claims, liabilities, damages, costs, or expenses, including legal fees, arising out of, or related to my participation in the volunteer activities, whether caused by negligence or otherwise.
3. I agree to indemnify and hold harmless Golden Experiences Inc., its directors, officers, employees, volunteers, and agents from any and all claims, liabilities, damages, costs, or expenses, including legal fees, arising out of, or related to my actions or conduct during the volunteer activities.
4. I understand that Golden Experiences Inc., does not provide any insurance coverage for volunteers and that I am responsible for obtaining my own insurance coverage, if desired, to protect against any injuries, damages, or losses that may occur.
5. I agree to follow all safety guidelines, instructions, and rules provided by Golden Experiences Inc., and to use reasonable care and caution while participating in the volunteer activities.
6. I understand that this Release of Liability is binding upon me, my heirs, successors, and assigns, and that it is intended to be as broad and inclusive as permitted by law.
By signing below, I acknowledge that I have read and understand this Release of Liability statement in its entirety and that I voluntarily agree to its terms and conditions.

For minors -

I, [Parent/Guardian's Name] _____, as the parent or legal guardian of the minor named above, hereby consent to, and approve of their participation in the volunteer activities organized by Golden Experiences, Inc. I acknowledge that I have read and understand this Release of Liability statement in its entirety and that I voluntarily agree to its terms and conditions on behalf of the minor.

Signature of Parent/Guardian: _____ Date: _____

Print Name of minor _____

Print Name of Parent/Guardian: _____

For non-minors -

Signature: _____ Date: _____

Print Name: _____

I have read each of the above conditions and I agree to be bound by them.

Volunteer Signature _____ Date _____



Witness Clause

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Volunteer Director's Signature _____ Date _____

Indicate Time Available to Volunteer

Add check marks.

	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P
<i>Monday</i>													
<i>Tuesday</i>													
<i>Wednesday</i>													
<i>Thursday</i>													
<i>Friday</i>													
<i>Saturday</i>													
<i>Sunday</i>													

In an Emergency Notify

Name _____

Relationship _____ Phone _____ Phone (Alternate) _____

Physician's Name _____

Mailing Address _____

When I leave the volunteer program, I am required to give two (2) weeks' notice and turn in any Golden Experience issued items such as badges. _____ (Initials)

Below For Office Use Only

Comments: