

Georgia Tech Horizons High School Volunteer Classroom Assistant

ELIGIBILITY:

- Horizons Volunteer Classroom Assistants must have completed at least 10th grade.
- All volunteers must receive permission from their parent or guardian via signature on this application
- All volunteers are required to attend the virtual Orientation on Wednesday, May 31 from 5:30 to 7 PM
- All volunteers must pass Georgia Tech's Criminal Background check

RETURN THIS APPLICATION BY April 19th, 2024 BY:

- Emailing it to HorizonsGT@gatech.edu

SUMMARY:

Horizons at Georgia Tech offers mature students a volunteer opportunity to not only provide community service, but to also learn the basics of working with children while having fun. Volunteers will assist Lead Teachers and Assistant Teachers with students and participate in Horizons daily activities. A typical day may include academics, arts and crafts, swimming, breakfast/lunch and sports. At the end of their time with Horizons, volunteers will be asked to provide a written summary including a brief personal reflection regarding their community service experience at Horizons. If you are accepted to volunteer at Horizons, a parental signature will be required.

SERVICE DESCRIPTION:

The 2023 summer program runs from Monday, June 5th – Friday, July 14th. Volunteers must commit to at least one of the three-week blocks. Please give careful thought to your availability during this time. Volunteering for Horizons is a serious commitment that should be met with a sense of professionalism and dedication.

REQUIREMENTS:

- Available to attend Volunteer Orientation on Wednesday, May 31 from 5:30 to 7 PM (virtually)
- Available for at least 1 of the three-week blocks: June 3rd - June 14th; June 17th– June 28th; or July 1st - July 12th.
- Must be willing to actively participate with the students during their daily swim lessons
 - Swimming ability is not required but comfort in the pool is
- Pass criminal background and sexual predator check

BENEFITS:

- Free Breakfast and Lunch
- Transportation to and from Georgia Tech
 - Students will be provided a MARTA pass or be able to ride the bus from Drew Charter or Hollis Innovation Academy

- Documentation for scholarship applications and graduation requirements

SECTION 1 - PERSONAL INFORMATION

Applicant's Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Home Address: _____

City/State/Zip: _____

Best Phone: _____

Email: _____

Parent/Guardian:

Name: _____

Best Phone: _____

Person to contact in case of emergency during the summer:

Name: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

SECTION 2 - EXPERIENCE

Previous Community Service Experience

Academic and extra-curricular areas of interest

Special skills: (knowledge of computers, foreign language proficiency, ability to coach a sport, musical instrument, etc.)

SECTION 3 - REFLECTION

Feel free to learn more about Horizons by visiting our National Website at: www.horizonsnational.org, or our regional website, www.horizonsatlanta.org, or at our local website at <http://ceismc.gatech.edu/horizons>.

Why is volunteering and community service important to you, and what do you expect to gain from your volunteer experience at Horizons at Georgia Tech?

SECTION 4 - REFERENCES

Please list 3 references not related to you, whom you have known at least for 1 year:
One reference should be a current teacher.

NAME	PHONE	EMAIL	NATURE OF RELATIONSHIP

SECTION 5 - SUMMER AVAILABILITY

Please indicate which two-week blocks you are available for:

___ June 3rd - June 14th; 8 AM to 4 PM

___ June 17th– June 28th; 8 AM to 4 PM

___ July 1st - July 12th, 8 AM to 4 PM

*If you would like to serve all 6 weeks, please indicate by checking all the time blocks.

**The program will be closed on June 19th and July 4th & July 5th

SECTION 6 – CRIMINAL HISTORY

Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes No
If yes, please explain:

SECTION 7 – GEORGIA TECH LIABILITY FORMS

GEORGIA INSTITUTE OF TECHNOLOGY VOLUNTEER SERVICES

AGREEMENT FOR VOLUNTEER SERVICES

I, _____, agree to work as a volunteer in CEISMC at the Georgia Institute of Technology (GIT) from June 2024 through July 2024. Services are offered strictly on a volunteer basis and I understand that I will not be paid or compensated in any way for them by GIT, nor will I be considered an employee of GIT for any purpose whatsoever. I understand that as a university volunteer Georgia Tech does not provide me with accident or medical insurance and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits. I understand that no academic credit will be granted by GIT for my volunteer service. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to, physical injury including death and damage to personal property and I voluntarily accept them. I agree to abide by all applicable rules and regulations of GIT and any of the departments or units where I engage in volunteer activities. I also agree not to disclose any confidential information concerning patients, research subjects, unpublished research data, and other confidential information, which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at GIT shall be the property of GIT and will be governed by GIT's intellectual Property Policy. I release and hold harmless the Board of Regents of the University System of Georgia, the Georgia Institute of Technology their members, employees, agents and authorized representatives from all losses, damages, costs, and expenses, claims, demands, rights and causes of action resulting from any personal injury, death, or damage to property arising out of my volunteer activities.

Volunteer's Signature _____

Date _____

Parent's Signature _____
(if volunteer is a minor)

Date _____

**WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
THIS WAIVER SHALL BE SIGNED BY ALL PERSONS PARTICIPATING IN ATHLETIC,
RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND
OTHER ACTIVITIES INVOLVING RISK OF BODILY OR
PERSONAL INJURY AND/OR PROPERTY DAMAGE**

Name of Participant: (hereinafter "Participant") _____

Activity: (the "Activity") Volunteer with Horizons at Georgia Tech Program

Date of Activity: June 3rd, 2024 through July 12th, 2024

Many programs, activities and workshops involve risks of injury, property damage and other dangers associated with participation in such activities. Participant should realize that there are inherent risks, hazards and dangers involved that cannot be eliminated regardless of the care taken to avoid injuries. Dangers peculiar to such activities include but are not limited to: 1) major injuries such as: hypothermia, broken bones, cardiac arrest/heart attack, eye injury or loss of sight, drowning, concussion, joint, ligament or back injuries and heat exhaustion; 2) minor injuries such as strains, sprains, bruises, scratches, cuts and abrasions.

Participant is additionally aware that there inherent risks, hazards and dangers involved in the training, preparation for, and travel to and from the Activity. It is the responsibility of Participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

Georgia Institute of Technology does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

Initials _____ Date _____

ACKNOWLEDGMENT AND ASSUMPTION OF RISK BY PARTICIPANT

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I understand and appreciate the risks that are inherent in the Activity and hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of the Activity, or in travel to and from such Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Activity.

Initials _____ Date _____

PARTICIPANT'S INDEMNIFICATION AND HOLD HARMLESS

I agree to INDEMNIFY AND HOLD Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Initials _____ Date _____

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in the Activity for which or in connection with which the Georgia Institute of Technology has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in the Activity, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with the Activity.

I further covenant and agree that for the consideration stated above I will not sue Georgia Institute of Technology, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my participation in the Activity. I understand that the acceptance of this release and covenant not to sue Georgia Institute of Technology or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. I have received a copy of this document and I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing. Severability: The undersigned further expressly agrees that the foregoing WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (the "Agreement") is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion thereof is held by a court of competent jurisdiction to be invalid, it is agrees that such provision will be deemed deleted from this Agreement without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of the remaining provisions.

NAME _____ Date _____
(Please Print)

Signature

Signature of Parent or Guardian if Participant is under 18

SECTION 6 – REQUIRED SIGNATURES

Understanding of Student Volunteer

I understand that this application is no guarantee of placement as a Horizon Volunteer Classroom Assistant. If selected, I will attend each day I am assigned. I understand that I must sign and return the Volunteer Application to be accepted as a volunteer.

Signature _____ Date _____

Parental Understanding and Consent

I understand that this application is no guarantee of placement as a Horizon Classroom Assistant Volunteer. If selected, I will insure that my child attends the program each day she/he is assigned. I understand that my child will be participating in swimming and other sports, unless excused by a written physician's note. I also agree that photos/videos of my child may be used for program promotion and understand that my child will not be identified by name.

Signature _____ Date _____

If you have any questions, please feel free to contact:

Dajuana Robinson
Horizons Program Manager
Georgia-CEISM
(404) 894-9707
HorizonsGT@gatech.edu

Thank you for applying to volunteer at Horizons at Georgia Tech!
Dajuana Robinson