

Time Of Your Life Vacations LLC



Volunteer Chaperone Application



Time Of Your Life Vacations LLC

PO BOX 10605

Pittsburgh, PA 15235

412-256-0389

registrations@timeofyourlifevacations.org

timeofyourlifevacations.org

WELCOME

Welcome!

Thank you for your interest in volunteering with Time Of Your Life Vacations!

Time Of Your Life Vacations provides Individuals with Intellectual and Developmental Disabilities who are 18 years of age and older high quality and supervised vacation opportunities. Our vacations promote integration, personal growth, normalization, socialization, friendships and fun!

An experienced Time Of Your Life Vacations staff member or travel coordinator leads all of our vacations / trips. Our volunteer chaperones are assigned to a group of four to five Travelers.

With the assistance of our staff members and travel coordinators, volunteer chaperones provide supervision to ensure a safe and enjoyable experience for each traveler. In exchange, volunteer chaperones attend the vacation/trip at no cost. All meals, lodging, transportation and entertainment are covered by Time Of Your Life Vacations.

Once our office has received your volunteer Chaperone application and all necessary clearances, you will be contacted to set up a New Volunteer Chaperone Training.

Please note that this packet contains important information regarding clearances and policies that must be reviewed by all potential volunteer chaperones.

We look forward to traveling with you on as many vacations as your schedules will allow!



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Volunteering with Time Of Your Life Vacations!

WHO CAN VOLUNTEER?

If you are dedicated to helping others, hardworking & compassionate we would love for you to join our volunteer chaperones team! You must be 18 or older to volunteer.

HOW DO I SIGN UP TO VOLUNTEER?

All volunteer chaperones must fill out a Volunteer Chaperone Application, a Pennsylvania Criminal History Record Check Application and attend a New Volunteer Chaperone Training before they can start attending vacations / trips. Once your clearances have been sent to our office and you attend our new volunteer chaperone Training, you can start signing up for vacations.

HOW WILL I KNOW IF I AM CHOSEN TO GO ON A VACATION?

We choose volunteer chaperones based on the number of travelers we have scheduled for the vacations. Therefore, registering to volunteer for vacation does not guarantee you have a spot. We will notify you if you have been selected to volunteer for a vacation by email! You will receive a volunteer chaperone contract and vacation itinerary two weeks before the scheduled vacation.

WILL I BE RESPONSIBLE FOR PAYING FOR ANYTHING ON THE VACATION?

Volunteer chaperones travel at no cost to them. This means all meals, sleeping accommodations, transportation and entertainment are covered by Time Of Your Life Vacations!

WHAT TYPE OF CARE AM I RESPONSIBLE FOR?

During a vacation, our volunteer chaperones will be responsible for a group of two –five individuals. Volunteer chaperones **MUST** know the whereabouts of their entire groups at all times! Volunteer chaperones will help assist travelers with daily life skills, money management and special dietary needs.

If at any time you are uncomfortable or unsure about how to best help assist a traveler when traveling, you may speak with a Time Of your Life Vacations staff and they can help assist you.

If you have any more specific questions about volunteer chaperones responsibilities ,be sure to ask during the training or call our office.



Time Of Your Life Vacations LLC
Volunteer Chaperone Application

Please PRINT CLEARLY and use BLUE OR BLACK PEN ONLY:

The application is strictly for volunteer eligibility within Time Of Your Life Vacations LLC only.

NAME _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE _____ MALE _____ FEMALE _____

HOME PHONE NUMBER _____

CELL PHONE:(_____) _____

EMAIL ADDRESS(S) WHERE ALL CORRESPONDENCE SHOULD BE EMAILED TO:

Note: Time Of Your Life Vacations LLC does not MAIL any confirmations or itineraries! All correspondence (confirmations, itineraries, trip information, flyers, etc.) from Time Of Your Life Vacations LLC are **EMAILED** to all travelers & volunteer Chaperones.) **You MUST list below at least one email address.**

EMAIL ADDRESS : _____

I board the van at: _____ MONROVILLE, PA _____ ROBINSON TWP, PA

HOW DID YOU HEAR ABOUT THE PROGRAM? _____

WHAT IS THE BEST WAY TO REACH YOU? _____ EMAIL _____ PHONE

WOULD YOU BE WILLING TO WORK WITH SOMEONE IN A WHEELCHAIR?

___ YES ___ NO

HAVE YOU HAD ANY PREVIOUS EXPERIENCE WITH ADULTS WITH I DISABILITIES?

___ NO ___ YES DESCRIBE: _____

Time Of Your Life Vacations LLC
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EMERGENCY CONTACT:

NAME _____

RELATIONSHIP TO THE VOLUNTEER CHAPERONE: _____

PHONE NUMBER: _____ EMAIL: _____

DO YOU HAVE ANY TRAINING IN CPR OR FIRST AID?

___ NO ___ YES DESCRIBE: _____

DO YOU HAVE A VALID PASSPORT ? ___ NO ___ YES

NAME (PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____



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CLEARANCES

Clearances must be processed and dated within the last 12 months. Both free volunteer Clearances and paid employee clearances are acceptable for volunteer purposes.

Please select the appropriate status of each clearance, review & each compliance statement.

Pennsylvania Criminal History Record Check (Act 34)

_____ I have a current volunteer or employee Pennsylvania criminal history record check clearance process within the last 12 months (please attach to the volunteer application)

_____ I have a volunteer or employee Pennsylvania criminal history record check clearance that is older than 12 months but less than 57 months old. I understand that Time Of Your Life Vacations LLC cannot accept this clearance and I will need to apply for a new clearance on my own

_____ I have never obtained a Pennsylvania criminal history check clearance and will need to apply for a free volunteer clearance on my own.

Act 169 of the Pennsylvania Criminal Code prohibits Time Of Your Life Vacations LLC from employing a person / permitting a person to volunteer who has been convicted of certain crimes. Please review the Pennsylvania Criminal History Record Check (Act 34) Prohibitive Offenses list and inform the Time Of Your Life Vacations office if you have a conviction that is included on this list. This act also requires Time Of Your Life Vacations LLC to a criminal history record check on all new employees / volunteer chaperones prior to them starting the assignment or volunteering on a vacation. Please be advised that any false statements misrepresentation or significant admission on your application and /or this form is grounds for ending your relationship with Time Of Your Life Vacations, regardless of when the information is found to be false or misrepresented.

I have reviewed the Pennsylvania Criminal History Record Check (Act 34) Prohibitive Offenses Contained in act 169 of 1996 as Amended by Acts 13 of 1997. To the best of my knowledge, I have not been convicted of any crime on the list and I hereby affirm that I am not disqualified from employment / volunteering based on the list.

NAME (PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____

Time Of Your Life Vacations LLC
Volunteer Chaperone Application

Federal Bureau of Investigation (FBI) Federal Criminal History Clearance

_____ I swear / affirm that I am seeking a volunteer position and am not required to obtain a clearance through the Federal Bureau of Investigation as:

- The position I am applying for is unpaid; and
- I have been a Resident of Pennsylvania during the entirety of the previous 10-year.

If you have not been a resident of Pennsylvania during the entirety of the previous 10-year period:

_____ I do have a current FBI criminal history record check clearance
(Please attach to the application)

_____ I do not have a current FBI criminal history record check clearance and will need to apply for one on my own.

NAME (PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____



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Disclosure Statement- Arrests, Charges and Convictions

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the child protective services law or I'm named as perpetrator in a founded or Indicated report, I must provide at the administrator or designee with written notice no later than 72 hours after the arrest, conviction or notification that I've been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment /volunteering decisions or the administrator of a program, activity or service has a responsible belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the child protective services law, or was named as a perpetrator in a founded or indicated report, or I have provided notice as required under the section, the person responsible for employment decisions or administrator of a program activity or service shout immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation as appropriate.

I understand that if I unwillingly fail to disclose information, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment/volunteer decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

NAME (PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____

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INJURY AND ILLNESS:

Time Of Your Life Vacations LLC cannot assume responsibility for any medical expenses that may occur if the volunteer chaperone requires /receives medical care. If a volunteer chaperone becomes ill or injured and cannot continue to travel with the group, and requires transportation home, the volunteer chaperone will be responsible for such transportation costs. Any injury or illness which may occur on the vacation or event shall be covered by my own insurance program and not by Time Of Your Life Vacations LLC.

PROPERTY DAMAGE OR DESTRUCTION:

Volunteer chaperones/ person who, intentionally or unintentionally damage or destroy property not belonging to themselves, are financially responsible for repair or replacement of the property. Time Of Your Life Vacations LLC accept no financial responsibility for damaged or destroyed property.

LOST AND FOUND:

Unfortunately, Time Of Your Life Vacations does not have a lost and found. Time Of Your Life Vacations will not accept responsibility for returning or locating lost items.

WEATHER/VEHICLE DELAYS:

In the event of severe weather, vehicle breakdown, airline delays, or other unforeseen events which alter our departure or return time, Time Of Your Life Vacations LLC will try to notify all volunteer chaperones, travelers, traveler’s caregivers, agency staff and family members in a timely manner. Time Of Your Life Vacations LLC generally rents newer vans and motor coaches, but if we should have a break down or a on-the-road emergency Time Of Your Life Vacations LLC will try to make every effort to rent or arrange alternate transportation. In some cases, alternate transportation may not be available (rental company closures, rental companies not available in the area of the breakdown, etc.). In these circumstances Time Of Your Life Vacations LLC will notify all volunteer chaperones, traveler’s caregivers, agency staff and family members of this and may have to have all volunteer chaperons , traveler’s caregivers, agency staff and family members pick their volunteer chaperones, travelers up at the breakdown /on-the-road emergency location. Please note this would only be in an extreme emergency and if Time Of Your Life Vacations LLC had no other options.

I have read Time Of Your Life Vacations LLC Illness/Injury Policies outlined above and understand and agree to its provisions:

NAME (PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____

Volunteer Chaperone Application

RESPONSIBILITY: Our staff members and Travel Coordinators are prepared to lead a safe and fun vacation / trip. Volunteer chaperones attending a vacation/trip do so at their own risk, and release Time Of Your Life Vacations LLC staff members and Travel Coordinators from liability for any harm to Volunteer chaperones /person or property that may occur. Volunteer chaperones are advised to have and carry their own medical insurance. Volunteer chaperones who are removed from a vacation/trip for medical, behavioral, or psychological reasons are responsible for the cost of their return. Any incidental expenditure incurred by a Volunteer chaperone while on a vacation/ trip is the responsibility of the Volunteer chaperones and must be reimbursed to Time Of Your Life Vacations within 10 days of invoice receipt.

Time Of Your Life Vacations LLC acts only as an agent in arranging transportation, accommodations, or any optional sightseeing tours, cruises, etc. and as such are not responsible for any damages, loss, delay, injury, or accident due to weather, or any act of default of any company or person engaged in providing service included in our vacations/trips. Time Of Your Life Vacations LLC cannot assume responsibility for any medical expenses that may occur if the t Volunteer chaperones requires or receives medical care.

Time Of Your Life Vacations LLC reserve the right to cancel any tour or make changes in any itinerary as we deem necessary. Time Of Your Life Vacations LLC reserves the right to cancel any session (vacation /trip) due to insufficient registration. Time Of Your Life Vacations LLC is not responsible to any Volunteer chaperones /person for expense, loss of time or money or other circumstance resulting from a change in itinerary or change of vacation/trip arrangements. Any Volunteer chaperones /person may be dismissed from any vacation/trip at any time by the Time Of Your Life Vacations LLC staff/ Travel Coordinator in charge should his or her conduct not be in harmony with the rest of the group/travelers; no further obligation will be assumed by Time Of Your Life Vacations LLC or anyone in their employ.

I have read Time Of Your Life Vacations LLC Responsibility outlined above and understand and agree to its provisions.

NAME (PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____

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VOLUNTEER CHAPERONE APPLICATION

CHECK LIST:

Please provide copies for the following listed below and return this application to the Time Of Your Life Vacations LLC office:

_____ *Complete, sign and return the Volunteer Chaperone Application!*

_____ *Submit a copy of your COVID-19 vaccination card to Time Of Your Life Vacations.*

_____ *Submit a copy of your Valid State-issued I.D. and/or Valid Passport.
(Passports required for out-of-country vacations/trips)*

PLEASE SEND TO:

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