



Peer Leader Application

August 21, 2019

Dear Teens:

RISE for Autism is excited to offer structured social groups through our “Teen Night” program. Teen Nights are a social gathering for small groups of teenagers aged 13-19 with Autism Spectrum Disorder (ASD) alongside typically developing peers (also ages 13-19). The 8 sessions occur once a month from 7-9pm on the dates outlined below. We are thrilled that you are interested in applying to be a peer leader. Your participation is completely voluntary and we ask that you read over the documents carefully. Volunteers are not required to attend every session; however, we do ask that volunteers attend as many sessions as possible in order for everyone to form the best relationships. RISE for Autism will happily sign off on any volunteer forms required. In order to protect the privacy and integrity of all attendees, we require that all volunteers attend a brief Peer Leader Training prior to their first session. More information and application due dates are revealed in the accompanying forms.

Looking forward to a great “Teen Night” experience!

Sincerely,

Casie Jahnigen

Casie Jahnigen M.S., Program Coordinator and On-Site Supervisor
Devin Blackwell, Group Leader
Tina Brown, Group Leader



Peer Leader Application

Application Deadline: Wednesday, September 4, 2019

Completed applications can be mailed to RISE for Autism or emailed to cjahnigen@riseforautism.org by the deadline listed above.

Peer Leader Personal Information:

Full Name: _____

Email Address: _____ Age: _____

Phone Number: _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____

Allergies (if any): _____ Food Restrictions: _____

Please describe any other important medical conditions that staff should be aware of in the event of an emergency: _____

School Attending: _____ Grade/Level: _____

Emergency Contact Information:

Contact #1 Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Address: _____ State: _____ Zip: _____

Contact #2 Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Address: _____ State: _____ Zip: _____

In case of emergency, I understand that RISE for Autism employees will follow standard 911 protocol and I will be taken to the nearest hospital. Every effort will be made to contact the emergency person(s) listed above.

Signature of Peer Leader: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



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Additional Information: *Please help us get to know you by providing the following information.*

Extracurriculars: _____

Special Interests: _____

Do you have reliable transportation to attend session?

Yes

No

Were you a Peer Leader last year?

Yes

No

Previous experience working or supporting individuals with special needs (*if applicable*): _____

Why do you want to participate in this program: _____

Session Dates for 2019-2020: Teen Night consists of eight sessions (1 Friday per month) where each session runs from 7-9pm. A makeup session will be held on 5/15/20 if a session is cancelled for inclement weather/other reasons. Please indicate which sessions you would be interested in attending. Peer leaders are expected to arrive by 6:45 pm on the night of session (*Except for the Peer Leader Training, please see next page*). Once applications are reviewed, Peer Leaders will receive a schedule of which teen nights to attend.

Sept. 20

Oct. 18

Nov. 15

Dec. 20

Jan. 24

Feb. 14

Mar. 20

Apr. 17

May 15 (*Makeup session only*)



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Peer Leader Training: In order to protect the privacy and integrity of our participants, we require that all Peer Leaders participate in a brief, yet mandatory Peer Leader Training. The training will discuss autism (and how it may have impacted our teens), HIPAA regulations, and ways to support one another. **The training will be conducted on Friday, September 20th at 6:15 pm (prior to the start of our first session).** It is ideal that all Peer Leaders attend this training, even if they are not scheduled to volunteer on this date. Please indicate below whether you would be able to attend the training on 9/20. *If you are unable to participate, a makeup Peer Leader Training will be arranged.*

- Yes- I can attend the training on 9/20
- No- I cannot attend the training on 9/20

Session Preferences: We understand that Peer Leaders may have preferences in regards to sessions. Please indicate if there is a specific session that you are most interested in (the themes typically revolve around that month's holiday). We also recognize that many Peer Leaders apply with friends/relatives in the hopes of volunteering together. Using the space below, please indicate any volunteers that you would like to be scheduled with. The other volunteer must preference you as well for it to be accounted. *Please Remember- The goal of Teen Night is to immerse typically developing teens with teens who have ASD. We will do our best to acknowledge all preferences, but volunteers are expected to interact with everyone.*

Additional pertinent information: _____



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Volunteer/Peer Leader Consent Form

As a volunteer in the Teen Night Program, I will have access to sensitive and confidential information, including, but not limited to, information about participants, other volunteers, and staff.

_____ I will treat all information I receive during the Teen Night Program confidential, and I will not use said information for any purposes other than in performing my duties as a RISE volunteer.

_____ I hereby release, indemnify and hold harmless RISE for Autism and the organizers, sponsors and supervisors of any and all of its activities from any and all liability in connection with any injury (including injury caused by negligence). I recognize that I have the right and the responsibility to decline to perform any task or activity which I deem to be unsuitable for me.

_____ I hereby irreversibly grant RISE for Autism the right to use and reproduce any and all photographs, video clips, and/or audio clips that I provide to them in any form whatsoever for use in RISE for Autism's newsletters, brochures, web sites, flyers, and in any other publications produced for the organization. Also, any photo that I provide may be used, but do not use or print my name. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

_____ I hereby further authorize(s) RISE for Autism's staff to provide for, approve and authorize any health care at any hospital emergency room; If there is no medical emergency, RISE for Autism will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

_____ The undersigned assume(s) all risk of injury or harm to the participant associated with participation in the Teen Night Program and agree(s) to releases, indemnify, defend and forever discharge RISE for Autism and its staff and volunteers from all liability, claims, demands, damages, costs, expenses, actions and causes of in respect of death, injury, loss or damage to the participant or by the participant, howsoever caused, arising or to arise by reason of or during the participants, participation in the Teen Night Program.

My initials above signify that I have read, understand and agree with the paragraphs above.

Printed Name: _____ Date: _____

Signature: _____

If above individual is a minor, a parent or legal guardian must sign as well.

Printed Name: _____ Date: _____

Signature: _____ Relationship: _____



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Teen Night Social Contract

In order to make sure our “Teen Nights” are an inclusive, supportive environment, we need all teens to abide by our social contract. Any behavior that is unsafe to self, others, or the RISE for Autism property or staff will be handled on a case-by-case basis, but may include exclusion from future groups.

- I will pay attention to the Coordinator, Group Leaders, Group Assistants, and all staff at RISE for Autism.
- I will not record, photograph, nor videotape RISE for Autism Teen Night participants or staff.
- I will only use kind words and language. I will not curse nor use insults.
- I will support and maintain an inclusive environments for all teens.
- I will not laugh at, mock, or make fun of any participants.
- I will respect the property and materials at RISE for Autism Center.
- I will participate in all the games and activities to the best of my ability.
- I will treat others in the group as I would want to be treated.

Peer Leader Name

Peer Leader Signature

Date