Horizons Volunteer Application
Address: 230 Bushy Hill Rd, Simsbury, CT 06070
Executive Director: Carol Ross or Program and Development Manager: Kenzie Hine
Phone: (860) 408-4236
Email: cross@horizons.ethelwalker.org or mhine@my.ethelwalker.org

Summer 2024 VOLUNTEER APPLICATION
Application Deadline: Monday, April 1, 2024 or until all positions are filled

**ALL APPLICANTS:**

* Must have completed at least 7th grade.
* Must uphold the Volunteer Code of Conduct (attached)
* Must attend Volunteer Training Meeting on June 18, 2024 from 10 a.m. - 2 p.m.
* Must receive permission for participation from their parent or guardian via signature on this application

Email this completed application to mhine@my.ethelwalker.org by 5:00 pm on Monday, April 1, 2024

**Summary:** Horizons offers students volunteer opportunities to provide an important community service and learn the basics of working with children while having fun. Volunteers will assist Lead and Assistant Teachers in the classroom and participate in Horizons activities throughout the 6 week Summer Program. Each volunteer will be assigned a classroom to work in throughout their time at Horizons. A typical day will include breakfast and lunch, academic class time, swimming and other enrichments. Upon completion of work, volunteers will be asked to submit a written summary including a brief personal reflection regarding their community service experience at Horizons.

*Horizons at The Ethel Walker School strives to create an inclusive, affirming and welcoming environment that allows all team members to thrive. Because of our Network-wide commitment to EDIB, the ideal candidate for this role must be comfortable engaging in discussions, be self reflective, and be willing to challenge themselves and others to learn and grow continuously.*
**Job Description**

The Summer Program will run for six weeks, from June 24th to August 2nd, 2024. Volunteers must commit to a daily schedule from 7:50 a.m. - 3:40 p.m. New this year: opportunities are available for the entire 6 weeks or 2 week sessions ONLY.

Please give careful consideration to your participation as there will be fewer available spaces to make the volunteer experience as engaging as possible. Volunteering for Horizons is a commitment that should be met with a sense of professionalism and dedication.

**BENEFITS:**

- Documentation for scholarship applications and graduation requirements
- School Community Partnership credit
- An experience of growth, mentorship and leadership development

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**Section 1 / Personal Information**

Date: __________________________  Name: __________________________

Date of Birth: ___________________  Age: _______  Current Grade: _______________

Current School: ___________________________________________________________

Home Address: ___________________________________________________________

City/State/Zip: ___________________________  Phone: ___________________________

Email: _________________________________________________________________

Parent/Guardian Name: _________________________________________________

Parent/Guardian Phone Number(s): _________________________________________

Parent/Guardian Email: _________________________________________________

Emergency Contact Name & Phone Number: _________________________________

Have you volunteered for Horizons previously  □ Yes  □ No

If Yes, with which grade(s) have you worked_______________________________
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

Why is volunteering and community service important to you, and what do you expect to gain from your volunteer experience at Horizons? If you have volunteered with Horizons before, please explain your favorite and most challenging part and why you would like to return.

Section 4 / References

Please list 2 references, not related to you, whom you have known at least for 1 year: One reference should be a current teacher.

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Please submit your preferred volunteer schedule from the options below.

**Note:** Horizons encourages applicants to consider their schedules and if possible to apply for the 6 week volunteer session. The following are the volunteer schedule choices:

6 Week Session Monday- Friday 7:50 am – 3:40pm
2 Week Session Monday- Friday 7:50 am – 3:40pm

Please check one of the following options (you have the option to choose two of the two-week sessions for a total of four weeks):

- **Full 6 Week Program** June 24th - Aug 2nd
- **2-Week Session A** June 24th - July 5th (No program July 4th & 5th)
- **2-Week Session B** July 8th - July 19th
- **2-Week Session C** July 22nd - Aug 2nd

**REGULAR PROGRAM VOLUNTEER GRADE SECTION**

**Note:** Horizons tries to pair volunteers and students with a minimum 3 year age gap. STEAM, Sports and Office volunteers may work with multiple age groups.

Grade Selection: Please check one or more of the options to indicate which grades you would like to work with.

- **Lower Elementary (Pre-K through 2nd Grade)** Ages 4 - 8
- **Upper Elementary (3rd through 5th Grade)** Ages 8 -11
- **Middle School (6th through 8th Grade)** Ages 11-14
- **STEAM**
- **Field Hockey & Sports**
- **Office Support** (*This position should be in addition to another choice as it will be on an individual project need basis only.)*

Grade level selection will be considered, however Horizons will set the volunteer schedule based on the needs of the program and the summer calendar. Please be willing to remain flexible in your placement. You will be contacted by **April 15, 2024** regarding your acceptance into the Horizons Volunteer Program and to confirm placement and receive your work schedule.

*A parent or guardian signature will be required if you are accepted to volunteer at Horizons.*
Volunteer Training and Orientation Date: June 18th 10am-2pm
The Ethel Walker School, Simsbury, CT

Volunteer Understanding:

I understand that this application is not a guarantee of placement as a Horizons Volunteer. If selected, I will attend each day I am assigned and clearly communicate any absences to the Volunteer Coordinator PRIOR to the absence. I understand that I must adhere to the Volunteer Code of Conduct to be accepted as a volunteer.

Signature ______________________________________ Date ________________________

Parental Understanding and Consent:

I understand that this application is not a guarantee of my child’s placement as a Horizons Volunteer. If selected:

1) I will ensure that my child attends the program each day she/he is assigned.

2) I understand that my child will be participating in swimming and other sports unless excused by a written physician’s note.

3) My child may attend field trips with the Horizons program.

4) I agree that photos/videos of my child may be used for program promotion and understand that my child might be identified by name.

Parent/Guardian Printed Name: __________________________________________________

Parent/Guardian Signature __________________________________ Date ________________

Thank you for applying to volunteer at Horizons!
Volunteer Code of Conduct

*Horizons volunteers strive to uphold an inclusive, affirming and welcoming environment that allows all team members to thrive.*

By signing this document, I agree to do my best to uphold the following principles:

1. Build relationships with the Horizons community based on trust, respect and acceptance.
2. Use constructive and positive language in all interactions.
3. Communicate openly and clearly, and respect and protect confidentiality.
4. Professionally communicate absences, questions and concerns to Volunteer Coordinator and assigned teaching staff in a timely manner as necessary.
5. Commit to my own learning and professional development.
6. Continuously grow as an inclusive and antiracist person valuing and celebrating the identities of all people.
7. Use my cellphone ONLY while on break.
8. Avoid photographing and uploading images of Horizons students to personal devices or social media platforms.
9. Maintain physical boundaries between myself and students.
10. Help spread the Horizons mission to support opportunities that enhance individual uniqueness, safe choices, critical thinking, creativity, curiosity, and a love of learning.

__________________________________________  ________________________
Printed Name of Volunteer           Date

__________________________________________
Signature of Volunteer

__________________________________________  ________________________
Printed Name of Parent if volunteer under 16        Date

__________________________________________
Signature of Parent if volunteer under 16