











Horizons at The Ethel Walker School Address: 230 Bushy Hill Rd, Simsbury, CT 06070 Executive Director: Amira Williams or Program and Development Manager: Kenzie Hine Phone: (860) 408-4236 Email: <u>mhine@my.ethelwalker.org</u> or amira_williams@my.ethelwalker.org

Summer 2023 VOLUNTEER APPLICATION Application Deadline: Friday, March 17th, 2023

ELIGIBILITY:

- * Horizons volunteers must have completed at least 7th grade.
- * All volunteers are required to sign the Code of Conduct.
- * All volunteers must attend one orientation meeting.
- * All volunteers must receive permission from their parent or guardian via signature on this application

Email this completed application to mhine@my.ethelwalker.org no later than 5:00pm on March 17th.

Summary: Horizons offers students volunteer opportunities to not only provide an important community service but to also learn the basics of working with children while having fun. Volunteers will assist Lead Teachers and Assistant Teachers with children and participate in Horizons throughout the Summer Program. Each volunteer will be assigned a classroom to work in throughout the program. A typical day will include various activities, such as breakfast/lunch, academics, arts & crafts, swimming, and other sports. At the end of their time at Horizons, volunteers will be asked to submit a written summary including a brief personal reflection regarding their community service experience at Horizons. A parental signature will be required if you are accepted to volunteer at Horizons.

Job Description

The Summer Program will run for six weeks, starting June 26th to August 4th, 2023. Volunteers **must commit** to a regular schedule and daily assignments(s). Please give careful thought to your availability during this time. **Volunteering for Horizons is an exciting commitment that should be met with a sense of professionalism and dedication.** Please submit your preferred volunteer schedule, choosing from the options on page 5 of this application. Horizons will ultimately set the volunteer schedule based on the needs of the program and



the summer calendar. You will be contacted **in April** regarding your acceptance into the Horizons Volunteer Program and to confirm plans and receive your work schedule.

COVID Impact

The COVID-19 pandemic has made the inequities in our education system painfully apparent and many of our families have been affected by this. Now, more than ever, our students need access to opportunities to help them close the achievement gap.

BENEFITS:

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

Section 1 / Personal Information		
Date:		
Name:	Date of birth: Age:	
Current Grade:	School:	
Home Address:	City/State/Zip:	
Phone:	Email:	
Parent/Guardian:	Parent/Guardian Phone:	
Parent/Guardian Email:		
Summer Emergency Contact:	Emergency Contact Phone:	

Have you volunteered for Horizons previously	🗆 Yes 🔲 No

If Yes, what grades have you worked with:_____

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 websites at: www.horizonsethelwalker.org and horizonsnational.org

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 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.

NAME	PHONE	EMAIL	NATURE OF RELATIONSHIP
<u>1.</u>	-		
2.			

Section 5 / Summer Schedule Preference and Availability



REGULAR PROGRAM VOLUNTEER SCHEDULE SECTION

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 8:00am – 3:35pm 3 Week Session Monday- Friday 8:00am – 3:35pm 2 Week Session Monday- Friday 8:00am – 3:35pm

Day(s) / time(s) I am available to volunteer: Please check one from 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 26th - Aug 4th	Monday- Friday 8:00am – 3:35pm
First 3 Weeks	June 26th - July 14th	Monday- Friday 8:00am – 3:35pm
Last 3 Weeks	July 17th -Aug 4th	Monday- Friday 8:00am – 3:35pm
2-Week Session A	June 26th - July 7th	Monday- Friday 8:00am – 3:35pm
2-Week Session B	July 10 th - July 21 th	Monday- Friday 8:00am – 3:35pm
2-Week Session C	July 24 th - Aug 4 th	Monday- Friday 8:00am – 3:35pm

REGULAR PROGRAM VOLUNTEER GRADE SECTION

Note: Horizons tries to pair volunteers and students with a minimum 3 year age gap. Therefore a 13 year old volunteer will most likely be paired with Lower Elementary students, while 17 year old volunteers could likely be paired with Middle School students. STEAM TA's will interact with all grade levels in some capacity.

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 5-9
Upper Elementary (3rd through 5th Grade)	Ages 8-11
Middle School (6th through 8th Grade)	Ages 11-14
STEAM	Ages 5-14
Field Hockey & Sports	Ages 6-14
Admin Needs and Office Support	
Swim Program (Lifeguard Certification required)	Ages 6-14

Volunteer Training and Orientation Date: *One session during week of June 19th from 10am- 2pm *Exact date TBD

Understanding of Volunteer

I understand that this application is no guarantee of placement as a Horizons Volunteer. If selected, I will attend each day I am assigned. I understand that I must sign and return the Volunteer Code of Conduct form 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 Volunteer. If selected, I will ensure 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 and that my child may attend field trips with the Horizons program. I also agree that photos/videos of my child may be used for program promotion and understand that my child might be identified by name.

Signature _____ Date _____

Thank you for applying to volunteer at Horizons!