



To Prospective Assisten Members,

Thank you for your interest in the Assisteens Auxiliary of the Assistance League of Capistrano Valley. Our chapter was founded in 1983 and comprises approximately one hundred young students who are in eighth through twelfth grade. We are an auxiliary of the Assistance League of Capistrano Valley (ALCV) and a member of the National Assistance League, which was formed in 1935. The ALCV is a nonprofit volunteer organization whose members are dedicated to developing and implementing a philanthropic program to provide humanitarian services to the community. Assisteens was first organized in 1944 with the purpose of teaching young ladies about philanthropic service and self-improvement.

The ALCV's motto is **"All for Service and Service for All."**

During the school year (September through May), Assisteens attend monthly meetings where they participate in local philanthropic projects, provide support for ALCV Chapter activities, and are involved in self-improvement programs. Many community service projects are planned such as making holiday gift and meal baskets for the families of Family Assistance Ministries (FAM), delivering lunches for the homeless, and producing 1000 personal care kits to be given out at Operation School Bell, one of the ALCV's largest philanthropies.

Additional philanthropic events are planned through small groups that meet regularly throughout the year. Just a few of the projects included, Military donations, Bedside Adventure craft boxes for children with Cancer at CHOC hospital, visiting the Senior Centers, and decorating gingerbread houses for the Family Assistance Ministry Christmas Party.

In previous years, we have been privileged to have several guest speakers come and talk with our Assisteens during our self-improvement series. Experts in their fields have come to speak and demonstrate etiquette, self-defense, eating disorders, peer pressure, addictions and dressing for success.

One of the Assisteens most significant activities for fundraising is staffing the Bargain Box, the Assistance League's thrift shop. By having this opportunity our Assisteens are given a firsthand experience in running a small business, and bring an income to our organization. This allows us to keep other fundraising to a minimum.

We welcome you all to explore this valuable volunteer organization by reviewing the detailed information enclosed.

Please mail the completed forms (8 pages) and attach a check made out to Assisteens for \$425 by April 1, to Assisteens Auxiliary, 647 Camino de los Mares, Ste 108, Box 106, San Clemente, CA 92673. Your application will not be submitted and will be considered incomplete if all forms and your check for \$425.00 is not included.

Note: Partial refunds before September 1. No refunds after September 1.

Please feel free to email, text or call the Membership Coordinator (contact information on Web page) should you have any questions or need additional information.

Sincerely,
Assisteens Membership Coordinator

Assisteens Auxiliary Time Commitment Information Sheet

Assisteens Member

1. Members shall serve a minimum of thirty (30) hours of service per year. Twenty (20) hours must be in the auxiliary philanthropic projects, self-improvement programs and fundraising activities. Members are responsible for recording and reporting service hours monthly.
2. MANDATORY ACTIVITY- Each member, accompanied by her mother, must staff the Bargain Box a minimum of one (1) Saturday each year. (Seniors exempt from this activity) Saturday staffing times are 10:30am to 4:30pm. Both mother and Assisteen must be present during those times.
3. Members must attend monthly general meeting held September through May. Monthly meetings are held the first Monday of the month. Meeting times are as follows:
4. Monthly Elected Officers Meeting (Attended by the Elected Officers): 6:30 pm – 7:15 p.m. Monthly General Meeting: 7:15 pm – 8:15 pm (Sign in is from 7 to 7:15)
5. Members **must** participate in our one annual fundraising event in the Fall.
6. For a member to remain in good standing, that member may have no more than three (3) unexcused absences from meetings and/or obligations in any fiscal year. A member with good cause may notify the Assisteens Coordinator in writing, before the meeting or within one week after the meeting. After the third (3rd) unexcused absences, the Assisteens Auxiliary shall place the member on probation. Probation will last for six months. During this period, the member shall be suspended from voting or holding an elected or appointed office.

Assisteens Associate/Mothers

1. Mothers shall attend an orientation presented by the Assisteen's Coordinator(s)
2. Mothers shall staff the Bargain Box, with each Assisteen member, a minimum of one Saturday each year. Saturday staffing times are 10:30am to 4:30pm. Both mother and Assisteen must be present during those times.
3. Mothers shall serve on at least one Assisteens Support Committee and/or one Senior Presentation Support Committee.
4. Mothers shall attend a minimum of one (1) Assisteen's general meetings per year in a supervisory capacity.

How Hours are calculated: (sample)

Regular Monthly Meetings – 2 hours regular

Elected Officer's Meetings – 1 hour

Bargain Box – 6 hours

FAM Lunches – 2 hours per 10 lunches – 4 hours per 20 lunches

Donations to Bargain Box – 1 hour per large trash bag, maximum of 5 bags=5 hours until 30 required hours have been met. Then more may be donated.

Operation School Bell – 4 hours-**Senior Assisteens only**

Other Philanthropy – Actual plus set travel
 Fund Raising – To be determined

Only Assisteens sponsored events may be used for Assisteens hours. While many of our members also donate time and energy to their church, school, or other philanthropic organizations, these cannot be counted toward Assisteens obligations or the Presidential Service Award.

Example (30 Hours Required)

- 16 – 8 Regular Monthly Meetings
- 6 – Bargain Box
- 2 – FAM Lunch Program-per 10
- 2 – Make Gingerbread Houses-per 1
- 2 – Fundraiser
- 2 – Various

30 – Hours Served

Assisteens Auxiliary Financial Commitment Information

Mother/Assisteen Financial Commitment – **All Members**

1. **Pay annual membership dues** to the Assisteens Auxiliary. Dues are currently: • \$35 per year, per Assisteen, payment due April 1, (\$35 each for siblings)
 • \$90 per year, per mother, payment due April 1.
2. **Mandatory purchase of two (2) tickets for the Annual Senior Presentation** for each mother and Assisteen participating in Assisteens due April 1, with your membership dues.
3. **Participation in the annual fundraiser.** Fundraiser has been selling See’s Candy. Each family is responsible for selling ten (10) 1 pound-boxes of See’s Candy or donate a flat \$100.00.

Undergraduate Estimated Expenses	Graduating Senior Estimated Expenses
\$ 35 - Assisteen Membership Dues	\$ 35 - Assisteen Membership Dues
\$ 90 - Mother Membership Dues	\$ 90 - Mother Membership Dues
N/A	\$ 80 - Mother / Assisteen Senior Tea
\$ 300 - Senior Presentation Tickets	\$450 - Senior Presentation Tickets (estimated)*Mother/Assisteen/Father
\$ 100 - Fundraising Obligation (estimated)	\$ 100 - Fundraising Obligation (estimated)
\$ 425 - Annual Estimated Expense	\$755 - Annual Estimated Expense *

• Personal senior presentation expenses, i.e. additional tickets, dress, shoes, photography, etc., are not

included in this total. These additional expenses typically vary between \$350-\$1,000.

	Payment _____ Check# _____ Date _____
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Assisteens Form to be completed and returned. **Please Print Neatly.**

Assisteen Name: _____

School attending in the Fall: _____ Year in School in the Fall: _____

Assisteen's Home phone: _____

Cell: _____

Mother's Name: _____

ADDRESS: _____

Mother's Home phone: _____ Mother's Cell Phone: _____

Mother's email: _____

Assisteen's email: _____

Assisteen moms are required to help out with a committee during the year. What are your preferences? (see committees below)?

1st Choice _____ 2nd Choice _____

Would you be willing to chair one of these committees?

- Bargain Box Supervisor:** Help Assisteen Chair put together the yearly weekend schedule and remind the mother/daughter team of their weekend. Help find replacements when needed.
- Operation School Bell Personal Hygiene kits:** items are purchased and assembled for middle school students in our community
- FAM Thanksgiving Baskets:** Coordinate creation/delivery of baskets for FAM families in our community.
- FAM Holiday Baskets-** Coordinate the assembly of Holiday dinner baskets for local distribution.
- Military Support:** support as needed.
- ALCV League Holiday Home Tour** — Help staff the Home Tour through ALCV
- Meeting Supervisors & Refreshments:** Organize moms who have signed up to attend meeting in a supervisory capacity and bring refreshments.
- Assisteens Polo & Sweatshirt Orders** Fall-Order and distribute Assisteens Polos and sweatshirts.
- Rose Medallion Ball:** This committee works all year long to prepare for our Senior Presentation in May
- See's Candy Annual Fundraiser:** This committee works to coordinate the fundraiser in the Month of October. Collects the money, orders the candy and distributes it in December.



**ASSISTEENS AUXILIARY
OF THE
ASSISTANCE LEAGUE OF CAPISTRANO VALLEY**

**ASSISTEENS MEMBER
MEMBERSHIP AGREEMENT**

I willingly accept all responsibilities of membership in the Assisteens Auxiliary of the Assistance League of Capistrano Valley including financial, service, and attendance commitments as outlined in the Policies of the Assisteens Auxiliary of the Assistance League of Capistrano Valley.

If I fail to meet my financial, service, or attendance commitments to the organization, I understand that it may result in termination of my membership.

If mother and Assisteens fail to meet their scheduled Bargain Box staffing commitment, I understand that the Assisteens member will be placed on probation. Mother and Assisteens will be required to work two shifts for the member to be returned to active status.

I understand that the specific annual financial obligation as well as the annual senior recognition presentation costs may vary from year to year.

I understand that the estimated financial obligations for the year and schedule for payment are as outlined as attached to this agreement.

Acknowledged and accepted:

Assisteens Signature: _____ Date: _____

Print Name: _____



**ASSISTEENS AUXILIARY
OF THE
ASSISTANCE LEAGUE OF CAPISTRANO VALLEY**

**ASSISTEENS ASSOCIATE
MOTHER OF ASSISTEEN
MEMBERSHIP AGREEMENT**

I willingly accept all responsibilities of membership in the Assistance League of Capistrano Valley as an Assisteens Associate including financial, service, and attendance commitments as outlined in the Policies of the Assistance League of Capistrano Valley (ALCV). If I fail to meet my financial, service, or attendance commitments to the organization, I understand that it may result in termination of my membership.

If mother and Assisteens fail to meet their scheduled Bargain Box staffing commitment, I understand that the Assisteens member will be placed on probation. Mother and Assisteens will be required to work two shifts for the member to be returned to active status.

I understand that the specific annual financial obligation as well as the annual senior recognition presentation costs may vary from year to year.

Acknowledged and accepted:

Assisteens

Associate (Mother): _____ Date: _____

Print Name: _____



ASSISTEENS CODE OF CONDUCT

I understand that my attitude and behavior are critical to the success and reputation of the Assisteens Auxiliary. For the good of the organization and my fellow Assisteens, I agree to abide by the following:

1. I will fulfill my expectations of membership in accordance with **Policies for Assisteens Auxiliaries** (Amended May 2008) Article 3 – Membership, which I have read and understand. These Policies are posted on our website: www.assisteens.org
2. I will respect fellow Assisteens members and all those with whom I come in contact.
3. I understand that if I need to leave an Assisteens activity before it is over, I will notify the adult in charge or forfeit my hours earned.
4. I understand that the use of tobacco, alcohol, drugs, gambling or any illegal activity, which damages the reputation of Assisteens, will not be tolerated and will result in termination of membership. *This includes behavior at Assisteens activities, at school, in the community, and on the web (Instagram, Vine, Facebook, Snapchat, MySpace, etc.)*
5. I understand that if I am sent home early due to any misconduct or illness, it will be at the expense of my parent/guardian. In case of such an occurrence, the supervising adults will contact my parent/guardian and will, if necessary, make the travel arrangements.
6. I understand that I may only attend the Rose Medallion Ball with a parent or responsible adult, 25 or older.

Assisteens Member Signature

Date

Assisteens Print Name

I have read the above **Code of Conduct** for the Assisteens Auxiliary. I understand and agree that my Assisteens member will abide by this code as stated.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

RELEASE AND WAIVER OF LIABILITY (Assistees Member)

This Release and Waiver of Liability is executed this _____ day of _____, 20____, by, _____ (the volunteer) in favor of Assistance League and Assistance League of Capistrano Valley, and its auxiliaries, directors, officers, employees and agents.

I, the volunteer, hereby freely and voluntarily, without duress, execute this Release and Waiver of Liability under the following terms:

I hereby acknowledge and agree that in consideration of being permitted to become a member of Assistance League and Assistance League of Capistrano Valley and/or volunteering to participate in the various functions associated with said membership, I do hereby, release and forever discharge Assistance League and Assistance League of Capistrano Valley and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind or nature, either in law or equity, which may hereafter arise from my participation with Assistance League or Assistance League of Capistrano Valley and/or any program, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Assistance League or Assistance League of Capistrano Valley.

I understand and acknowledge that this Release discharges both Assistance League and Assistance League of Capistrano Valley from any liability or claim that I may have against Assistance League or Assistance League of Capistrano Valley with respect to any bodily or other injury, illness, death or property damage that may result from my participation. I also understand that Assistance League and Assistance League of Capistrano Valley do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

Insurance: I understand that Assistance League or Assistance League of Capistrano Valley may elect to provide group accident or other liability insurance for the benefit of its volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it may provide such insurance, Assistance League and Assistance League of Capistrano Valley, do not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its members or volunteers, and expressly disclaim any responsibility or obligation to do so. **As a volunteer, I am expected and encouraged by Assistance League and Assistance League of Capistrano Valley to maintain medical, health, disability, property, vehicle and all other applicable insurance coverage for my own benefit and protection.**

Medical Treatment: Except as otherwise agreed to by Assistance League or Assistance League of Capistrano Valley, in writing, I hereby release and forever discharge Assistance League and Assistance League of Capistrano Valley from any and all liability, claims, demands and causes of action whatsoever that may arise on account of first aid or other medical treatment rendered during my participation with Assistance League and Assistance League of Capistrano Valley and/or any program, activity, or event

Sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Assistance League and Assistance League of Capistrano Valley.

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RELEASE AND WAIVER OF LIABILITY

Assumption of Risk: I understand that my participation with Assistance League and/or Assistance League of Capistrano Valley and/or any program, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Assistance League and/or Assistance League of Capistrano Valley, may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Assistance League and/or Assistance League of Capistrano Valley from all liability for injury, illness, death and/or property damage that may result.

Photography/Audio Release: I do hereby grant and convey unto Assistance League and/or the Assistance League of Capistrano Valley, all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Assistance League and/or Assistance League of Capistrano Valley, or made with its consent, during my participation in any program, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with either Assistance League or Assistance League of Capistrano Valley, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Other: I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions. I understand that this document affects certain legal rights which I have and I voluntarily sign my name and agree to be bound by the terms herein.

Signature of Volunteer/Assisteens

Member: _____

Please Print Name: _____

Date: _____

Signature of Parent or Guardian of Volunteer/Assisteens

Member: _____

Please Print Name: _____

Date: _____

RELEASE AND WAIVER OF LIABILITY (Assisteens Associate Member/Mother of Assisteens Member)

This Release and Waiver of Liability is executed this _____ day of _____, 20 _____, by, _____ (the volunteer) in favor of Assistance League and Assistance League of Capistrano Valley, and its auxiliaries, directors, officers, employees and agents.

I, the volunteer, hereby freely and voluntarily, without duress, execute this Release and Waiver of Liability under the following terms:

I hereby acknowledge and agree that in consideration of being permitted to become a member of Assistance League and Assistance League of Capistrano Valley and/or volunteering to participate in the various functions associated with said membership, I do hereby, release and forever discharge Assistance League and Assistance League of Capistrano Valley and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind or nature, either in law or equity, which may hereafter arise from my participation with Assistance League or Assistance League of Capistrano Valley and/or any program, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Assistance League or Assistance League of Capistrano Valley.

I understand and acknowledge that this Release discharges both Assistance League and Assistance League of Capistrano Valley from any liability or claim that I may have against Assistance League or Assistance League of Capistrano Valley with respect to any bodily or other injury, illness, death or property damage that may result from my participation. I also understand that Assistance League and Assistance League of Capistrano Valley do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

Insurance: I understand that Assistance League or Assistance League of Capistrano Valley may elect to provide group accident or other liability insurance for the benefit of its volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it may provide such insurance, Assistance League and Assistance League of Capistrano Valley, do not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its members or volunteers, and expressly disclaim any responsibility or obligation to do so. **As a volunteer, I am expected and encouraged by Assistance League and Assistance League of Capistrano Valley to maintain medical, health, disability, property, vehicle and all other applicable insurance coverage for my own benefit and protection.**

Medical Treatment: Except as otherwise agreed to by Assistance League or Assistance League of Capistrano Valley, in writing, I hereby release and forever discharge Assistance League and Assistance League of Capistrano Valley from any and all liability, claims, demands and causes of action whatsoever that may arise on account of first aid or other medical treatment rendered during my participation with Assistance League and Assistance League of Capistrano Valley and/or any program, activity, or event

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Photography/Audio Release: I do hereby grant and convey unto Assistance League and/or the Assistance League of Capistrano Valley, all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Assistance League and/or Assistance League of Capistrano Valley, or made with its consent, during my participation in any program, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with either Assistance League or Assistance League of Capistrano Valley, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Other: I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions. I understand that this document affects certain legal rights which I have and I voluntarily sign my name and agree to be bound by the terms herein.

Signature of Volunteer/Assistees Associate

Member: _____

Please Print Name: _____

Date: _____