



American Independence Youth Leadership Conference Volunteer Requirements

All Volunteers must understand that our YLC is a three-night-four-day event, and they will be expected to live on-site at the venue the entire time.

Chaperones must be 21 years old

Senior Counselors must be seniors in high school

All personnel over 18 yo at the time of the YLC will be vetted for criminal activity by our process – currently through the Virginia State Police.

All personnel will read, initial and sign the MOWW YLC Volunteer Reqmt reading (included) and return a signed copy to AIYLC Staff.

All volunteers personnel will take the Youth Protection Test correctable to 100%. The Hampton Roads MOWW AIYLC Staff will maintain this test on record for 2 years.

All personnel 18 yo or older during the conference will fill out the Virginia State Police Form SP 167 with all appropriate information and return it to the AIYLC Staff or Director for processing. Some of it is already filled in.

High School Senior Counselors who are under 18 yo must fill out 2 pages of the Application: the Parental on and Medical Authorization pages and provide it to the AIYLC Staff or Director.

There usually is no financial cost anticipated for our volunteers, except in the purchase of mementos and Staff polo shirts - with the logo (and optionally, your name embroidered).

Included:

1. MOWW Youth Leadership Conference Volunteer Requirement (read- print-sign and return)
2. VA State Police Form SP 167. Fill in – return.
3. Application pages 2 & 3: Parental and Medical Authorization

MOWW YOUTH PROTECTION VOLUNTEER REQUIREMENTS

1. This guidance is provided to help prevent abuse to the YLC's youth and to establish procedures that cover all Military Order of the World Wars (MOWW)-sanctioned Patriotic Education programs, or youth oriented programs, including the Youth Leadership Conferences (YLC).

2. It is essential that all volunteers associated with the MOWW volunteer program understand the importance of safety and guarding against potential misconduct or harm to others, and plan carefully to guard against real or alleged actions or inactions that could lead to injury or other harm.

3. All MOWW volunteers of any age are considered to be role models for the high school students that take part in MOWW sanctioned Patriotic Education programs.

a. Adult same gender leaders are required to be readily available in each separate female and male dormitory. Mixing of genders at any level in the dorms will not be tolerated.

b. If a sleeping space is to be entered, two adults are required, at least one of whom must be the same sex as the students whose space is entered, except in an emergency circumstance.

c. Volunteers and counselors who remain in contact with the students throughout the YLCs shall abstain from alcoholic beverages or drugs (other than medically prescribed drugs) in any form at any time, day or night, during an MOWW sanctioned event involving underage students.

d. Volunteers and counselors shall not arrive at the conference site with a smell of alcohol, or appearance of alcohol or drug use prior to arriving.

e. Adult leaders and volunteers shall not administer any drugs to students, whether prescribed or over-the-counter, to any student.

4. No adult leader, including all volunteer overnight YLC staff and chaperones, shall be alone with a student at any time.

5. Current MOWW Insurance does not cover organized competitive team

Initials _____

sports (beyond recreational activity), contact sports, and high risk activities including, but not limited to, swimming scuba, skiing, surfing, the use of guns or other weapons, horseback riding or hang gliding. Therefore these types of sports will not be conducted at YLCs. Any exceptions must have prior approval from the Chairman of the Patriotic Education Committee and be conducted under professional supervision.

6. The MOWW is committed to creating and maintaining a safe environment for all participants.

7. It is the individual responsibility and duty of all MOWW volunteers to safeguard to the best of their ability any participating child's welfare, and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact in the course of the program.

8. Definitions of activities MOWW Staff and Volunteers will not participate in:

a. Sexual Abuse. Engaging in implicit or explicit sexual acts with a person or forcing or encouraging a person to engage in implicit or explicit sexual acts alone or with another person of any age, of the same or opposite sex. This includes non-touching offenses such as indecent exposure or showing a person sexual or pornographic material.

b. Sexual Harassment. Sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature regardless of age or sex. In some cases, sexual harassment precedes sexual abuse and is used by sexual predators to desensitize or groom their victims. Some examples of sexual harassment include:

i. Sexual epithets, jokes, written or spoken references to sexual conduct, talking about one's sex life in the presence of a person, and comments about an individual's sexual activity, deficiencies, or prowess.

ii. Verbal abuse of a sexual nature.

iii. Display of sexually suggestive objects, pictures, or drawings.

iv. Sexual leering or whistling, any inappropriate physical

Initials _____

contact such as brushing or touching, obscene language or gestures, and suggestive or insulting comments.

9. If a violation of any of the above activities is observed, the observer will take action to resolve the situation immediately. If not able to alleviate the violation observed, the Program Director or senior MOWW YLC staff will be notified immediately.

10. All YLC volunteer personnel 18 years or older will be vetted annually, (i.e., State Police, or commercial business) through a method approved in writing by the Patriotic Education Director.

a. All YLC Staff Volunteers other than returning High School Senior Counselors will be at least 21 years old. They will be required to have an annual criminal background check. Methods and systems may vary with each state and chapter.

NOTE: Volunteer Event Drivers will NOT be allowed to be alone with less than three (3) students at any time and should be monitored in a caravan style drive to-from events. Such volunteer event drivers will abide with paragraph 1 below.

11. Active Duty Military personnel may be used as YLC Staff members and chaperones.

a. If obtainable, an official copy of their military record stating their Security Clearance Level, such as Secret or Top Secret, will be obtained and kept by the YLC Director or responsible aide for two years.

b. If such security clearance documentation is not available, these persons will be vetted by the YLC's standard approval method, ref paragraph 10 above.

c. These active duty persons will also abide by paragraph 13 below.

12. The requirement to abide by this youth protection document will be required even if a specific venue has additional YLC requirements. If a conflict between these and the venue's requirements exist, the PEC Chairman will formally provide the YLC Director appropriate guidance.

Initials _____

13. All MOWW Staff and Volunteers of any age are required to initial this document at the bottom every year, and will be maintained by the YLC Director or responsible aide for two years.

I have read and understand all of the above.

Signature _____

Printed Name: _____ DATE _____

NOTE: LOCAL MOWW STAFF WILL MAINTAIN THIS DOCUMENT FOR TWO YEARS

Initials _____

MOWW YOUTH PROTECTION VOLUNTEER TEST

This test is a learning device and correctable to 100%

1. If you are a volunteer in this MOWW program, is the physical, sexual, emotional, and moral protection of the youth registered in our program your responsibility?

a. _____ Yes b. _____ No c. _____ Maybe

2. If you observe an adult staff member alone with a student you should...

_____ a. ... immediately report the violation to the Director or senior MOWW staff

_____ b. ... join them to help alleviate the violation as quickly as possible

_____ c. b then a

3. If you observe bullying, harassing, teasing (especially regarding appearance or mental or physical abilities), cursing, sexually intimate behavior, physical or verbal altercations, dirty jokes, or anything that might affect the well-being of a student, you will...

_____ a. ... immediately inform the MOWW Director or staff

_____ b. ... do everything you can to immediately stop the activity and provide appropriate guidance to all involved persons.

_____ c. b then a.

4. You are a volunteer and a student wants to talk to you alone due to a personal problem. What should you do?

_____ a. Take the student aside away from the rest of the gathering and discuss the issue.

_____ b. Tell the student the MOWW Youth Protection policy does not allow a student and adult alone together. NOTE: Suggest that another adult volunteer be allowed to stand about 25 feet away still able to fully observe the proceedings and overhear the discussion if it gets louder.

5. You see a situation developing that could potentially lead to a youth protection infraction as described in our reading / discussions. You should

_____ a. Do nothing, but continue observing.

_____ b. Involve yourself in the situation and keep the participants "on the right track."

_____ c. b is preferred.

Initials _____

6. If you are an 18 y.o. or older volunteer, how often must you be vetted?

- _____ a. Annually _____ b. Every 2 years c. _____ Every 3 years

7. A student gets up and goes to the bathroom. A moment later, you observe a same gender adult chaperone headed to the same bathroom. You should...

_____ a. Stop the chaperone and advise him/her that they'd be alone with a student in the bathroom.

_____ b. If gender appropriate, join the chaperone in the trip to the bathroom.

_____ c. If not gender appropriate, ask a gender appropriate chaperone to head to the bathroom to alleviate a one-on-one situation.

_____ d. Any of the above actions are acceptable to alleviate a one-on-one situation.

8. If you smell alcohol on a chaperone's or student's breath, you should ...

_____ a. Call 911 and report it to the police

_____ b. Contact the YLC Director or MOWW staff and inform him/her of the circumstances.

_____ c. Continue to observe the violator until the Director takes over.

_____ d. b. then c.

===== END =====

Initials _____

American Independence
A Military Order of the World Wars
Youth Leadership Conference

PARENTAL AUTHORIZATION AND RELEASE

PLEASE PRINT OR TYPE ALL DATA

Date: _____

We, or I, the undersigned being the natural parent(s) or the designated legal guardian(s) of _____ Age _____ Date of Birth _____ authorize his/her attendance at the Military Order of the World Wars (MOWW) American Independence Youth Leadership Conference (AIYC) to be conducted at Jamestown 4-H Education Center, Williamsburg, VA during the period _____, **201**_____

Except for a case of substantiated gross negligence or worse, the undersigned hereby release and contract to hold harmless the MOWW and the AIYLC from any and all liability and/or responsibility for the child's welfare, well being, and control for the period of the conference including the day of departure if the chapter provides transportation until the day of return.

My/our student's name and picture may appear on our Facebook and website, www.aiylc.org Y ___ N ___

By our signatures hereto we fully understand that we waive any and all rights whatsoever and agree not to exercise any right to make claim or to litigate against the organization listed above, in the name of the Military Order of the World Wars.

A notary must witness the signatures:

Signature: _____ Signature: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Notary State of _____ **County of** _____

On this _____ day of _____, 201____ before me the undersigned Notary Public, personally appeared _____ known to me to be the person(s)

whose name(s) is/are subscribed to the foregoing document and acknowledge that he or she executed the same for the purposes therein contained.

Witness my hand and official seal: _____

My commission expires: _____

----- For AIYLC Use Only -----

Approved: MOWW Chapter _____ Date: _____

The American Independence YLC Emergency, Authorization, and Medical Form

PLEASE PRINT NEATLY

Student: _____ ; DOB: ____/____/____; Age: _____
(Last) (First) (MI) mm dd yyyy

IN CASE OF EMERGENCY

Name of Parent of Legal Guardian: _____ Relationship: _____

Last name is different than student's: Y ___ N ___

Address: _____, _____, _____
Street Address Town or City State & Zip Code

Phone (home): (____) _____ - _____ (work) (____) _____ - _____

Health Insurance Company: _____ Policy No. _____

Family Physician: _____; Phone: (____) _____ - _____

Other possible people to contact if necessary - Name & Phone: _____

MEDICAL HISTORY

Date of student's last complete physical examination (Month and Year): _____

1. Has it ever been necessary to restrict student's physical activities for medical reasons? Yes ___ No ___
2. Are you aware of any current health problems? Yes ___ No ___
3. Is student now under medical care or regularly taking medications? Yes ___ No ___
4. Has there been any significant surgery, injury, illness or change in health status since student's last physical examination? Yes ___ No ___

If answer to any question above is YES, please explain in detail: _____

Date of immunizations: TETANUS _____; DIPHTHERIA _____; POLIO _____
MUMPS _____; MEASELS _____; RUBELLA _____; PERTUSSIS _____

EMERGENCY MEDICAL INFORMATION

If Student is subject to any of the following please explain in detail:

Allergy to any plant, food, or animal: _____

Allergy to any drug or insect toxin: _____

Any condition requiring regular medication or diet or special care: _____

Asthma ___; Convulsions ___; Heart Trouble ___; Diabetes ___; Bleeding Disorders ___; Others ___ explain _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I (we) the undersigned parent(s) {or guardian(s)} of the named minor, do hereby authorize the Military Order Of the World Wars Youth Leadership Conference's Medical Officer, or his nominee, as agent for the undersigned to consent to any X-Ray, Examination, Anesthesia, Medical or Surgical Diagnosis or treatment and hospital care which is deemed advisable by, or which is to be rendered under the general or special supervision of any Physician or Surgeon licensed to practice in this state.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to care, which the aforementioned Physician, in the exercise of his best judgment may deem advisable. This authorization will be effective from the first through the last day of the Conference, unless sooner revoked in writing and delivered to said agent.

(This completed form **must be signed by parent, or legal guardian** if student named above is under 18 years of age)

Signature: _____ Date: _____

(Please use additional sheets to complete explanation of any of the above items)

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):			
<input type="checkbox"/> DOMESTIC ADOPTION	<input type="checkbox"/> INTERNATIONAL ADOPTION _____ <small style="text-align: right;">COUNTRY</small>		
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)	<input checked="" type="checkbox"/> OTHER (please specify) <u>Volunteer for Youth Leadership Conference</u>		
NAME INFORMATION TO BE SEARCHED:			
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>
<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
AFFIDAVIT FOR RELEASE OF INFORMATION:			
I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.			
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____			Signature _____
; to wit: Subscribed and sworn to before me on: _____ <small style="text-align: right;">(MM/DD/YYYY)</small>			
Signature of Notary Public _____		My commission expires: _____	My registration # is: _____
SIGNATURE OF PERSON MAKING REQUEST:			
As provided in Section 19.2-389, <u>Code of Virginia</u> , I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.			
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____			Signature of Individual Making Request _____
; to wit: Subscribed and sworn to before me on: _____ <small style="text-align: right;">(MM/DD/YYYY)</small>			
Signature of Notary Public _____		My commission expires: _____	My registration # is: _____
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:			
Mail Reply To:			
NAME AIFCV Youth Leadership Conference			
ATTENTION William E. Townsley			
ADDRESS 200 Freemans Trace			
CITY Yorktown	STATE VA	ZIP CODE 23693	
FEES FOR SERVICE:			
<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH	* FEES For Volunteers with Non-Profit Organizations:		
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH	<input checked="" type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	
<small>* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.</small>			
METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)		Mail Request To:	
<input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)		Virginia State Police Central Criminal Records Exchange – NF P. O. Box 85076 Richmond, Virginia 23261-5076	
CHARGE CARD: <input type="checkbox"/> MasterCard OR <input type="checkbox"/> Visa			
Account Number: _____ - - - - Expiration: ____/____			
Signature of Cardholder: _____		ATTN: NEW FORM	
<input type="checkbox"/> Virginia State Police Charge Account Number: _____			
FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE			
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange <u>only</u> .			
<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record		Purpose code: <input type="checkbox"/> C	
<input type="checkbox"/> No Criminal Record – Name Search Only	<input type="checkbox"/> No Criminal Record – Fingerprint Search	<input type="checkbox"/> N	
<input type="checkbox"/> No Sex Offender Registration Record	<input type="checkbox"/> Criminal Record Attached	<input type="checkbox"/> O	
Date: _____ By CCRE/ _____			

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business check made payable to "Virginia State Police"
OR we accept VISA and MasterCard
Personal Checks Not Accepted

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms.
Code of Virginia §2.2-4805.

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be **TYPED OR NEATLY HAND-PRINTED**.
Complete the Criminal History Record Request by following these instructions:

- PURPOSE OF THIS REQUEST:** Primary reason for request.
- NAME INFORMATION TO BE SEARCHED:** Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.
- AFFIDAVIT FOR RELEASE OF INFORMATION:** Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).
- SIGNATURE OF PERSON MAKING REQUEST:** Affidavit must be signed by authorized agent and notarized to receive the search results.
- NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:** Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.
- FEES FOR SERVICE:** Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.
- METHOD OF PAYMENT:** Indicate method of payment

Mail the Completed SP-167 "Criminal History Record Request" to:

Virginia State Police
Central Criminal Records Exchange – NF
P.O. Box 85076
Richmond, Virginia 23261-5076

Instructions For Requesting a Search of the “Sex Offender and Crimes Against Minors Registry”

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, SP-266 “Sex Offender and Crimes Against Minors Registry” name search forms may be obtained by downloading from the Virginia State Police website: <http://www.vsp.virginia.gov>.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and SP-266 form. Violent sex offenders can be searched on the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <http://sex-offender.vsp.virginia.gov/sor/>.

Cost Structure and Types of Records Searches Available

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an SP-266 “Sex Offender and Crimes Against Minors” name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry http://sex-offender.vsp.virginia.gov/sor/ .
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a “Criminal History Record Name Search” and “Sex Offender and Crimes Against Minors.” The purpose of this search is for volunteering services for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.