



## Teen Volunteer Informed Consent

Name of Volunteer: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

The following assessment tools and background screening devices help identify a teen’s specific needs, interest, strengths and eligibility for the Teen Pal Mentoring Program.

- **YouthZone Youth Survey and Pal Mentor Interview:** The survey and interview include questions about emotional wellness, academic performance, abuse, substance abuse, delinquent behavior, life experiences and relationships. If we feel the results of the survey and/or interview warrant further attention, we will contact the parent with a referral for further services. The survey is administered only with parental or guardian permission. It is administered in a private setting generally in a YouthZone office with a YouthZone Pals Program Case Manager. It is administered at the beginning of all YouthZone programs and again at the end of any YouthZone program. The interview is done one on one with a Pals Program Case Manager. (With the teen and parent consent, an observer may sit in for training purpose).
  
- **Background Screening for Participation as a Teen Pal Mentor will include the listed items:**  
 Division of Motor Vehicle Report, Proof of Insurances for licensed drivers, 3-4 personal references supplied by the teen. These references may supply us with additional reference and YouthZone client database.
  
- **May also include:** Internet profiles (ex. Facebook, Twitter) school personnel, (Authorization to Release Information form will be included in the packet), a home visit.
  
- **Confidentiality of Information Shared:** Everything you or your child says to anyone at YouthZone will be kept in strictest confidence except information on abuse, neglect, or incest or if YouthZone feels the information given could endanger your child’s life or someone else’s.
  
- **Disclosure of Information Shared:** Information from the YouthZone survey, interview and background screening may be viewed by YouthZone administrative staff who confidentially maintain YouthZone data, YouthZone counselors and case managers for the purpose of consultation and supervision. With parental authorization, information may be shared with additional professionals such as the teen’s doctor, therapist, court officials, or other agencies with which the teen is involved.
  
- **Evaluation of YouthZone and Pals Mentoring Programs:** Information from YouthZone assessments will be anonymously used to evaluate the effectiveness of the YouthZone Pals Mentoring Program.

**Agree to Participation in Assessments and Background Screening:**

**Parent:** I have read and understand all the statements above and I agree that my teen may participate in the screening process as an applicant to be a Pal Mentor.

**Teen:** I have read and understand all the statement above and I agree to participate in the screening proves as an applicant to be a Pal Mentor.

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Custodial Parent/Legal Guardian	Date	Teen Volunteer	Date
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**Decline Participation in Assessments and Background Screening:**

**Parent:** I have read and understand all the statements about and I decline the opportunity for my teen to participate in the Pals Mentoring Program.

**Teen:** I have read and understand all the statement above and I decline the opportunity to participate in the Pals Mentoring Program.

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Custodial Parent/Legal Guardian	Date	Teen Volunteer	Date
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