**Irvinestown Shared Summer Scheme 2022**

**Peer Mentors / Volunteers Registration Form**

**(Peer mentors must have completed 1st year in secondary school)**

The information we collect about you / your parents or guardians is for the purposes of registering you to participate in the ARC summer programme 2021. Telephone numbers and e mail addresses provided may be used to contact you during the course of the programme to inform you of any updates or changes in programme schedules

The information contained in this registration form may be used by the ARC Healthy Living Centre for evaluation purposes. All information will be treated as confidential in line with up to date Data Protection Regulations and legislation.

For further details on what information we hold and how we hold it can be found on our website [www.archlc.com](http://www.archlc.com) under resources – privacy notice section.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details**

Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peer mentors and Parents Consents:** Please read the following and sign at the bottom to indicate your agreement. The ARC Healthy Living Centre appreciates your willingness to volunteer your services to assist the summer scheme, its members and the community. In signing this form as a volunteer, you are acknowledging that your services are free and are intended as a contribution by you for the public service for the summer scheme, its members, and the community. It is understood that you are not an employee of the Summer Scheme and that while we will try to provide you with necessary information and guidance to perform your volunteer services; at times there may be limited supervision during your scheduled volunteer time. For any reason whatsoever either you or the ARC Healthy Living Centre may terminate this volunteer agreement. While on ARC premises you will agree to abide by all of the rules of conduct governing the staff and employees of the ARC in performing your services. As a volunteer, you hereby acknowledge that you will perform your services to the best of your ability under general guidelines provided to you.

Peer Mentor Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your cooperation and willingness to help!*

**Declaration by person with parental responsibility**

I agree not to send \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to summer scheme if they have any COVID 19 symptoms or are feeling unwell.

I give permission for a member of staff to act in the best interests of the above-named peer mentor in the event of an emergency – e.g. signing a hospital form. I also agree that I should be contacted if they are involved in serious disciplinary incidents.

I agree / do not agree that images of the above-named peer mentor may be used in future publications or videos.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person with parental responsibility)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for supporting your teenager to engage safely with Arc*

**Peer Mentor code of Conduct**

1. Peer mentors must complete essential training prior to the commencement of volunteering at the ARC, all training is free of charge.

2. Please be sure that your parent or guardian knows when you are to volunteer. If you are scheduled to volunteer, you are expected to be here on time. If you will be late or will not be able to come, please call the ARC and ask for the Leader in Charge as soon as possible.

3. Volunteers are expected to work a minimum of 20 hours (During the course of the summer) to be eligible for the end of summer trip and volunteer reward pack. Reasonable exceptions for illness, holidays, and shift availability are accepted.

4. If you must come early or stay late due to transportation, please understand that the ARC may not have work for you to do. You are welcome to stay and use our free Wi-Fi,

5. You may use the ARC telephone for emergencies or for quick local calls to home for a life, etc. The staff at the summer scheme will be happy to assist you.

6. Always set a good example for others, especially younger kids. This means no inappropriate clothing, language, fighting (including play fighting), running inside, shouting, calling names, gossiping, etc.

7. A volunteer gets 2 warnings for making a bad behaviour or language choice, after that he or she may not be required to complete additional training prior to being allowed to continue volunteering at the scheme.

8. Please treat the ARC staff and centre users with courtesy and respect, and cooperate with them at all times.

9. When you are volunteering, you are representing the ARC. You must act in a professional manner. Please remember that you “are” the ARC Ambassadors when volunteering here, and people get their impressions of the ARC from you. Volunteers who do not adhere to these rules may be asked to leave and may not be given references or recommendations.