



Assisteens®

An Auxiliary of Assistance League of Kansas City

Membership Application

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

School: _____ Grade: _____

Primary Parent/Guardian Contact Information:

Name: _____

Address/city/state/zip: _____

Cell: _____ Work: _____ Email: _____

Secondary Parent/Guardian Contact Information:

Name: _____

Address/city/state/zip: _____

Cell: _____ Work: _____ Email: _____

Consent regarding transportation:

In conjunction with Assisteens activities, my child, _____
(Name of teen)

has permission to: (please initial below next to the permission you are granting):

_____ May ride with other Assisteens to/from activities

_____ May only drive him/herself to/from activities

_____ May drive him/herself with other Assisteens in vehicle

_____ May ride only with an adult driver



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Please provide the following additional emergency contact information:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Photo Release Policy:

In order to simplify this information, the word “photograph” shall refer to all types of reproduction of a person’s likeness, including still and motion pictures, slides, websites, DVD and tape recordings (audio and visual).

I hereby authorize and allow **Assistance League of Kansas City**, in its sole discretion, to make use of my child’s name and/or photograph(s) (first name only) for chapter purposes and for reproduction of said photograph(s) or rendering thereof, in the organization’s documents including, but not limited to articles, annual reports, press releases, posters, grant applications, newsletters and website. I hereby waive and release, for myself and/or my child, all claims for any compensation for use of such photograph(s) or name. A complete copy of our privacy policy is found on our website: www.alkc.org.

Initial here for photo release: _____

Initial here for name release: _____

Return all completed forms and check for \$35.00 payable to Assisteens to:

Assistance League of Kansas City
Attn: Assisteens Coordinator
6101 N. Chestnut Avenue
Gladstone, MO 64119

Questions? Contact Assisteens Coordinator: assisteens@alkc.org

(Assisteen Signature)

(date)

(Parent/Guardian Signature)

(date)



Assistees

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Extra-curricular activities: _____

Other hobbies/interests: _____

Why do you want to be an Assisten? _____

Is there a need in our community you would like us to meet? (service project): _____

Friend referrals:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____



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Code of Conduct

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

1. I will fulfill my obligations of membership in accordance with Assisteens bylaws and standing rules
2. I will try to be sensitive to the needs of each Assisteens member.
3. I will respect those with whom I come in contact through Assisteens activities.
4. I understand that if I need to leave an Assisteens activity before it is over, I will notify the adult in charge.
5. I understand that the use of tobacco, alcohol, drugs or gambling will not be tolerated, and that usage during an Assisteens activity will result in immediate expulsion from that event and/or from Assisteens membership.
6. 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 adult will contact my parent/guardian and will, if necessary, make travel arrangements.

(Assisteen Signature) (date)

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

(Parent/Guardian Signature) (date)