



*Saddleback Valley*

*2019 - 2020*

Dear Prospective Member and Parent,

Thank you for your interest in the Assisteens Auxiliary of Assistance League of Saddleback Valley. The chapter is comprised of young teens in seventh through twelfth grades. National Assistance League first organized Assisteens in 1944 with the purpose of teaching young teens about philanthropic service and self-improvement.

During the school year (September – May), Assisteens attend monthly meetings where they participate in local philanthropic projects and are involved in self-improvement projects. Many community service projects are planned, but not limited to, making baby blankets for Camp Pendleton families, playing games with senior citizens, assisting with cat adoptions, helping at local food pantries and delivering meals to homebound senior citizens.

The organization is “teen led” by a governing board, offering valuable experience in leadership, setting priorities, conflict management and communication. Our teen-run organization could not be successful without the help of our dedicated parent volunteers. However, we have no specific requirement for parent involvement.

Our members, of course, are the heart of our chapter. We watch with joy as our younger members make friends with teens from different schools, discover the joy in volunteering and mature to become the chapter’s leaders and role models. The six-year program offers teens a unique opportunity to bond with teens of different backgrounds and interests, all sharing a spirit of service. And, they have fun in the process!

Please return the completed forms and payment by May 31, 2019. Membership is on a “first to apply” basis and we do have limited availability in some grade levels. Please feel free to contact us if you need any additional information.

Sincerely,

*Amber Isenhardt*

Membership Coordinator, Registration

amber.isenhardt@gmail.com

Phone: 949-899-4402

*Chrissy Mossbarger*

Membership Coordinator, Apparel Orders

chrissymoss@cox.net

Phone: 949-350-5936



*Please note that your application and dues are for membership in the 2019 – 2020 year.  
Our membership year begins June 1, 2019 and ends on May 31, 2020.*

## **NEW MEMBER PACKET: ITEMS TO RETURN**

- ✓ **Assisteens Annual Dues Statement**
- ✓ **Release and Waiver of Liability**
- ✓ **Assisteens Auxiliary Consent Form**
- ✓ **Check or Charge information for dues payable to ALSV**
  - **Financial Responsibilities for each Assisteens includes:**
    - **Membership dues of \$85 (Due by May 31<sup>st</sup>)**
    - **Two tickets to the Senior Recognition Dinner at \$140 each (Due by May 31<sup>st</sup>)**
    - **One ticket to our Spring Fundraising event at \$65 (Due by October 31<sup>st</sup>)**
- ✓ **Apparel Order Form (Please provide a separate check if purchasing additional apparel)**

### **Payment:**

Please make sure to include a check in the amount of \$365 (or \$430 if you wish to pay for the Fundraising event now) payable to ALSV or your credit card information. Unfortunately, we cannot accept installment payments.

Your payment covers: \$50 Dues, \$35 New Member Fee (Orientation, t-shirt and name badge) and \$280 Senior Tickets (and \$65 for the Spring Fundraiser, if you choose to pay at this time)

### **Mail or Deliver to Assisteens Membership Coordinator:**

Amber Isenhardt  
Assisteens Membership Coordinator  
27491 Almendra  
Mission Viejo, CA 92691

**Deadline to Return:** May 31, 2019

Please note that space in some grades is limited and members are accepted on a first-to-apply basis.

**Questions?** Please contact Amber Isenhardt at 949-899-4402 (text or call) or email [amber.isenhardt@gmail.com](mailto:amber.isenhardt@gmail.com)

**Assistance League® of Saddleback Valley  
ASSISTEENS® ANNUAL DUES STATEMENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Returning  New

**CLASSIFICATION STATUS**

	<b><u>Amount</u></b>	<b><u>Paid</u></b>
Returning Assisten	\$50.00	\$ _____
New Member	\$85.00	\$ _____
Senior Recognition (2 tickets per family @ \$140 each)	\$280.00	\$ _____
Spring Fundraiser Ticket (1 ticket per Assisten due by October 1 if not paid now)	\$65.00	\$ _____
Late Fee if dues and/or tickets are paid after May 31	\$25	\$ _____
	<b><u>Total Due</u></b>	<b>\$ _____</b>

Please find my enclosed check, made payable to ALSV

Please charge my credit card:      MasterCard      Visa

Name on credit card: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing address: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

(By signing here, I acknowledge that ALSV will charge my card for the Total Due listed above)

**ASSISTEENS ROSTER INFORMATION**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Name Tag: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Assisten's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Entering \_\_\_\_\_ Grade in September \_\_\_\_ (year)

**PARENT ROSTER INFORMATION**

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Auto Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

For administrative use:

Date Received \_\_\_\_\_ by \_\_\_\_\_ Check # \_\_\_\_\_ Charge \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

This **Release and Waiver of Liability** is executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the volunteer) in favor of Assistance League® and Assistance League® of Saddleback 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** (Release) 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 Saddleback 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 Saddleback 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 Saddleback 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 Saddleback Valley.

I understand and acknowledge that this Release discharges both Assistance League and Assistance League of Saddleback Valley from any liability or claim that I may have against Assistance League or Assistance League of Saddleback 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 Saddleback 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 Saddleback 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 Saddleback 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 Saddleback 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 Saddleback Valley, in writing, I hereby release and forever discharge Assistance League and Assistance League of Saddleback 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 Saddleback 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 Saddleback Valley.

**Assumption of Risk:** I understand that my participation with Assistance League and/or Assistance League of Saddleback Valley and/or any program, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Assistance

**RELEASE AND WAIVER OF LIABILITY**

League and/or Assistance League of Saddleback 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 Saddleback 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 Assistance League of Saddleback 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 Saddleback 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 Saddleback 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 **Assisteen**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature of **Parent**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\* \* \*

## ASSISTEENS® AUXILIARY CONSENT FORM

### Consent Regarding Transportation

\_\_\_\_\_, has my permission to travel to and from Assisteens events during the 2019 – 2020 year (check all that apply):

- with any adult driver over 21.       I volunteer to serve as an adult driver.  
 may only drive her/himself.       may drive with other Assisteens in the car.  
 with another Assisteens member who is a licensed driver.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

### Consent for Emergency Medical/Dental Treatment

I understand every effort will be made to contact me as parent/guardian of \_\_\_\_\_ in case of a medical and/or dental emergency while attending Assisteens events during the 2019 - 2020 year. In the event that I cannot be reached, I hereby authorize the adult in charge of the event to obtain emergency medical and/or dental treatment.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian contact information:

Name \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell phone

Additional person to contact in an emergency:

Name \_\_\_\_\_

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

Please indicate below any physical problems, allergies, medications, etc., of which we should be aware:

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

\* \* \*



## CODE OF CONDUCT

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

I will fulfill the expectations of my membership in accordance with the Policies of the Assisteens of Saddleback Valley.

**3.02 Responsibilities and Standards.** *Members shall comply with the responsibilities and standards of membership, including: maintaining conduct that enhances the image and reputation of the organization and does not cause it embarrassment; behaving in a civil manner; supporting the harmony, mission and welfare of the organization; and complying with the organization's conflict of interest and disclosure policy. The chapter Board of Directors, hereinafter referred to as the Board, has the right in its sole and absolute discretion to revoke the membership of any member who, after allowing the member to be heard, the Board determines has not complied with the responsibilities and standards of membership.*

I will respect fellow Assisteens members and all those with whom I come in contact through Assisteens programs and events.

I understand that if I need to leave an Assisteens activity before it is over, I will notify the adult in charge.

I understand that the use of tobacco, alcohol, drugs or gambling will not be tolerated at any Assisteens activity, and may result in termination of membership.

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.

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**Assisteens Member**

**Date**

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

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**Parent/Guardian**

**Date**

**ASSISTEENS® OF SADDLEBACK VALLEY  
APPAREL ORDER FORM  
2019 – 2020**

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

New\* or Returning Member: \_\_\_\_\_

Check Number or Cash: \_\_\_\_\_

**\*New members will receive one Red Short Sleeve T-shirt with their Membership Dues**

Please circle your selection and attach a check payable to **ALSV**.  
Please provide a separate check from the dues/tickets payment.

**Red Short Sleeve T-Shirt, Logo on Front** **\$10**

YS YM YL YXL AS AM AL AXL

**Red Long Sleeve T-Shirt, Logo on Front** **\$15**

YS YM YL YXL AS AM AL AXL

**Navy Crew Neck Sweatshirt, Logo on Front** **\$17**

YS YM YL YXL AS AM AL AXL

**Navy Hooded Sweatshirt, Logo on Front** **\$25**

YS YM YL YXL AS AM AL AXL

Every member is required to wear an Assisteens t-shirt to philanthropies. Sweatshirts are optional! Apparel runs true to size. Questions? Please email [chrissymoss@cox.net](mailto:chrissymoss@cox.net).





- **What are Assisteens?**

Assisteens are an Auxiliary of an existing Assistance League chapter. When you become a member of Assisteens you also become a member of a local *and* national organization.

Assisteens chapters instill the values of community responsibility, self-reliance, volunteerism and leadership in young adults. Assisteens is a vibrant organization of dedicated teens in grades 7 through 12, participating in a variety of philanthropic programs to benefit their individual communities.

- **Why should I join Assisteens?**

Building a better future for those less fortunate is the number one answer. Assisteens also form lifelong friendships along with learning skills that help shape self-confidence, reliability and the ability to achieve goals. As a self-governed organization, we offer many opportunities for positions of leadership. For those thinking ahead, colleges look very favorably on involvement in non-profit philanthropic groups run by teens.

- **What is the time commitment expected of an Assisteen?**

Members are expected to earn forty hours of service each year. Members sign up to volunteer at events that fit their schedule. We hold member meetings on the second Sunday of the month from September to May. Members are also encouraged to attend our Fashion Show Fundraiser and Senior Recognition Dinner, both held in the spring.

- **Are mothers or parents required to volunteer?**

No. Our organization is a member-run chapter of teens, led by an elected and appointed governing board of high school teens. We cannot be successful without the support of Assisteen parents, but there is no specific requirement for parent involvement.

- **How do I join?**

Please return the membership packet along with your payment for dues and senior tickets. Members are accepted on a first-to-apply basis with limited availability in some grade levels.

***We would love to welcome you to our chapter!***

**[www.assisteensv.org](http://www.assisteensv.org)**