

# INTERIM (OVERNIGHT) HOUSING YOUTH POLICY 2018-2019

601 West Liberty  
Wheaton, Illinois 60187  
www.dupagepads.org



**Must be read and signed by youth volunteers under the age of 18 and their parents or legal guardians. Please return to: Volunteer Coordinator, DuPagePads, 601 W. Liberty Avenue, Wheaton, IL 60187, scan to [volunteer@dupagepads.org](mailto:volunteer@dupagepads.org), or fax to (630) 682-3874**

To ensure a positive experience for our participants and the safety of our youth volunteers at the DuPagePads Interim (overnight) Housing sites the following regulations are to be followed:

Youth volunteers **age 12 and older** may assist at the DuPagePads sites, if they are accompanied by their parents or group chaperones.

A Youth Policy form must be signed by parents or legal guardians prior to volunteering at a DuPagePads overnight site.

Youth volunteers will respect the privacy of our participants and will not disclose any confidential information, including the identity, of any participant to any friends, family members or the general public.

Parents or legal guardians are responsible for transportation to and from the DuPagePads sites.

Youth volunteers are not to share personal information with the participants or to wear clothing that indicates their high school or other groups with which they are associated. Youth volunteers must wear appropriate clothing that is not revealing or too short.

Youth volunteers will be assigned duties working side by side with adult volunteers who will be supervising them at all times. This age group will assist with set up, table decoration, packing lunches, food preparation and collections of items needed for the evening. This age group will assist with cleanup of the Interim (overnight) Housing Site, and food preparation in the morning.

Youth volunteers must depart the DuPagePads sites by 8:30pm and cannot enter before 5:30am.

As of volunteer at the DuPagePads Interim (overnight) Housing sites, I understand the above rules and regulations and will adhere to the expectations and mission of the agency. I will respect the confidentiality of both the participants and volunteers. I understand that violation of these regulations may result in immediate termination of my involvement as a volunteer with DuPagePads.

**Parental Consent: I am aware that the environment that my son/daughter is volunteering in is an overnight site serving individuals and families who are homeless. I have read through the above Youth Policy with my child and agree to it. I agree to hold harmless DuPagePads from any liability resulting from any incident that may occur during my/our volunteer experience at the site.**

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

