



Augusta Teen Center (ATC) Member Handbook

At the Augusta Teen Center, we're dedicated to supporting teens in a safe environment where they can thrive. Teens learn skills, develop healthy habits, and find opportunities to give back to their community. Programs are available to all youth from 7th to 12th grade at no cost, thanks to our incredible community sponsors. Join us in creating a nurturing and empowering space for teens.

Please review with your teen, complete, and return the packet with your teen the next time they visit the Center.

Primary Staff Members:

Christopher Maloney	Executive Director	cmaloney@augustateencenter.org
Lizzy McCausland	Teen Director	lmccausland@augustateencenter.org
Dorianne Poulin	Office Manager	dpoulin@augustateencenter.org
Krystina Shorey	Program Manager	kshorey@augustateencenter.org

Contact Information:

Address: Augusta Teen Center BGCA, 244 Water Street, Augusta, ME 04330

Phone: 207-622-0452

Email: info@augustateencenter.org

Website: <https://boysandgirlsclubofaugustamaine.com/>

Facebook: <https://www.facebook.com/AugustaTeenCenter/>

Hours of Operation:

Summer Program: Monday through Thursday 9am-4pm

School Year: Monday through Friday 7am-5pm

Restorative Programs: 7am-1pm

After School Program: 2pm-5pm

LIKE US ON FACEBOOK FOR THE MOST CURRENT UPDATES AND CLOSINGS!

Weekly program activities and daily updates will be provided by calling the club at 622-0452.



Student Enrollment Form

Full Name: _____ Preferred/NickName: _____

DOB: _____ Age: _____ Gender: _____ Pronouns: _____

School: _____ Grade: _____

Home Address: _____ City: _____ Zip: _____

Teen's Email: _____ Teen Phone #: _____

Sizes - Shirt: _____ Pants: _____ Shoes: _____ Hat: _____

Parent/Guardian Information:

Parent/Guardian Information #1

Name: _____ Relation: _____ Home #: _____

Email: _____ Cell#: _____ Work#: _____

Address if different from above: _____

Parent/Guardian Information #2

Name: _____ Relation: _____ Home #: _____

Email: _____ Cell#: _____ Work#: _____

Address if different from above: _____

Student Data (used for required state & federal reports)

- *Ethnicity:* (Circle One) Hispanic/Latino/Spanish origin or Non-Hispanic/Latino/Spanish origin
- *Race:* (Circle One) White Black Asian American Indian Other: _____
- Has a member of your family served in the military? (Circle One) YES NO
- Active: (Circle One) YES NO Relation and Branch: _____
- Were you eligible for free or reduced lunch? NO Free Reduced
- Household Income range? _____ Number in Household _____
- TANF Or SNAP? (Circle One) YES NO
- Are there Medical or physical concerns that may limit participation in the program?
If yes, please explain: _____

MEMBERS AGREEMENT

Once you and your teen have read the policies at the back of the Augusta Teen Center Membership packet please complete below and sign with your teen. Please return all these completed forms. If your teen is prescribed medication that will need to be administered during center time we will need to discuss our medication policy.

-Thank you, The Augusta Teen Center Team

Approved Activities: *Please initial each item to give your permission for your teen.*

_____ For **student data to be shared with our funding sponsors and program collaborators**, like MaineGeneral Community Health programs, and Augusta Schools.

_____ To **use photographs or video** for promotional purposes and news media during ATC activities, at the ATC, and at other project locations.

_____ To **transportation by KVCAP**, program staff, or authorized volunteers.

_____ To **seek emergency medical treatment** and to transport members to the nearest Emergency Room if necessary.

_____ To **all onsite program activities** (OJJDP mentoring, sports, games).

_____ To **Off-site activities/field trips** (Note: A separate permission form will be required for any activity that involves a significant level of safety risk).

_____ I give consent for my **child to leave the ATC unsupervised**. (Please give us any specifics.)
Note: _____

By signing below you hereby acknowledge you have read, understand and agree to the information, policies, and permissions detailed in this packet.

Parent Signature

Date

Member Signature

Date



Health History & Emergency Contact Form

Members Full Legal Name: _____ Date of Birth: _____

HEALTH CONDITIONS: *past or present please check all that apply*

- | | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting/Dizzy Spells | <input type="checkbox"/> Musculoskeletal Disorders |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Mental/Psychological Disorder |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Eyesight Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Defects/Disease | <input type="checkbox"/> Convulsions/Epilepsy/Seizures |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension/High Blood Pressure |
| <input type="checkbox"/> Kidney/Bladder Illness | <input type="checkbox"/> Eating Disorders (Anorexia, Bulimia, etc.) | |
| <input type="checkbox"/> Dietary Restrictions: _____ <input type="checkbox"/> Other: _____ | | |

Please explain in any items checked above:

List of current daily medications:

KNOWN ALLERGIES: Please list any allergy including severity/treatment/date of last reaction

Does a member suffer from Anaphylaxis? ☐ Yes ☐ No Carries an Epipen? ☐ Yes ☐ No
Carries an inhaler? ☐ Yes ☐ No Immunizations up to date, including Tetanus? ☐ Yes ☐ No

OVER THE COUNTER MEDICATIONS: *Parent/Guardian of Minors: My child has permission to take the following medications in case of accident, injury, or minor illness while at the Augusta Teen Center.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol / Acetaminophen | <input type="checkbox"/> Ibuprofen (pain/swelling) | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Sudafed / Decongestant | <input type="checkbox"/> Tums / Antacid | <input type="checkbox"/> Cough Medicine |
| <input type="checkbox"/> Benadryl / Antihistamine | <input type="checkbox"/> Skin or Anti Itch Ointments | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Other: _____ | | |

EMERGENCY CONTACT: *in the event we are unable to reach Parents/Guardians*

Emergency Contact Name: _____

Phone # _____ Relationship: _____

SIGNATURE: This Health History Form is complete and accurate and I will report any change to the health information to The Augusta Teen Center as soon as possible.

Signature of Parent/Guardian: _____ Date: _____



HOUR OF POWER (HOMEWORK HELP)

**PARENTAL AUTHORIZATION TO REQUEST AND/OR SHARE EDUCATIONAL
INFORMATION AND RECORDS WITH THE AUGUSTA TEEN CENTER**

Child's Name: _____ Date of Birth: _____

Provider with whom information will be shared: Augusta Teen Center (ATC)

I authorize the Augusta Teen Center to request and/or share Academic information and records pertaining to my child.

I understand that this Authorization permits the Augusta School District to:

- Communicate with the Augusta Teen Center regarding coordination of intervention/special education and related services for my child.
- Request from the ATC: reports, evaluations, progress notes and recommendations.
- Share with the ATC any information that is maintained in my child's Academic file, whether generated by persons employed by or contracted with the school district.

Specific records / documents to be requested or shared (**Please cross out anything you do not want shared.**) All Coursework, Evaluation Reports, Educational Plans, Plans of Care/ Treatment Plans, Progress Notes. Other (describe) _____

This information will be used for the following purpose(s):

To assist in determining appropriate educational tutoring and/or programming and

To provide additional evaluation data and to provide appropriate supports according to the student IFSP or IEP

This authorization is effective for the term of my child's school year, IFSP or IEP; a period no longer than twelve (12) months, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

Parent / Guardian signature

Date

ATC applies the Family Educational Rights and Privacy Act regarding confidentiality of member educational records.



CAREER LAUNCH QUESTIONS

For your teen to fill out.

Current Grade ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

1. Circle how far in school do you think you will get?

high school trade school community college college master's PHD

2. As you think about planning for a future career, circle which statement is most true?

too young don't know know & haven't started know & started know & have a plan

3. Use your own words to complete the sentences:

A career is: _____

These skills are important for any job: _____

The career that interests me most is: _____

4. **How many times** did you do the following last school year?

a. Talk to a parent, teacher, or other adult about work experience (paid or unpaid). _____

b. Talk to a school counselor about courses to take that would help you in a career. _____

c. Talk with others about their careers and the path they took to get there. _____

d. Talk with a friend or another youth about a possible work experience. _____

e. Make a short-term goal for gaining work experience. _____

f. Volunteer in your community, school or club. _____

g. Participate in school clubs or activities that help you discover your interests. _____

h. Ask for help from an adult with a job application, resume or informational interview. _____

5. **Share how you feel about the following statements: 5 strongly agree, 4 agree, 3 not sure, 2 disagree and 1 strongly disagree.**

a. There's a lot of help available to me as I plan my career. _____

b. If I start early, work hard and plan, I can have a fulfilling career. _____

c. I know what my strengths are and what I'm good at. _____

d. I know what my interests are and the kinds of things I like to do. _____

e. I can think of some possible careers that match my interests. _____

f. Making a plan for my career is important to me. _____

g. There are programs and resources in my community to assist youth with career prep. _____

h. The more education you get, the higher your earnings from work are likely to be. _____

i. A college education gives a person more options than a high school education. _____

j. Internships (paid or unpaid) are a great way to gain experience. _____

k. There are good-paying careers with technical or two-year college degrees. _____

l. Finding a mentor is important as you plan for a career. _____

Thank you for completing the survey! For more information about CAREERLAUNCH, visit BGCA.org.



YOUTH APPLICATION FOR OJJDP MENTORING PROGRAM

For your teen to fill out.

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor (a club staff or older peer who may share your interests.)

How many brothers and sisters do you have? _____ Their ages are _____

My favorite kind of music is _____

My favorite television show is _____

My favorite sport is _____

My favorite book is _____

My best subject in school is _____

My worst subject in school is _____

Do you have any after-school responsibilities? Yes _____ No _____ If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

What clubs or groups do you belong to?

What do you like to do most with your free time?

How do you spend your days off?

What do you want us to know about you?

I agree that I will meet with my mentor at the Boys & Girls Club only at the times and locations arranged by the Club. I also agree to notify my Club if I am unable to continue.

(Signature of Youth) (Date)



Member Code of Conduct Policy

The Club aims to be free from conflict, distraction, intimidation, or misbehavior. The following conduct is prohibited. Members may be given three strikes or immediately asked to leave the club, depending on severity. **Member Suspension** The Executive Director may suspend any member whose conduct warrants it. The parent or legal guardian will be contacted immediately when that member is suspended and will have an opportunity to discuss the member's behavior.

1. Disregarding the directions of authorized personnel.
2. Disruption of the normal and orderly conduct of the ATC.
3. Physical abuse or assault to any individual.
4. Possession of a weapon or any dangerous instrument.
5. Possessing, using, selling, or attempting to sell any illegal substances.
6. Destruction of or attempting to destroy ATC property or the property of another individual. (Repair or replacement cost will be charged to the parent).
7. Use of excessive profanity, vulgar, or obscene language and gestures.
8. Bullying of any form (including off-property cyber-bullying).
9. Forcing other people to act against their own will.
10. Engaging in verbal abuse such as name calling, ethnic, or racial slurs.

Cost of Membership

At this time, there is no membership fee for teens to participate in our programs. However, members are expected to help with food prep, help staff, and do Club clean-up at the end of each day. This helps to support the club and keep our cost down.

Cell Phones - Member cell phone usage should be limited. Be in person with people.

1. Beginning of the day until meeting.
2. End of the day after all club clean-up is complete.
3. Parents can call the club phone to contact teens during non-break times. (207 622-0452)

Member Expectations From Other Members

- Respect everyone!
- Respect the teen center space, supplies & rules!
- Be a positive role model & lead by example
- Think before you speak & be mindful of other people's triggers
- Use appropriate language, no excessive swearing!
- Cell phones and electronics must be kept away during activities
- Do not enter staff areas unless you ask
- Be responsible for a daily job
- No PDA (Public Display of Affection)
- Communicate issues with staff. No drama, bickering or arguing
- Participate in activities
- You are responsible for ALL personal belongings you bring into the club (phone, electronics, clothing, etc.)
- Take responsibility for your actions, you control you!
- Clean up after yourself & help others too!

Help us provide a safe atmosphere for all teens & staff.



Dress Code Policy

We recognize that self-expression is part of your identity. We need to also maintain a safe, comfortable environment for all members and staff regardless of age, gender, or identity.

- Any underwear should be covered.
- Clothing that endangers safety cannot be worn.
- Avoid clothing that has illegal, sexual, vulgar, discriminatory, or obscene language or images, weapons, depictions of hate speech/imagery targeting groups based on race, ethnicity, gender, sexual orientation, gender identity, religious affiliation, or any other protected classification

Please dress appropriately for activities and the weather. Clothing should not be a barrier to participation in activities.

- Shorts underneath skirts/dresses for comfort
- Shoes comfortable for running and rough terrain
- Swimwear should be family friendly. Bring dry clothing to change into after swimming.
- In cold/rainy weather wear appropriate footwear, hats, jackets, and gloves or mittens.

We encourage teens to come prepared, dress for the weather, and be ready to move!

Member Technology Policy

Access to the Internet, email and other technology is a privilege and carries responsibilities.

1. The Clubs' network has been established for educational purposes.
2. Members are expected to comply with this expectation.
3. Upon approval from ATC staff, non-ATC computers may be used for homework purposes.
4. All computers will be in open areas and monitors are visible to staff.
5. All games, movies, and music will be approved by Club staff.
6. Do not attempt to gain unauthorized access to the network or another person's account.
7. You must not use the Clubs' network to engage in any illegal activity.
8. You must not use the Clubs' network for threatening the safety of another person.
9. You are responsible for any individual user accounts and should take all reasonable precautions to prevent others from being able to use your account.
10. Do not look for security problems, because this may be construed as an illegal attempt to gain access.
11. Installing additional software on the Club computers is not permitted.
12. Violations may result in the loss of access, as well as other disciplinary or legal actions.

OJJDP MENTORING LETTER

Dear Parent or Guardian,

As part of attending the Augusta Teen Center, your child will participate in the OJJDP Mentoring at Boys & Girls Club Program. Mentoring at Boys & Girls Clubs is a program adapted to each youth to help them set goals for their development and pairs them with a positive adult or peer mentor to help them achieve these goals. As a key component a part of this program, your child will be matched with a mentor, one-with-one and/or small group, who is either a staff member at the Boys & Girls Club, an older Club member (peer mentor) or community volunteer mentor who has been specifically selected and will be screened (including a criminal background check) and trained before beginning in the program. Selection of a youth for this program may occur for various reasons and does not necessarily imply any youth development concerns or deficiencies of your child.

Your child will participate in an orientation session at the Club, during which the program specifics and expectations of the mentoring program will be explained. The mentoring program is planned to last one year, and continuation beyond one year may be considered. The mentor will be expected to spend at least one hour per week with the child in an individual or group mentoring setting on-site at the Boys & Girls Club. It is essential to understand that your child's mentor cannot meet or communicate with your child anywhere other than at the Boys & Girls Club facility.

During the course of the mentoring program, there may be special group events (incorporating mentors and youth) and/or family events planned. You will be notified in advance about these activities, and we encourage you to join any special activities or plan a visit to meet your child's mentor at your convenience.

As a part of this program, the Boys & Girls Club will measure the impact of mentoring on your child's social, emotional, or academic life. These measurements may include pre- and post-program assessments conducted by Club staff administering the mentoring program, school academic and attendance records, or general observations by Club staff and/or mentors. As Personally Identifiable Information, the results of these assessments will be maintained safely at the Club and available to you upon request. We greatly appreciate, and welcome, any feedback you have on the program's outcomes or possible areas of improvement.

Occasionally, this program shares photos and stories with Boys & Girls Clubs of America and the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice (which funds the program) to show positive outcomes and best practices in mentoring. If you have signed a photo release as part of your child's application to the Boys & Girls Club(s) of the ATC, that release will serve to give permission for photos of your child to be used in the manner described previously without claim to any compensation. If you have not signed a photo release for your child through the Club's membership form, your child's photos will not be released.

Receipt of this letter serves as notification of your child's participation in the Boys & Girls Club(s) of the Augusta Teen Center mentoring program, funded by the Office of Juvenile Justice and Delinquency Prevention out of the U.S. Department of Justice.

Please contact Club staff should you have questions or should you choose for your child not to participate in this program or have questions.