

## **Augusta Teen Center (ATC) Member Handbook 2024-2025**

At Augusta Teen Center, we're dedicated to supporting teens in the Augusta area with caring adults and a safe environment where they can thrive. Here, teens learn valuable skills, develop healthy habits, and find opportunities to give back to their community. With programs available to all youth from 7th to 12th grade across Maine, we're proud to offer these experiences at no cost, thanks to our incredible community sponsors, state and federal funding, and generous grants. Join us in creating a nurturing and empowering space for our teens.

***Please review this packet with your teen, complete all necessary forms, and return the packet with your teen the next time they visit the Augusta Teen Center.***

### **Primary Staff Members:**

Christopher Maloney Executive Director [cmaloney@augustateencenter.org](mailto:cmaloney@augustateencenter.org)

Elizabeth Schneider Program Supervisor [lschnieder@augustateencenter.org](mailto:lschnieder@augustateencenter.org)

### **Contact Information:**

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

**Phone:** 207-622-0452

**Email:** [info@augustateencenter.org](mailto:info@augustateencenter.org)

**Website:** BGCAM.org

**Facebook:** [fb.me/BGCAMaine](https://fb.me/BGCAMaine)

### **Hours of Operation:**

**Summer Program: Monday through Friday 9am-4pm**

**School Year: Monday through Friday 7am-5pm**

Roads to Success & Restorative Programs: 7am-1pm

After School Program: 2pm-5pm

***MAKE SURE TO LIKE US ON FACEBOOK FOR THE MOST CURRENT UPDATES, STORM AND HOLIDAY CLOSINGS!***

Weekly program activities and daily updates will be provided on Facebook (<https://www.facebook.com/BGCAMaine/>) or 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: \_\_\_\_\_ 1st Year @BGCAM: \_\_\_\_\_

Names of Siblings/Age: \_\_\_\_\_

**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 Alaska Native  
Native Hawaiian/Pacific Islander Other: \_\_\_\_\_
- Has a member of your family served in the military?(Circle One) YES NO
- Active: (Circle One) YES NO Relation and Branch: \_\_\_\_\_
- Eligible for free or reduced lunch?(Circle One) NO FREE REDUCED
- TANF? (Circle One) YES NO
- Are there Medical or physical concerns that may limit participation in the program?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



**Health History & Emergency Contact Form**

**Members Full Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

- Arthritis
- Asthma
- Hearing Impairment
- Bleeding Disorder
- Hernia
- Kidney/Bladder Illness
- Dietary Restrictions: \_\_\_\_\_
- Fainting/Dizzy Spells
- Headaches/Migraines
- Eyesight Impairment
- Heart Defects/Disease
- Diabetes
- Eating Disorders (Anorexia, Bulimia, etc.)
- Musculoskeletal Disorders
- Mental/Psychological Disorder
- Speech Impairment
- Convulsions/Epilepsy/Seizures
- Hypertension/High Blood Pressure
- 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.*

- Tylenol / Acetaminophen
- Sudafed / Decongestant
- Benadryl / Antihistamine
- Other: \_\_\_\_\_
- Ibuprofen (pain/swelling)
- Tums / Antacid
- Skin or Anti Itch Ointments
- Pepto Bismol
- Cough Medicine
- Sunscreen

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

Emergency Contacts Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**SIGNATURE:** As Parents/Guardians: 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: \_\_\_\_\_

**MEMBERS AGREEMENT**

Once you and your teen have read the policies detailed in the Augusta Teen Center Membership packet please complete below and sign with your teen to confirm your understanding of the expectation of all our members at the Augusta Teen Center. Please return this form along with the student enrollment form, health history form, transportation sign up form, small trip permissions form, and parent consent form. If your teen is prescribed medication that will need to be administered during center hour we will need to schedule a time to discuss our medication policy.

*-Thank you, The Augusta Teen Center*

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

- \_\_\_\_\_ I give permission for **student data to be shared with our funding sponsors and program collaborators**, like JMG, MaineGeneral Community Health programs, and Augusta Schools.
- \_\_\_\_\_ I agree to allow the ATC to **use photographs or video** which may include: promotional purposes and news media during ATC activities, at the ATC and at other project locations.
- \_\_\_\_\_ **Transportation by KVCAP**, program staff, or authorized volunteers.
- \_\_\_\_\_ **I give the teen center staff permission to seek emergency medical treatment** and transport members to the nearest Hospital Emergency Room if necessary.
- \_\_\_\_\_ **All onsite program activities** (OJJDP mentoring, sports, games).
- \_\_\_\_\_ **Off-site activities/field trips** (Note: A separate permission form will be required for any activity that involves a significant level of safety risk).
- \_\_\_\_\_ 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. The Policies included in this packet are as follows: Member Code of Conduct Policy, Member Expectations, Dress Code Policy, Member Technology Policy, Transportation Statement, Small Group Trips Permissions, and Parent Consent forms.***

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

\_\_\_\_\_  
Member Signature \_\_\_\_\_  
Date

-----  
**Staff Sign-off:** \_\_\_\_\_ *Member Permissions* \_\_\_\_\_ *Health History Form*

\_\_\_\_\_  
Staff Signature \_\_\_\_\_  
Date Entered

**HOUR OF POWER TUTORING AND A2S PROGRAM**

**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:

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

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

Other (describe) \_\_\_\_\_

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  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. 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. \_\_\_\_\_

4. Do you agree or disagree with the following statements? 5 strongly agree, 1 strongly disagree

- a. The more education you get, the higher your earnings from work are likely to be. \_\_\_\_\_
- b. A college education gives a person more options than a high school education. \_\_\_\_\_
- c. Internships (paid or unpaid) are a great way to gain experience. \_\_\_\_\_
- d. There are good-paying careers with technical or two-year college degrees. \_\_\_\_\_
- e. Finding a mentor is important as you plan for a career. \_\_\_\_\_

5. 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. \_\_\_\_\_

6. 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: \_\_\_\_\_

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

## YOUTH APPLICATION FOR OJDP 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 mentor is 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 \_\_\_\_\_

Are you a Boys & Girls Club member? Yes \_\_\_\_\_ No \_\_\_\_\_

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 could a mentor help you?  
\_\_\_\_\_

What do you hope to get out of your mentoring relationship?  
\_\_\_\_\_

Is there anything that you would like to share with your mentor?  
\_\_\_\_\_

What would you like to do with your mentor?  
\_\_\_\_\_

Why are you interested in participating in this program?  
\_\_\_\_\_

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. I have read the Member Code of Conduct, Member Expectations, Dress Code, and Member Technology Policy and agree to follow all of them.

\_\_\_\_\_  
(Signature of Youth) (Date)

### **Member Code of Conduct Policy**

In an effort to provide an environment that is free from conflict, distraction, intimidation, or various other influences that result from a member's misbehavior, the following conduct is prohibited while on ATC property:

1. Disregard of direction or command of authorized personnel.
2. Disruption and/or interference with the normal and orderly conduct of the ATC.
3. Physical abuse or assault to an ATC employee, member, or any individual.
4. Possession of a weapon or any object that can be considered a 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 profanity, vulgar or obscene language and gestures.
8. Bullying of any form either while on Club property or reported by other members as a result of cyber-bullying or other methods.
9. Extortion, coercion, blackmail or forcing another member or person to act against their own will.
10. Engaging in verbal abuse such as name calling, ethnic, or racial slurs, and using derogatory statements to other members, personnel or other individuals.

### **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 Club clean-up at the end of each day and are encouraged to participate in the food program. This helps to support the club and keep our cost down.

### **Cell Phones - Member cell phones will be limited to:**

1. Beginning of the day until the first member meeting.
2. End of the day after the last member meeting and all club clean-up is complete.
3. During staff-defined member breaks.
4. Parents can call the club phone or the club Directors to contact teens during non-break times.

### **Member Suspension**

The 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.



### **Member Expectations**

*Here at the Augusta Teen Center our members have developed the following list of member expectations that each member should follow while at the Teen Center:*

- 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 Peoples Triggers
- Use Appropriate Language NO SWEARING!
- Cell Phones and Electronics Must Be Kept Away During Activities
- DO NOT Enter Staff Areas Unless You Ask
- Sign Up & Be Responsible For A Daily Job
- NO PDA (Public Display of Affection)
- Communicate Issues with Staff NO Drama, Bickering or Arguing
- NO Sharing Hats/Clothing or Personal Items
- NO Blankets or Stuffed Animals at The Teen Center
- Participate in AfterSchool Activities
- You are responsible For ALL Personal Belongings That You Bring Into 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

To be a member at the Augusta Teen Center it is important you have read, understand and discuss any questions you may have about the expectation here at the Boys & Girl Club Augusta Teen Center. If you can not follow these expectations the Director may suspend any member who is unable to follow the expectation while at the teen center. 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 and discuss reentry to the teen center programs.

## **Dress Code Policy**

Self-expression, especially through hair and clothing, is an important part of one's identity, and we at the Augusta Teen Center recognize that. However, in order to maintain a safe, comfortable environment for all members, the Augusta Teen Center does require that some rules be followed in regards to clothing. These rules apply to all members and staff regardless of age, gender, or any other factor.

### **The Augusta Teen Center requires that**

- Shirts have straps or sleeves.
- The entire area from armpit to armpit down to mid-thigh all around be covered, any undergarments should be covered as well (underwear, bra, etc.)
- See-Through or Mesh Clothing will not be appropriate unless appropriate clothing matching the above criteria is worn underneath
- Clothing that endangers safety cannot be worn (ex: Spiked gloves/pants, cleats, etc.)

### **Clothing Displaying Any of the following are deemed inappropriate**

- Illegal Content
- Lewd or Sexual Content or Vulgar, discriminatory or obscene language or images
- Alcohol, Tobacco, Marijuana, or other drugs
- Weapons
- Statements, depictions or implications of hate speech/imagery targeting groups based on race, ethnicity, gender, sexual orientation, gender identity, religious affiliation, or any other protected classification

**Keep in mind that the Teen Center is an active place, please dress appropriately for activities and the weather. Clothing should not be a barrier to participation in activities.**

The Teen Center Suggests:

- Wearing shorts underneath skirts/dresses for comfort and movement ability
- Wearing shoes comfortable for running and rough terrain
- Swimwear should follow the same guidelines for tops, bottoms should cover the entire bottom of a member. If no appropriate swimwear is available, a T-shirt and shorts can be worn or provided. Staff also suggest bringing dry clothing to change into after any swimming or water based activities.
- In cold/rainy weather members should wear appropriate footwear(like boots), hats, and jackets, bring gloves or mittens if possible

Teens who are found to be wearing inappropriate clothing will be asked to change. We encourage teens to come prepared for the day, dress for the weather, and be ready to move around! Repeated dress code infractions may result in a meeting with the ATC Directors to discuss the matter moving forward. We at the Augusta Teen Center want to ensure a safe, fun, comfortable environment for all attendees.

## **Member Technology Policy**

The purpose of this policy is to set out the rules to be followed while using any ATC technology and equipment. Access to the Internet, email and other technology is a privilege and carries responsibilities reflecting responsible and ethical use. The following guidelines apply to all member users, whenever they access any of the August Teen Center's technology and network connections.

1. The Clubs' technology and network has been established for educational purposes limited to classroom activities, school-to-career development and scholastic research on appropriate subjects.
2. The Clubs' network has not been established as a public access service. Although there will be times where members can use the network for games, entertainment, etc, this use will be defined by the club staff at that time. 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 ATC and non-ATC computers used by members will be in open areas where the monitors are visible to staff at all times.
5. All games, movies, and music used in the club will be approved by Club staff.
6. You must not attempt to gain unauthorized access to the Clubs' network or another person's account. These actions are illegal, even if only for the purpose of "browsing."
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.**