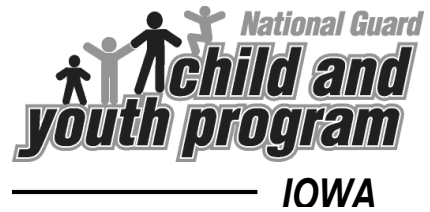


# State Youth and Teen Volunteer Guide

Written By: Jeremy Van Wyk, SYC  
1 Dec 2009



Dear Youth and Teen Volunteer,

I want to take this opportunity and thank you for generously agreeing to volunteer your time, efforts and talents to ensuring the success of the National Guard Youth and Teen Program in Iowa. Without you, the experiences and programs we provide for our state's youth would not be possible. Know your involvement with the Iowa Youth and Teen Program will have a dramatic impact locally, statewide and even nationally.

Currently there are nearly hundreds of Iowa National Guard youth with deployed parents/guardians in Iowa. The National Guard youth and teen community in Iowa numbers close to 8,500 – this includes all youth, ages eighteen and under. As you can see, your involvement is not only needed, it will guarantee resources, programs and support reach all youth in the state.

The mission of the National Guard Child and Youth and Teen Program is: *To support the social, emotional and academic needs of National Guard children and youth.* By using the mission statement as a guideline for the program, it becomes apparent our focus is on developing and supporting the whole child/youth. This support will be possible through the positive collaboration between you, other youth volunteers and the State Youth Coordinator.

The following pages of this guide will provide you with a better understanding of the youth program in Iowa. Working with children and youth can be the most rewarding job in the world. You have now taken the first step toward positively impacting the lives of children and youth– Congratulations! Please read through the following information carefully, then complete and submit all required documents to the State Youth Coordinator. Should you have any questions about the information in this guide, please contact the Family Programs Office at JFHQ (515.252.4040).

Again, on behalf of the nearly 8,500 National Guard youth and their families in Iowa, I thank you for your commitment and support of the state youth program.

Sincerely,  
Jeremy Van Wyk

State Youth Coordinator  
Iowa National Guard

CF:  
LTC Kevin Kruse  
State Family Program Director

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
Johnston, Iowa 50131  
Office: 515-252-4040

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**Please note** – All items listed in a bold font must be on file with the Iowa National Guard State Youth Coordinator prior to serving as a Youth and Teen Program volunteer.

Iowa National Guard Youth Program  
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Johnston, Iowa 50131  
Office: 515-252-4040

## ***State Youth Volunteer Guide***

### **State Criminal History Background Checks/State Sex Offender Registry Checks:**

As is customary in any career field dealing with youth and teens, it is required you have a State Criminal History background check completed. This background check is required to be completed annually. One of the expectations of the State Youth Coordinator is to ensure the safety of all children and youth participating in the program. This initiative is supported by Army Regulation 608-1, paragraphs 5-9F.

The purpose of the background check is to verify you have no criminal record on file at the state and national levels. To obtain a State Criminal History background check, first contact the State Youth Coordinator to inform him/her of your intent to obtain a background check. In some cases, depending on funding and the number of hours you volunteer, the Family Program Office may cover the cost of one background check.

If you choose to obtain a background check on your own, make sure you send the original into the State Family Program Office to keep on file. Before doing this, however, make a copy for you to keep for your own records. In all cases, the actual DCI form is available for download using the following web address: [http://www.dps.state.ia.us/DCI/Records\\_Ident/obtain\\_records.shtml](http://www.dps.state.ia.us/DCI/Records_Ident/obtain_records.shtml).

As an initial method for screening all adult youth volunteers, the Iowa National Guard Family Programs Office will gather the needed information from each volunteer to conduct a State Criminal History (SCH) and State Sex Offender Registry check. The purpose of these checks is to guarantee volunteers do not have any prior convictions within the state of Iowa. Adult youth and teen volunteers should not be serving in a statutory volunteer position (volunteering in an official capacity, with expectations of reimbursement(s)) for the Iowa National Guard Youth Program without recent, passed background checks on file in the state office.

There is no cost to the individual or state office as the Sex Offender Check is done via the Internet.



**STATE OF IOWA  
NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
FORM A - SAMPLE**

ACCOUNT NUMBER \_\_\_\_\_

**TO: Iowa Division of Criminal Investigation**  
**Bureau of Identification**  
**Wallace State Office Building**  
**Des Moines, Iowa 50319**  
**(515) 281-5138**  
**(515) 242-6876 (fax)**

**FROM: Mr. John M. Smith**  
123 Greenway Dr.  
Anywhere, IA 52564

**Phone # 515-555-5555**  
**Fax # 515-555-5556**

I am requesting an **IOWA CRIMINAL HISTORY** check on:

<b>REQUEST</b>		
<u>Smith</u>	<u>John</u>	<u>Matthew</u>
<b>Last Name (mandatory)</b>	<b>First Name (mandatory)</b>	<b>Middle Name (recommended)</b>
<u>01_1_12_1_1980</u>	<u>M</u>	<u>123_45_6789</u>
<b>Date of Birth (mandatory)</b>	<b>Sex (mandatory)</b>	<b>Social Security Number (recommended)</b>
_____ <b>Signature of Requester</b>		

**There is a separate Form "A" required for each last name submitted**

<b>RESULTS</b>	
As of _____, a Name and date of birth check revealed:	
CCH record attached <input type="checkbox"/>	No CCH record found <input type="checkbox"/>
DCI initials _____	

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

<u>Mr. John M. Smith</u> <b>Signature</b>	<u>20 February 2007</u> <b>Date</b>
----------------------------------------------	----------------------------------------

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
Johnston, Iowa 50131  
Office: 515-252-4040

**WAIVER:**

Iowa law does **not** require a waiver. However, without a waiver any arrest over 18 months old, **without** a disposition, cannot be given to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

**General Information:**

The information requested is based on **name** and **exact date of birth only**. Without fingerprints, a **positive** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a **deferred judgment** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A **deferred sentence** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515)281-5138 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

**REMINDER** - (1) Send in a separate form for each last name (2) \$13 for each surname, (3) Attach a billing form with request(s), and, (4) submit a self-addressed envelope. Iowa law requires employers to pay the fee for potential employees' record checks.

Form A  
page 2

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7105 NW 70th Avenue  
Johnston, Iowa 50131  
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### **Federal Bureau of Investigation Background Checks:**

A further background check of Youth and Teen Program volunteers includes a Federal Bureau of Investigation background check. This background check is required to be completed once every five (5) years. As mentioned earlier, one of the expectations of the State Youth Coordinator is to ensure the safety of all children and youth participating in the program. This initiative is supported by Army Regulation 608-1, paragraphs 5-9F.

The Federal Bureau of Investigation background check requires the submission to the Federal Bureau of Investigation (FBI) a full finger print card, completed by a certified law enforcement official (pages 9-10). Accompanying the finger print card is a cover letter (page 8) and completed payment form (page 11). If volunteering directly for the Iowa National Guard Youth and Teen Program in state office-sponsored events (i.e. State Youth and Teen Symposiums, 7 Habit Retreat Weekends, Youth Camp and/or retreat, etc.), the Iowa National Guard Family Programs office will assume responsibility of payment, if the completed finger print card is sent to the State Youth Coordinator.

For those volunteering directly for their respective Unit/Wing family readiness group (FRG), payment for all background checks will be paid for by either the FRG or Wing Coordinator.

In the event a FBI background check has been completed on an individual interested in volunteering, said individual MUST ensure hardcopy evidence of a successfully completed background check must be submitted to the State Youth Coordinator. This background check will only be valid if completed within the last five (5) years.

If completing a FBI background check individually, or for your FRG/Wing, mail all forms to the following address:

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306

REVISED 10/5/05

## COVER LETTER

Date:

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

Requestor Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attention Record Request:

I, \_\_\_\_\_, am requesting a criminal history background check for personal review pursuant to 28CFR§16.30-16.34. Please mail the results of the check to the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have a reason/date that requires expeditious handling (optional):

**(PLEASE PLACE DATE/REASON ON OUTSIDE OF MAILING ENVELOPE)**

Date Required: \_\_\_\_\_ Reason: \_\_\_\_\_

If you have any further questions, please contact me at:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

(Signature)

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
Johnston, Iowa 50131  
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# APPLICANT

LAST NAME <u>NAM</u>		FIRST NAME	MIDDLE NAME					
ATURE OF PERSON FINGERPRINTED	ALIASES <u>AKA</u>	ORI <b>DC000000Z CJIS-WV-SCU-D2 CLARKSBURG, WV</b>	DATE OF BIRTH <u>DO</u> Month Day					
INCE OF PERSON FINGERPRINTED	CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT.	WGT.	EYES	HAIR
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. <u>OCA</u>	LEAVE BLANK						
BYER AND ADDRESS	FBI NO. <u>FBI</u>							
IN FINGERPRINTED	ARMED FORCES NO. <u>MNU</u>					CLASS _____		
	SOCIAL SECURITY NO. <u>SQC</u>					REF. _____		
	MISCELLANEOUS NO. <u>MNU</u>							

THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
HUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

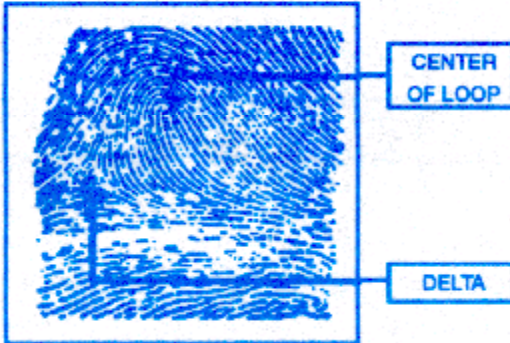
The FBI Criminal Justice Information Services Division will accept the downloaded paper fingerprint card only for the purposes of requesting an FBI Identification Record through Departmental Order 556-73. If you go to a law enforcement agency or private fingerprinting agency to be fingerprinted, they may prefer to use a fingerprint card on standard card stock. You may use the fingerprint card provided by the fingerprinting agency.

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FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306

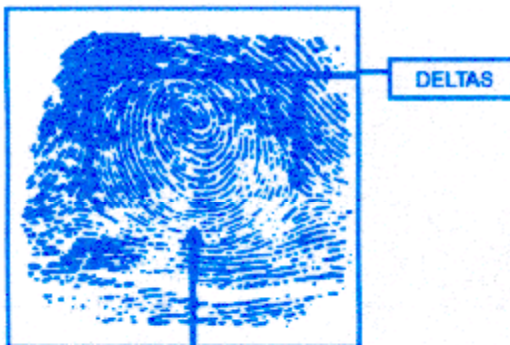
# APPLICANT

## 1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

## 2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

## 3. ARCH



ARCHES HAVE NO DELTAS

### TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN)

### THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

### INSTRUCTIONS:

- \* 1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WHICH WILL BE MADE OF IT.
- \*\* 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.  
MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

FD-258 (REV. 5-11-99)

U.S. GOVERNMENT PRINTING OFFICE: 2004-304-373/80035

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7105 NW 70th Avenue  
Johnston, Iowa 50131  
Office: 515-252-4040

## CREDIT CARD PAYMENT

TO PAY BY CREDIT CARD FILL OUT THE FOLLOWING INFORMATION

**CUSTOMER NAME:** \_\_\_\_\_

**PART A**

CARD NUMBER														
EXPIRATION DATE	MO			YEAR				Amount (US Dollars) \$						
TYPE OF CARD	VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>													
ACCOUNT HOLDER NAME														
BILLING ADDRESS 1														
BILLING ADDRESS 2														
CITY														
STATE/ZIP CODE							<b>SIGNATURE</b>							
COUNTRY														

**NO CHARGE BACKS OR REFUNDS**  
**ALL SALES FINAL**

**PART B**

**IF THE CUSTOMER NAME DOES NOT MATCH THE ACCOUNT HOLDER NAME, THIS FORM MUST BE NOTARIZED.**

**NOTARY**

Subscribed and sworn before me by the above credit card account holder, this \_\_\_\_\_ day of \_\_\_\_\_, of the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

**(SEAL)**

Expiration Date of Commission: \_\_\_\_\_

## **Volunteer Position Description: Adult Youth/Teen Volunteer**

**Position Objective:** To assist the Iowa National Guard State Youth Coordinator (SYC) in the delivery of youth/teen-related lessons and/or trainings as well as ensuring youth program policies are enforced (i.e. Youth Code of Conduct).

### **Major Responsibilities/Description of Duties:**

1. Assist the SYC in facilitating youth activities, retreats and/or state symposiums
2. Promote a safe environment for all youth, teen and volunteers
3. Enforce behavior expectations for youth/teens as outlined in the Youth Code of Conduct
4. Maintain communication with SYC regarding concerns, disruptive youth/teens, injuries and/or unforeseen changes to previous agendas/planning
5. Serve as a disciplinarian for small behavior issues and facilitator during small and large group trainings/activities
6. Other duties as assigned by the SYC

**Time Required:** Time required will differ depending on the nature of the event. Volunteers assisting the SYC during the annual State Youth and Teen Symposiums should plan to arrive at the hotel no later than 5:00 PM on the Friday of the symposium and should leave no earlier than 12:00 PM on the Sunday of the symposium.

### **Volunteer Qualifications:**

- A desire to work with National Guard youth/teens
- Willingness to work as a TEAM, with an outgoing personality
- Strong communication skills and the ability to *think on your feet*
- A passed criminal history background check, on file with the SYC
- The ability to enforce behavior expectations for youth/teens, as stated in the Youth Code of Conduct
- The ability to be supportive and empathetic of the Iowa National Guard Community (Service members, youth, teens and family members)

### **Supervision:**

1. The SYC will serve as the supervisor of all Iowa National Guard Youth Program volunteers during the State Youth Symposium and other state youth program events
2. LTC Kevin Kruse possesses direct responsibility of the Iowa National Guard Family Programs Office

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## **Volunteer Position Description: FRG Youth and Teen Volunteer**

**Position Objective:** To serve as the point of contact (POC) within the local Family Readiness Group (FRG) on issues and event planning related to youth and teens, reporting to the Iowa National Guard State Youth Coordinator.

### **Major Responsibilities/Description of Duties:**

1. Assist the SYC in facilitating youth activities, retreats and/or state symposiums
2. Promote a safe environment for all youth, teen and volunteers
3. Enforce behavior expectations for youth/teens as outlined in the Youth Code of Conduct
4. Maintain communication with SYC regarding concerns, disruptive youth/teens, injuries and/or unforeseen changes to previous agendas/planning
5. Serve as a disciplinarian for small behavior issues and facilitator during small and large group trainings/activities
6. Ability to compile accurate and timely reports, submitting them to the SYC (State Youth Coordinator) on all youth and teen issues, events and activities
7. A willingness to communicate with assigned Iowa Guard Teen Council (IGTC) member
8. Ensure compliance with the Chain of Command and Concern
9. Ability to attend all required trainings
10. Other duties as assigned by the SYC

**Time Required:** All volunteers must be able to contribute a minimum of 10-15 hours per month to the planning and implementation of FRG youth and teen activities and events, as well as the identification and reporting of youth and teen issues.

### **Volunteer Qualifications:**

- A desire to work with National Guard youth/teens
- Willingness to work as a TEAM, with an outgoing personality
- Strong communication skills and the ability to *think on your feet*
- A passed criminal history background check, on file with the SYC
- The ability to enforce behavior expectations for youth/teens, as stated in the Youth Code of Conduct
- The ability to be supportive and empathetic of the Iowa National Guard Community (Service members, youth, teens and family members)
- Experience in and a willingness to plan age and content-appropriate youth and teen activities and events
- An understanding of and compliance with the Chain of Command and Concern



**Supervision:**

1. The SYC will serve as the supervisor of all Iowa National Guard Youth Program volunteers during the State Youth Symposium and other state youth program events
2. LTC Kevin Kruse possesses direct responsibility of the Iowa National Guard Family Programs Office
3. Direct supervision by the FRG leader and State Advisory Council, in specific situations

## **Volunteer Position Description: Iowa Guard Teen Council (IGTC) Volunteer**

**Position Objective:** To assist the Iowa National Guard State Youth Coordinator (SYC) in the identification of youth and teen needs throughout their assigned region, while also working collaboratively to meet those needs and promote the Iowa National Guard Youth and Teen Program (INGYTP).

### **Major Responsibilities/Description of Duties:**

1. Ensure attendance at 3 out of 4 (75%) quarterly meetings, video teleconferences (VTC) and/or teleconferences
2. Maintain active communication with the SYC and Family Readiness Group (FRG) leaders in assigned region
3. Assist in the planning and implementation of the annual State Youth Symposium and other training events and activities
4. Compile and report all youth and teen-specific information gathered from FRGs, FRG leaders, youth, teens, families and Service members to the SYC
5. Participate in all skill and leadership professional development trainings
6. Actively and positively promote the INGYTP
7. Other duties as assigned by the SYC

**Time Required:** IGTC members are expected to contribute at least 15 productive hours per quarter to ensure compliance of established position duties.

### **Volunteer Qualifications:**

- Ability to travel to required quarterly meetings, meeting locations
- Strong organizations skills
- Strong composition and public speaking skills
- A motivated and out-going personality
- Ability to maintain positive academic standing at school (2.75 GPA or higher)
- A desire to work with National Guard youth/teens
- Willingness to work as a TEAM

### **Supervision:**

1. The SYC will serve as the supervisor of all Iowa National Guard Youth and Teen Program volunteers during the State Youth Symposium and other state youth program events
2. LTC Kevin Kruse possesses direct responsibility of the Iowa National Guard Family Programs Office

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
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## **Volunteer Position Description: Lead State Youth and Teen Symposium Volunteer**

**Position Objective:** To assist the Iowa National Guard State Youth Coordinator (SYC) in the delivery of youth and teen training activities and other State Youth and Teen Symposium events, by maintaining active communication with the SYC and ensuring all required attendee accountability information is accurate and complete.

### **Major Responsibilities/Description of Duties:**

1. Assist the SYC in facilitating youth activities, retreats and/or state symposiums
2. Promote a safe environment for all youth, teen and volunteers
3. Enforce behavior expectations for youth/teens as outlined in the Youth Code of Conduct
4. Maintain communication with SYC regarding concerns, disruptive youth/teens, injuries and/or unforeseen changes to previous agendas/planning
5. Serve as a disciplinarian for small behavior issues and facilitator during small and large group trainings/activities
6. Ensure rosters and sign in/out documents are accurately utilized and completed
7. Oversee the accurate and timely completion of Incident Reports, as required
8. Ensure first aid kit is available at all times
9. Serve as the point of contact (POC) with the SYC during all on-sight and off-sight activities and/or events
10. Ensure all other adult volunteers are in consistent compliance with established policies and procedures
11. Other duties as assigned by the SYC

**Time Required:** Time required will differ depending on the nature of the event. Volunteers assisting the SYC during the annual State Youth and Teen Symposiums should plan to arrive at the hotel no later than 5:00 PM on the Friday of the symposium and should leave no earlier than 12:00 PM on the Sunday of the symposium.

Additionally, the Lead Youth and Teen Symposium Volunteer is expected to spend at least 2-3 hours per week in the three weeks prior to the symposium as well as the week following the symposium (total of 8-12 hours) to ensure all planning, documentation and communication is accurate and complete.

### **Volunteer Qualifications:**

- A desire to work with National Guard youth/teens
- Willingness to work as a TEAM, with an outgoing personality
- Strong communication skills and the ability to *think on your feet*
- A passed criminal history background check, on file with the SYC



- The ability to enforce behavior expectations for youth/teens, as stated in the Youth Code of Conduct
- The ability to be supportive and empathetic of the Iowa National Guard Community (Service members, youth, teens and family members)
- Experience in and a willingness to plan age and content-appropriate youth and teen activities and events
- An understanding of and compliance with the Chain of Command and Concern
- Strong organizational skills/record keeping skills
- Experience volunteering and working with youth and teens
- Prior knowledge or an understanding of event/activity planning
- Experience developing age-appropriate youth and teen skill development activities

**Supervision:**

1. The SYC will serve as the supervisor of all Iowa National Guard Youth and Teen Program volunteers during the State Youth Symposium and other state youth program events
2. LTC Kevin Kruse possesses direct responsibility of the Iowa National Guard Family Programs Office

## **Volunteer Position Description: Logistical Event Coordinator**

**Position Objective:** To assist the Iowa National Guard State Youth Coordinator (SYC) with the planning, coordination and implementation of all youth and teen events and retreats.

### **Major Responsibilities/Description of Duties:**

1. Establish a written Action Plan (see page 20), outlining the timeline for accomplishing required tasks for planning a youth and/or teen
2. Submit an Expense Proposal Report (see page 41) to the SYC for proper approval
3. Work with the SYC on coordinating communication with the supporting agency(ies)
4. Assist in the development of event registration forms and dissemination of registration forms, Iowa National Guard Youth Program release forms and other required documentation
5. Completion and submission of an After Action Report (AAR) following the event (see page 42)
6. Other duties as assigned by the SYC

**Time Required:** Although time required for this position will fluctuate depending on the number of events on the Yearly Training Calendar, volunteers should plan devoting a minimum of 20 hours per month.

### **Volunteer Qualifications:**

- Ability to travel to required quarterly meetings, meeting locations
- Strong organizations skills
- Strong composition and public speaking skills
- A motivated and out-going personality
- Experience with budgeting and calculating budgets
- Ability to travel for planning and logistical meetings
- A desire to work with National Guard youth/teens
- Willingness to work as a TEAM

### **Supervision:**

1. The SYC will serve as the supervisor of all Iowa National Guard Youth and Teen Program volunteers during the State Youth Symposium and other state youth program events
2. LTC Kevin Kruse possesses direct responsibility of the Iowa National Guard Family Programs Office

## **Volunteer Position Description: Youth Program Newsletter Volunteer**

**Position Objective:** To assist the Iowa National Guard State Youth Coordinator (SYC) in the composition and coordination of a timely and accurate monthly Iowa National Guard Youth and Teen Program (INGYTP) newsletter.

### **Major Responsibilities/Description of Duties:**

1. Ensure the accurate and timely completion of the quarterly INGYTP newsletter
2. Work closely with the SYC on the development and dissemination of the monthly newsletter
3. Maintain active communication with the SYC
4. Research and verify information relevant to military youth and teens, composing the information for inclusion in the monthly newsletter
5. Ensure the integrity of the INGYTP and Iowa National Guard is maintained
6. Comply with all specified policies and procedures of the Iowa National Guard
7. Other duties as assigned by the SYC

**Time Required:** Time required will depend up on the content being compiled for the newsletter; however, there is an expectation of at least 10 hours per month being devoted toward the overall completion of the newsletter.

### **Volunteer Qualifications:**

- Strong research and composition skills
- Experience writing documents for mass distribution
- Ability to meet deadlines with relevant and useful information
- Basic understanding of and successful experience working with computer programs, to include a working knowledge of Microsoft Office programs, digital photography and photo editing programs, Internet navigation and email access
- Ability to accurately proofread all documents prior to submission and publication

### **Supervision:**

1. The SYC will serve as the supervisor of all Iowa National Guard Youth and Teen Program volunteers during the State Youth Symposium and other state youth program events
2. LTC Kevin Kruse possesses direct responsibility of the Iowa National Guard Family Programs Office

**Action Plan Planning Grid**

1 Dec 09



**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**What is the overall goal for the event?** \_\_\_\_\_

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

**Important Points of Contact:**

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

<b>Action Steps</b>	<b>Time</b> (Suspense date)	<b>Authority</b> (Who is responsible?)	<b>Personnel</b> (Who and how many are needed?)	<b>Materials</b> (What supplies are needed?)	<b>Budget</b> (Money required)

\_\_\_\_\_  
Signature of Logistics Coordinator Date

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
Johnston, Iowa 50131  
Office: 515-252-4040

**Expense Proposal Report**  
1 Dec 09



**IOWA**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Item</b>	<b>Projected Cost</b>	<b>Actual Expenditure</b>	<b>Balance Remaining</b>
Equipment Needs	_____	_____	_____
Lodging Fees	_____	_____	_____
Facility Fees	_____	_____	_____
Supplies	_____	_____	_____
Training Materials	_____	_____	_____
Equipment Rental Fees	_____	_____	_____
Marketing	_____	_____	_____
Recognition & Certificates	_____	_____	_____
Meals	_____	_____	_____
Misc. Expenses	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

**Volunteer Application/Conduct Form:**

1 Dec 09



**Please note – The information you provide is strictly for use by the Iowa National Guard Youth and Teen Program to fall in compliance with AR 608-1 (6 Dec 2006).**

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**Volunteer Personal/Contact Information:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F  
\_\_\_\_\_ Birthday \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

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**Volunteer Code of Conduct:**

As a volunteer for the Iowa National Guard Youth and Teen Program I agree to the following guidelines:

- Conduct myself in a professional manner at all times
- Refrain from using inappropriate/offensive language
- Will not disclose any confidential Iowa National Guard Youth and Teen Program information
- Will consider information as privileged and not for public knowledge
- Will not operate and/or act in any manner that is contrary to the best interests of the Iowa National Guard, its Service members, families, youth/teens
- Will not make false statements against the Iowa National Guard or United States Armed Forces
- Ensure I am on-time for all events/activities
- Ensure the enforcement of Iowa National Guard Youth and Teen Program youth/teen behavior expectations
- Ensure all measures required in obtaining a completed criminal history check are completed and that a copy of the report is on file with the SYC

**Volunteer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print your name** \_\_\_\_\_

Iowa National Guard Youth Program  
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**Volunteer Confidentiality Statement/  
Code of Ethics**  
1 Dec 09



**Volunteer Confidentiality Statement:**

I, the undersigned, do hereby acknowledge that in my volunteer role for the Iowa National Guard Youth and Teen Program (INGYTP), I may have access to confidential information.

I agree that I shall not disclose any such confidential information maintained by the Iowa National Guard to any unauthorized person(s), and I will adhere to confidentiality guidelines of the National Guard (available upon request).

I acknowledge and agree that disclosure, by me, of confidential information, obtained by me, at any time, during my service as a volunteer will lead to the termination of my status as a volunteer for the Iowa National Guard Youth and Teen Program.

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**Volunteer Code of Ethics:**

As an Iowa National Guard Youth and Teen Program Volunteer, I am a professional. I realize that I am subject to the same Code of Ethics that binds all professionals within the National Guard. I accept these responsibilities and respect matter of confidentiality.

I understand that as an INGYTP volunteer, I have agreed to work without monetary compensation, with the exception of mileage and per diem, as determined by the Iowa National Guard Family Programs Office. Having accepted this position, I will do my work according to the same standard operating procedures as paid staff/contractors are expected to carry out their work.

I believe that all work should be carefully planned and carried out, in a professional manner. I will work with the SYC and other volunteers to ensure that I am performing the duties expected from me, in a timely and professional manner.

I promise to work with an open mind and be flexible in all situations so that my performance is a benefit to the youth/teens, families, Service members and staff/contractors within the National Guard Community.

**Volunteer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print your name** \_\_\_\_\_

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
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Office: 515-252-4040

**NGB Photo Release Form:**

1 Dec 09



**IOWA**

I understand the National Guard Youth and Teen Program is developing photographic and multimedia materials, which will illustrate events occurring throughout the year for the Iowa National Guard Youth Program. I grant the National Guard Youth Program and its associated staff and subordinate entities the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes and sound recordings of the Iowa National Guard Youth and Teen Program participants, for use in any such materials as the National Guard Youth and Teen Program or its associated entities may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

**Volunteer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print your name** \_\_\_\_\_

**Youth/Teen Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth/Teen Signature** \_\_\_\_\_





**FAMILY PROGRAMS OFFICE**  
**7105 NW 70<sup>th</sup> Avenue**  
**Johnston, IA 50131**

**1 December 2009**

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Iowa National Guard Youth and Teen Program (LOI)

1. **Purpose:** To establish a guiding policy, assisting in the development of the Iowa National Guard Youth and Teen Program, thru planning, implementation and overall function as specified in related Position Descriptions.
2. **Age Groups:** Youth/teens will be divided into age groups as follows:
  - a. All Iowa National Guard youth and teens between the ages of 6-18 years of age are eligible to attend Iowa National Guard Youth and Teen Program events.
    - i. Note: Teens 18 years of age, but enrolled in a post high school institution and/or career exceed the scope of the INGYP
    - ii. Aside from assisting in the coordination of childcare, current INGYP programs have not been designed for youth 5 years of age and younger.
3. **Command and Control:** Jeremy Van Wyk, SYC, will have overall responsibility for the youth program, under the direction and supervision of LTC Kevin Kruse, SFPD.
4. **Volunteer Responsibilities:**
  - a. Actively monitor the facility for the safety of the youth/teens and preservation of equipment and property.
  - b. Actively monitor the youth/teens on the bus, at the hotel and at the assigned facility, by continually taking attendance to ensure all youth/teens are present and accounted for. Please report, immediately, the absence of any youth/teen.
  - c. Assist as necessary in the serving of meals, snacks and drinks.
  - d. Ensure all youth/teens adhere to the Iowa National Guard Youth Program Code of Conduct. Report any unruly youth/teens to the SYC for appropriate disciplinary action. Immediately remove any unruly youth/teens from the rest of the group and monitor in a safe environment.

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
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SUBJECT: Iowa National Guard Youth and Teen Program (LOI)

- e. Ensure all youth/teens use the “buddy system” when visiting designated locations and/or restrooms (especially if under the age of 13). Make sure youth/teens take a friend with them for security.
- f. Assume the responsibility of properly monitoring who is signing out and picking up individual youth/teens. Those picking youth/teens up should sign that youth/teen out on the roster list and with a volunteer present.
- g. Immediately report any use of alcohol, tobacco and/or other illegal substances to Jeremy Van Wyk, SYC.

**5. Volunteer Expectations:**

- a. Be a good listener
- b. Treat all youth/teens with dignity and respect
- c. Be the positive example at all times and in all situations
- d. Be on time for all events/activities
- e. Immediately communicate any problems that may arise
- f. Provide constructive feedback to the SYC for future planning
- g. Ensure all required volunteer documentation has been submitted to the SYC prior to serving as a youth program volunteer
  - i. FBI Criminal History Background Check
  - ii. Iowa Sex Offender Registry Check
  - iii. Iowa Criminal History Background Check
- h. Ensure all documentation is completed (immediately) in cases of accident and/or injury
- i. Be available at all times (via cell phone) during events/activities/trainings
- j. All other responsibilities and expectations as outlined in applicable Volunteer Position Description

**6. Registration:**

- a. All youth and teens interested in being a part of the Iowa National Guard Youth and Teen Program are encouraged to complete the Enrollment Form. The form is kept on record in the State Office.

7. **Location:** Iowa National Guard Youth and Teen events will be conducted at various locations throughout the state. Marketing of these individual events will be completed thru the Iowa National Guard Family Programs Office, with adequate notice being given to families.

8. **Uniform:** Prepare to be active while working with the youth/teens. Casual attire is recommended, especially during off-site activities. Due to the fact transportation to off-site locations is necessary, and the fact weather is unpredictable, you are encouraged to dress appropriately for any and all weather conditions. Please ensure t-shirts worn under other shirts do not contain any visible inappropriate verbiage and/or symbols. Additional

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SUBJECT: Iowa National Guard Youth and Teen Program (LOI)

information pertaining to appropriate dress will be provided prior to each individual event.

9. **After Action Reports:** Following the conclusion of an individual event, all volunteers and paid staff are required to submit an accurate and complete After Action Report (AAR). All volunteer AARs should be submitted to the SYC no more than 2 weeks following the applicable event (see page 42). Paid staff AARs will be submitted to LTC Kevin Kruse, State Family Programs Director – Iowa National Guard.
10. **POC for this LOI:** Please contact the Family Programs Office if you have any questions: Jeremy Van Wyk, SYC at 515-252-4040 or toll free at 800-294-6607 ext. 4040. If an emergency contact is needed, please call 515-689-2617.

**Distribution:**

All volunteers/chaperones  
LTC Kevin Kruse, SFPD  
FAC Staff  
WFPCs  
A-Army  
Wing Commanders/ATS

**FAMILY PROGRAMS OFFICE**  
7105 NW 70<sup>th</sup> Avenue  
Johnston, IA 50131

1 December 2009

MEMORANDUM FOR DISTRIBUTION

SUBJECT: 2010 Youth and Teen Symposium (LOI)

1. **Purpose:** To provide volunteers for the Iowa National Guard Youth Program with information about the youth program for the **2010** State Youth and Teen Symposium, to ensure understanding of, responsibilities, expectations, procedures and time frames per established agenda.
2. **Age Groups:** Youth/teens will be divided into age groups as follows:
  - a. Age group Kindergarten through grade 3. All children must be 5 years old on or before **1 March 2009**. One chaperone per six children is our goal.
  - b. Age group grade 4 through grade 6. One chaperone per six children is our goal.
  - c. Age group 13-18 (if still in high school). One chaperone per six teens is our goal.

Note: Special arrangements can be made in cases with extenuating circumstances, pending review by LTC Kevin Kruse, SFPD (State Family Program Director) and Jeremy Van Wyk, SYC (State Youth Coordinator).
3. **Command and Control:** Jeremy Van Wyk, SYC, will have overall responsibility for the youth program, under the direction and supervision of LTC Kevin Kruse, SFPD.
4. **Volunteer Responsibilities:**
  - a. Actively monitor the facility for the safety of the youth/teens and preservation of equipment and property.
  - b. Actively monitor the youth/teens on the bus, at the hotel and at the assigned facility, by continually taking attendance to ensure all youth/teens are present and accounted for. Please report, immediately, the absence of any youth/teen.
  - c. Assist as necessary in the serving of meals, snacks and drinks.
  - d. Ensure all youth/teens adhere to the Iowa National Guard Youth and Teen Program Code of Conduct. Report any unruly youth/teens to the SYC for appropriate disciplinary action. Immediately remove any

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SUBJECT: 2010 Youth and Teen Symposium (LOI)

- e. unruly youth/teens from the rest of the group and monitor in a safe environment.
- f. Ensure all youth/teens use the “buddy system” when visiting designated locations and/or restrooms (especially if under the age of 13). Make sure youth/teens take a friend with them for security.
- g. Assume the responsibility of properly monitoring who is signing out and picking up individual youth/teens. Those picking youth/teens up should sign that youth/teen out on the roster list and with a volunteer present.
- h. Immediately report any use of alcohol, tobacco and/or other illegal substances to Jeremy Van Wyk, SYC.

**5. Volunteer Expectations:**

- a. Be a good listener
- b. Treat all youth/teens with dignity and respect
- c. Be the positive example at all times and in all situations
- d. Be on time for all events/activities
- e. Immediately communicate any problems that may arise
- f. Provide constructive feedback to the SYC for future planning
- g. Ensure all required volunteer documentation has been submitted to the SYC prior to serving as a youth program volunteer
  - i. FBI Criminal History Background Check
  - ii. Iowa Sex Offender Registry Check
  - iii. Iowa Criminal History Background Check
- h. Ensure all documentation is completed (immediately) in cases of accident and/or injury
- i. Be available at all times (via cell phone) during events/activities/trainings

**6. Registration:**

- h. Symposium-related/training related fees will be paid for by the Iowa National Guard Family Programs Office.
- i. Parents will complete and turn in the youth/teen registration form(s), authorizing the youth/teen’s participation in the program.
- j. Youth/teens will be assigned specific volunteer chaperones prior to leaving the hotel.
- k. T-shirts will be issued to all registered youth/teens and chaperones for visible ease of identification and safety.

SUBJECT: 2010 Youth and Teen Symposium (LOI)

**7. 2010 State Youth and Teen Symposium:**

~~Airport Holiday Inn Hotel  
6111 Fleur Drive  
Des Moines, IA 50321  
515-278-2400~~

~~POC—Sondra VanDerPol, Family Assistance and Readiness  
Coordinator (515-669-7634) or CPT Chris Klink (515-971-1680)~~

~~Iowa Speedway  
3333 Rusty Wallace Drive  
Newton, IA 50208  
641-791-8000~~

- ~~(1) — Teens ages 13-18~~
- ~~(2) — Tour duration is two hours.~~

~~Wells Fargo Arena  
730 3<sup>rd</sup> Street  
Des Moines, IA 50309  
515-564-8000~~

- ~~(1) — Youth ages 6-12~~
- ~~(2) — Youth (ages 12 and under) will go behind the scenes of  
Wells Fargo Arena~~

~~Iowa Hall of Pride  
330 Park Street  
Des Moines, IA 50309  
515-280-3211~~

- ~~(1) — Youth ages 6-12~~
- ~~(2) — Youth will complete a tour and scavenger hunt~~

~~Drug Demand Reduction—Camp Dodge  
7105 NW 70<sup>th</sup> Avenue  
Johnston, IA 50131  
515-205-7149~~

- ~~(1) — Programming will be implemented by Iowa Counter Drug—  
Drug Demand Reduction. Teens will overnight at Camp  
Dodge on 3 April 2009.~~

**8. Location:** Maps of hotels will be provided upon registration at the conference/symposium/event. The youth/teen registration area will be

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Office: 515-252-4040

SUBJECT: 2010 Youth and Teen Symposium (LOI)

located adjacent to the adult registration area in the foyer of the hotel. Further directions and locations will be announced during the conference/symposium.

9. **Uniform:** Prepare to be active while working with the youth/teens. Casual attire is recommended, especially during off-site activities. Due to the fact transportation to off-site locations is necessary, and the fact weather is unpredictable, you are encouraged to dress appropriately for any and all weather conditions. Your symposium t-shirt will be made available to you upon registering at the conference. If you choose to wear the t-shirt throughout the symposium, you are encouraged to wear a shirt under the issued shirt, unless you plan to launder your symposium t-shirt (at your own expense and on your own time). Please ensure the t-shirt you wear under your symposium shirt does not contain any visible inappropriate verbiage and/or symbols.
10. **After Action Reports:** Following the conclusion of an individual event, all volunteers and paid staff are required to submit an accurate and complete After Action Report (AAR). All volunteer AARs should be submitted to the SYC no more than 2 weeks following the applicable event (see page 42). Paid staff AARs will be submitted to LTC Kevin Kruse, State Family Programs Director – Iowa National Guard.
11. **POC for this LOI:** Please contact the Family Programs Office if you have any questions: Jeremy Van Wyk, SYC at 515-252-4040 or toll free at 800-294-6607 ext. 4040. If an emergency contact is needed, please call 515-689-2617.

**Distribution:**

All volunteers/chaperones  
LTC Kevin Kruse, SFPD  
FAC Staff  
WFPCs  
A-Army  
Wing Commanders/ATS



**Youth Code of Conduct:**

One of the requirements of all child and youth participants is that they read through and sign the Youth Code of Conduct for the Iowa Youth Program. The purpose of establishing and maintaining a youth program is to encourage participants to build networks of support, develop positive relationships and encourage youth to become leaders in their communities. This can only be accomplished if all children and youth agree to participate in the program(s), following the criteria and guidelines established in the Youth Code of Conduct.

As a volunteer, one of your duties is to ensure you have a signed and dated Youth Code of Conduct from all participants and that the original copy of this is on file in the State Family Program Office (this should be taken care of ahead of time by the SYC). Further, it is your responsibility to become familiar with the expectations and criteria of the youth program and to enforce they are acknowledged and implemented. Refusal to comply and/or observe the guidelines established in the Youth Code of Conduct will be grounds for dismissal from all current (and possibly future) youth programs, activities and/or training opportunities.

# Iowa National Guard Youth Program

## Code of Conduct

To ensure the Iowa National Guard Youth and Teen Program (INGYTP) is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following and sign below.

I, \_\_\_\_\_, a representative of the Iowa National Guard Youth Program, will uphold the following conduct and behavior standards:

### SECTION 1:

- a) I will be courteous and respectful towards others at all times.
- b) I agree to value and respect others' ideas, regardless of whether they are the same as my own.
- c) I agree to respect authority and comply with the requests of the State Youth Coordinator, Family Program Staff, Volunteers, Chaperones, event personnel Service members and/or Guard family members while participating in all INGYP activities.
- d) I will take full responsibility for any damage to personal or public property due to my actions.
- e) I will actively, and without complaining, participate in all training sessions, activities, camps and retreats
- f) I will conduct myself in a professional manner at all times
- g) I will dress appropriately at all times. **\*See Dress Code**
- h) I will acknowledge and follow times on schedules and agendas.

### SECTION 2:

- a) I understand discrimination and/or bullying of any type will not be tolerated.
- b) I will not use alcohol, tobacco or other drugs or engage in any behavior of a sexual nature at any time during my participation in INGYTP sponsored events
- c) I understand, in the event overnight stays are required, I am not allowed in the room(s) of opposite sex attendees/delegates.

Consequences of a SECTION 1 violation include removal from training and/or removal from activities. Further disruption will warrant a parent/guardian phone call and a meeting with the State Youth Coordinator. If it is determined that a behavior warrants dismissal from activities/trainings entirely, parents/guardians will be notified and I (the youth representative) will be sent home, at the expense of the family, and all Government funds will be recovered from the family.

Violations of SECTION 2 will result in immediate dismissal from all INGYTP trainings and/or activities. Parents/Guardians will be notified and I (the youth representative) will be sent home immediately, at the expense of the family, and all Government funds will be recovered from the family.

Furthermore, as a representative of the Iowa National Guard Youth and Teen Program, I understand I represent not only myself, but also the Youth and Teen Program, State Coordinator, Volunteers, other delegates and families of my state. I pledge to uphold this commitment. I understand if I am not able to remain in good standing (as determined by the State Youth Coordinator or assigned adult) during all sponsored trainings/activities with the commitments set forth above, I will be required to leave:

\_\_\_\_\_  
Youth Representative Signature

\_\_\_\_\_  
Date

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
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Code of Conduct  
(Page 2)

I have witnessed the pledge made by my son/daughter and will support him/her in carrying out the established expectations for participation in the Iowa National Guard Youth Program. I understand if my son/daughter violates the codes of conduct, appropriate consequences will be administered, possibly including removal from all INGYP trainings/activities.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**DRESS CODE:**

Trainings: Nice jeans or khakis and INGYP T-shirt (if applicable)

Presentation: Nice jeans, shorts or khakis, as well as appropriate shirt or INGYP T-shirt (if applicable)

**GENERAL GUIDELINES FOR DRESS CODE:**

- a) Hair must be neat, clean and worn in a manner which does not interfere with vision or cause a disturbance
- b) No article of clothing (including hats) that pertains to or depicts the following will be acceptable:
  - Substances or activities illegal by law for minors; alcohol, drugs, tobacco and/or gambling
  - No profanity, suggestive, violent or other inappropriate language, no derogatory symbols
  - Racial or discriminatory symbols/remarks directed toward any ethnic group, gender, nationality, color, race or religion
- c) Sufficient underclothes must be worn appropriately and must not be exposed
- d) Tank tops, tube tops, spaghetti straps, thin straps, tops that expose the mid-rift, bust, excessive part of the back, are excessively tight or distracting are not permitted
- e) No spandex articles of clothing are allowed
- f) All pants/shorts must be worn fitted at the waist, with or without a belt
- g) All shorts and/skirts must be no shorter than six inches above the knee
- h) No distracting tattoos or piercing
- i) Hats, caps or other head coverings are not to be worn during trainings (unless deemed acceptable for medical and/or religious beliefs)

**The State Youth Coordinator and/or designated volunteer reserve the right to determine the meaning of appropriate.**

## **Emergency Procedure Plan:**

In all events/activities pertaining to youth, an established Emergency Procedure Plan will be disseminated to all volunteers. It is vital that you, as an Iowa National Guard Youth and Teen Program volunteer, adhere to the established plan, to ensure the safety and well-being of all youth/teens.

While an adopted plan will be given to you upon your arrival at the youth/teen training and/or activity, there are a few items you should make yourself aware of prior to working with the youth/teens. They are as follows:

- Locate all exits in the building
- Note where elevators are located and specified procedures regarding the use of elevators during fires, natural disasters, etc.
- Note where all stairwells are located and at which level an outside exit is accessible
- Keep in mind that in the event of an emergency, a volunteer should be responsible for checking all restrooms, ensuring no youth/teens are left behind

It is your responsibility to check in with the SYC or the individual(s) supervising the event/activity to obtain a copy of the emergency procedure plan.

*Example of Symposium Emergency Procedure Plan on pages 38-39*

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## **Safety and Security:**

A first aid kit will be provided at each scheduled youth program event/training. Volunteers are responsible for making sure the first aid kit is available at all times, at all locations. While participating in off-site events/trainings, one volunteer should be designated as the individual to carry the first aid kit and all youth/teens and volunteers should be made aware as to whom this individual is.

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## **Media:**

At no time should Iowa National Guard Youth Program volunteers speak directly to the media (i.e. newspaper reporters, television reporters, radio stations, public officials both elected or other, or any other self-governing/functioning organization) without the approval and request of either the Iowa National Guard Family Programs Office (FPO) and/or the Iowa National Guard Public Affairs Office (PAO).

Participating in interviews or other dialogue with the above mentioned entities without prior approval and request by the Iowa National Guard FPO and PAO will be viewed as a violation of the Iowa National Guard Code of Conduct and Volunteer Confidentiality Statement. (See pages 22-23)

## Emergency Procedure Plan

1 Dec 08



Below are the steps and emergency contact numbers for use while serving as a volunteer with the Iowa National Guard Youth Program (INGYP). Please note that in any case, a quick reaction to the emergency is the most beneficial response.

1. **Assess the Situation** - Make sure the youth/teen(s) involved are out of the way of any imminent danger. In cases of falls, reduce movement and encourage the youth/teen(s) to remain still to further prevent any injury. When dealing with cuts or scrapes, isolate the youth/teen(s) so as to prevent others from coming in contact with blood.
2. **Seek Help** – Always make sure that you have another chaperone with you when administering first aid to a youth/teen. In severe cases (deep cuts, puncture injuries, blunt impact, hard falls, blackouts and allergic reactions), immediately dial 911 and remain with the injured youth/teen.
3. **Necessary Calls** – In cases where 911 is not necessary, please make sure you contact the State Youth Coordinator (if this is a State Family Programs Office sponsored event), so that information related to the accident can be documented and the appropriate individuals can be notified. Below are additional contact numbers in case the State Youth Coordinator is unavailable:
  - i. **Jeremy Van Wyk, SYC**  
Work Cell: 515-689-2617  
Cell: 515-991-5279
  - ii. **Sondra VanDerPol, FACC**  
Work Cell: 515-669-7634  
Office: 515-252-4758
  - iii. **CPT Chris Klink**  
Work Cell: 515-971-1680  
Office: 515-252-4077

In cases where an injury occurs during a Family Readiness Group (FRG)-sponsored event, please make sure to contact the FRG Leader as the first line of defense. This individual can then assess the situation and take further measures, if necessary.

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4. **On-Site Calls** – When participating in activities away from the armory, symposium hotel and/or lodging site, please make sure you notify the point of contact (POC) at the specified site. Doing this will better help this individual seek assistance for the injured youth/teen and will also help the individual and the organization they represent complete any and all required forms for documentation.

For all Iowa National Guard Youth and Teen Program events, a complete list of contact numbers will be provided to all volunteers prior to departing the station of origin.

5. **Documentation** – For all legal purposes, please make sure an Incident Report (see page 41) is completed for each accident and/or injury where any form of first aid had to be administered. Ensure the report is accurate and complete.
6. **Follow-up** – Please make sure that after all accidents you follow-up with the impacted youth/teen to ensure injuries, once deemed to be minor, are not compounding and becoming more severe. If there are any negative changes (drowsiness, blackouts, sweating/fevers and chills, violent shaking, hives/rashes, incoherent speaking, etc.) in the youth/teen’s condition, please contact emergency help immediately.

7. **Additional Contact Information** - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Note – While completing off-site activities, all volunteers should carry with them a Smart Book which outlines additional emergency procedures.**

## **Incident Reports:**

As a volunteer for the Iowa National Guard Youth and Teen Program, ensuring the safety of all youth/teen participants is priority number one. However, as in all cases where youth/teens are participating in activities, injuries and/or accidents are likely to occur. Should this be the case, you are required, as a volunteer, to complete an incident report within a timely manner from when the accident took place. This report must be submitted to the SYC so that it can be kept on file in the state office.

Please ensure you accurately document all of the events which took place at the time of the accident. (See Incident Report form on page 41)

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## **Expense Tracking Forms:**

When working to provide training and activities for youth/teens, it is not uncommon to incur expenses for materials. As a volunteer, serving in an official capacity for the Iowa National Guard Youth Program, you are entitled to reimbursement for those materials, given prior approval has been authorized for purchasing.

Maintaining an accurate record of expenses incurred, as well as receipts, ensures you are accurately reimbursed. Again, prior approval must be granted before the expenditure of any funds. Please use the Expense Tracking Form to record any/all expenditures (out of pocket) required to provide training/activities for Iowa National Guard youth/teens. (See Expense Tracking form on page 43)

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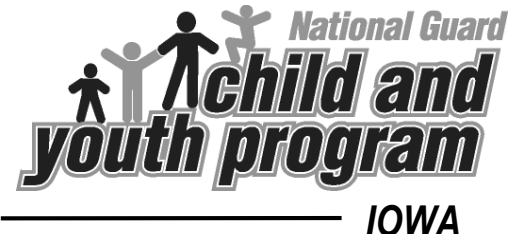
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## **After Action Reports (AARs):**

Following all trainings and/or traveling for meetings and conferences, it is customary to complete an After Action Report. The purpose of this report is to document the individuals you met with, important concepts which will impact the Iowa National Guard in the future, items to follow up with in the future and areas needing improvement.

This report should be completed and submitted within one week from the final day of the event. All AARs will be submitted to the SYC for compilation and record-keeping purposes. A template outlining how the report should be composed and concepts which should be addressed is included in this guide. (See After Action Report Template on page 42)

**Incident Report**  
1 Dec 08



**Activity:**

**Date:**

**Names of persons involved:**

**Describe the Incident:**

**Describe Action taken:**

**Was medical attention necessary? If so, explain.**

**Were the parent's/guardian's notified?**

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**Signature of staff/volunteer preparing report**

**Date**

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**Signature of participant**

**Date**

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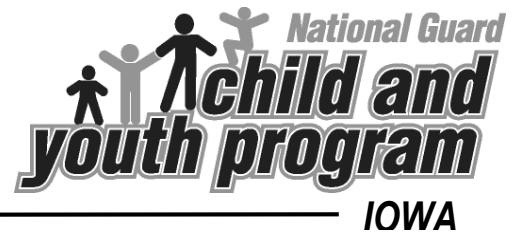
**Signature of parent/legal guardian**

**Date**

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
Johnston, Iowa 50131  
Office: 515-252-4040



**After Action Report**  
1 Dec 08



**Date:**

**Adult Youth Volunteer:**

**Number of youth/teens:**

**Iowa Guard Teen Council Representatives Present:**

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**Overview of event/activity:**

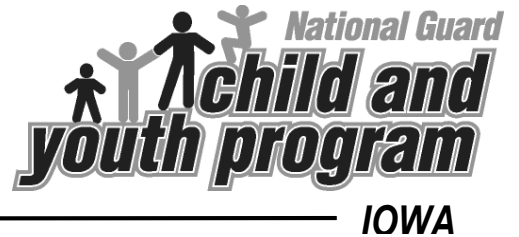
**Positive Outcomes:**

**Areas to Improve:**

**Work to be completed prior to next event/activity:**

\_\_\_\_\_ Submitted to SYC    \_\_\_\_\_ Submitted to FRG Chair    \_\_\_\_\_ FRG Copy

Iowa National Guard Youth Program  
7105 NW 70th Avenue  
Johnston, Iowa 50131  
Office: 515-252-4040



**Expense Tracking Record**

**Event/Activity:**  
**Date(s):**

<b>Date Purchased</b>	<b>Cost Per Item</b>	<b>Number of Items Needed</b>	<b>Total Cost for Items</b>
<b>Grand Total</b>			

**Please Note:** A running record of all expenses incurred for each training/event will be maintained in the office of the SYC. Please ensure your Expense Record is accurate and that copies of the report and receipts have been submitted to the SYC along with your After Action Report (AAR).

**Volunteer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print your name** \_\_\_\_\_

### **Volunteer Individual Travel Authorizations:**

All Iowa National Guard Youth and Teen Program Volunteers, serving in an official capacity, are deemed Statutory Volunteers and thereby placed on Individual Travel Authorizations (ITAs). ITAs allow the Iowa National Guard to reimburse Statutory Volunteers for travel and (approved) training-related expenses. Further, ITAs cover the volunteer in cases involving any accident and/or injury sustained during the event and transportation to and from the event (as established under the Joint Travel Regulation, Iowa Torts Claim and Workman's Compensation).

Volunteers serving in an unofficial, or gratuitous, capacity are not placed on ITAs for events and therefore not covered in cases of accident and/or injury.

### **Youth/Teen Travel Authorizations:**

Youth and teens attending an officially sponsored Iowa National Guard Youth and Teen Program event and/or activity will be placed on Individual Travel Authorizations (ITAs). Minors are placed on ITAs for liability purposes in the unforeseen event of any accident and/or injury sustained during the activity and transportation to and from the activity (as established under the Joint Travel Regulation, Iowa Torts Claim and Workman's Compensation).

Note – Youth and Teens attending a local Family Readiness Group event, or an event sponsored by an outside organization, are not placed on ITAs, and therefore, not covered by the Iowa National Guard.

## **RELEASE OF VOLUNTEER SERVICE:**

In the event a statutory volunteer does not uphold the established criteria, as outlined in the volunteer agreement and confidentiality forms, the Iowa National Guard State Youth Coordinator reserves the right to release said volunteer from future service with the Iowa National Guard Youth and Teen Program. In an attempt to prevent this from happening, the following procedure must be followed before a statutory volunteer can be release from service:

1. Upon observation of a behavior violating volunteer agreement forms, the State Youth Coordinator will address the issue one-on-one with the volunteer as a verbal reminder. This will be done individually and privately.
2. If the inappropriate behavior continues, following the individual verbal reminder from the State Youth Coordinator, the volunteer, State Youth Coordinator and State Family Program Director will meet to discuss the issue(s) and a formal documentation of behavior will be placed in the volunteer's state file.
3. If the behavior continues following the previously mentioned steps, the State Youth Coordinator and State Family Program Director will meet with the volunteer and official release them from any further involvement with the Iowa National Guard Youth and Teen Program. At this time, all expenses for mileage, per diem and lodging incurred by the volunteer will become the responsibility of the volunteer. The Iowa National Guard Services Branch will not provide any monetary reimbursement for expenses.

Volunteers are key to the success of any program; however, our number one priority is the safety of the youth and teens we work with. At all times, and in all situations, volunteers must conduct themselves in a manner which is professional, respectful of themselves and others, adheres to the criteria established in the volunteer agreement and confidentiality forms, and is a positive example for those around them.