



Young Friends
Information Packet

“Creating Hope & Building Success”

7401 Florissant Rd
St. Louis, MO 63121
314-261-6011

What is Young Friends?

Young Friends is a committee comprised of volunteers aged 25 – 39 who promote the mission of St. Vincent Home for Children through fundraising, advocacy and service initiatives.

As a group of motivated, community minded, and philanthropic young professionals, Young Friends helps to raise visibility as well as identify and connect resources to St. Vincent.

Young Friends' Mission

The mission of Young Friends is to increase awareness of St. Vincent Home for Children among young adults and further the agency's mission of service to at-risk youth through fundraising, advocacy and service initiatives.

Why Young Friends?

Young Friends introduces young professionals to the important work of St. Vincent Home for Children. Through volunteer activities, social events and networking opportunities, Young Friends assists in cultivating the next generation of leaders committed to building a better community and serving those in need.

Participating in Young Friends events is a fun and dynamic way to meet new people while helping raise funds, promote awareness and contribute to the life changing work of St. Vincent Home for Children.

What Does St. Vincent Home for Children Do?

- St. Vincent's mission is to provide love, security and professional treatment for troubled youth and their families through a fully integrated program of services.
- Founded in 1850 as an orphanage, St. Vincent has continued providing services to children and families while keeping up with the changing needs of our community.
- We provide treatment services including temporary shelter, individual & family counseling, group counseling, crisis intervention and home-based counseling to about 250 youth and their families annually; and crisis referral services to nearly 700 more each year.
- St. Vincent serves at-risk males and females ages 12-19.
- St. Vincent is a proud member of the United Way of Greater St. Louis, Accredited by the Council on Accreditation (COA) and contracted with the St. Louis County Children's Service Fund, MHNNet, Missouri Department of Mental Health, and Missouri Children's Division.

What Programs Does St. Vincent Home for Children offer?

Back-on-Track: Parents & Kids Working Together

- A program serving at-risk youth and their families with a goal of keeping families together and preventing entry into the foster care and/or juvenile justice system.
- Includes short-term residential treatment in safe, therapeutic environment, as well as individual, group and family therapy.
- Therapeutic and psycho-educational groups cover topics such as anger management, violence prevention, relationship building, substance abuse and conflict resolution.
- Services are available FREE for St. Louis County youth ages 12–19.

Transitioning Teens

- Program serving homeless youth that are in need of assistance in getting their lives on a positive track.
- In addition to individual and group therapy, Transitioning Teens provides a safe haven while assisting each individual in setting goals and moving toward successful independence.
- Many participants are able to enter Job Corps, find part-time employment, enroll in GED or college classes, and enter Transitional Living or Independent Living settings.
- Services are available FREE for St. Louis City & County youth ages 17-19.

Back-on-Track at Home

- A program providing home-based individual and family counseling for at-risk youth and their families.
- Designed to teach new skills, address family conflict and keep families together preventing entry into the foster care and/or the juvenile justice system.
- Services are available FREE for St. Louis County youth ages 12 – 19.

Post-Hospitalization Program

- Serves as a step-down for adolescents who are hospitalized for psychiatric care and designed to serve those who have experienced repeated hospitalizations or have complex social situations.
- Through intensive therapeutic services, our goal is to educate the patient and their family about their diagnosis and the importance of proper use of medication while stabilizing the family unit in order to prevent repeated hospitalizations.

Benefits of Young Friends

As a Young Friends Committee Member you will:

- Increase awareness of and support for the mission of St. Vincent Home for Children in the community.
- Gain experience in board service, marketing and public relations, event planning and philanthropy.
- Provide insight and ideas on ways to reach out to diverse audiences.
- Enhance presentation, communications, networking and business skills.
- Represent the organization through social media and at special events and functions.
- Network with like-minded young professionals in the Greater St. Louis area.
- Engage in activities and service projects.
- Spearhead efforts that benefit the children and families served by St. Vincent.

Roles and Responsibilities

Attendance at Monthly Meetings: Young Friends meets every other month; attendance at *all* meetings is strongly encouraged. Members are required to stay informed about Young Friends matters by reviewing minutes and reports.

Participation in Young Friends Projects: Young Friends members will select activities and events for which the group is interested in playing a leadership role. Such activities may include special fundraising projects, volunteer projects, or visibility efforts in the community. A schedule of Young Friends activities for the year will be determined and voted on by the Committee as a group, in consultation with St. Vincent Development Department.

Financial Support: Each Young Friends member is asked to give or get a minimum total donation of \$200.00 per year. That \$200.00 goal can be reached by means of a personal monthly donation of \$17.00 per month, the purchase of event tickets, or procurement of *funds or goods* to benefit Young Friends volunteer activities, auctions and events.

Membership Fees: Each Young Friends member is asked to pay a yearly Membership fee of \$25.00 to serve on the Young Friends Committee. This membership fee is in addition to the \$200.00 yearly fundraising commitment to the Young Friends Annual Fundraising Goals.

Committee Work: Each Young Friends member is required to serve as a member of a selected Young Friends Committee. Committees consist of advocacy, fundraising and service initiatives.



YOUNG FRIENDS APPLICATION

CONTACT INFORMATION

Name _____ Birth Date: _____

Address _____

Phone _____ Email _____

Employer _____

Title _____

COMPETENCIES

Check your area of experience (check all that apply)

- Fundraising Marketing/Public Relations Leadership Finance & Accounting
 Networking Event Management/Logistics Social Services/ Education
 Other: _____

AREAS OF INTEREST

Young Friends members have the opportunity to serve on one of three committees. Please select all areas of interest.

_____ **Fundraising & Sponsorship Committee** – This committee’s goal is to identify, plan and execute special events aimed at raising funds. This group is also responsible for cultivating corporate sponsorships for identified special events.

_____ **Membership & Social Committee** – This committee’s goal is to cultivate and engage new members. This group is also responsible for organizing and planning non-fundraising social events aimed at recruiting new members.

_____ **Service Committee** – This committee’s goal is to identify special volunteer projects or visibility efforts in the community aimed at increasing awareness of STVH and Young Friends.

EXPERIENCE

Please attach resume and briefly answer the following questions.

Explain why you are interested in joining the Young Friends Committee.

Explain what skills you have that can contribute to the success of Young Friends.

Describe any community service experience and/or non-profit involvement.



MEMBERSHIP EXPECTATIONS & COMMITMENT PLEDGE

This pledge is intended to acknowledge the shared responsibilities, commitment and conduct expected of all members of the STVH Young Friends Committee.

As a St. Vincent Home for Children Young Friends Committee Member, I am fully committed and dedicated to helping the organization carry out its mission, and will demonstrate this commitment by accepting the following roles and responsibilities:

- Every Young Friends Member has a give/get goal of \$200.00/year. Personal pledges, contributions solicited from others, and in-kind donations are all credited to a member's account. STVH Development Department will work in consultation with the Young Friends Committee to create creative fundraising opportunities.
- Each Young Friends member is asked to pay a yearly Membership fee of \$25.00 to serve on the Young Friends Committee. This membership fee is in addition to the \$200.00 yearly fundraising commitment to the Young Friends Annual Fundraising Goal.
- Every Young Friends Member will attend, or participate via telephone, regularly scheduled meetings, and serve on a least one committee (Fundraising & Sponsorships; Membership & Social; Service) where they can apply their special skills, perspective and experience.
- Every Young Friends Member will make their best effort to participate in the group's major volunteer events and fundraisers and will actively encourage the support of their friends and colleagues as well (goal is for each member to "bring" at least three prospects to each major event).
- Every Young Friends Member will endeavor to recruit one new member per year.
- Every Young Friends Member is an ambassador for St. Vincent Home for Children and will strive to positively represent the organization in the best possible ways.

In return, St. Vincent Home for Children Young Friends Committee promises to:

- Provide members the opportunity for meaningful and rewarding service to our mission and our community.
- Provide members the opportunity for significant professional development and social networking opportunities.
- Provide members with the information they need to be effective members.
- Be diligent in making the best possible use of the assets members make available to us, whether those are assets of time, wisdom, experience, relationships or money.

- Schedule meetings in advance and start and end meetings on time, unless a majority of those present at the time elect otherwise.
- Make every effort to keep our meetings brief, relevant, interesting and impactful.
- Respond to the best of our ability to member questions and concerns.
- Encourage member feedback and criticism.

By signing this document, I am acknowledging that membership implies a three-way commitment from Young Friends Members individually, Young Friends Members collectively and the organization as a whole. I understand that STVH will rely on the collective commitments of its Young Friends Members in formulating its plans and executing its strategy.

Signed: _____ Date: _____
 (Young Friends Member)

Signed: _____ Date: _____
 (Director of Development)

PLEASE ENCLOSE:

- Young Friends Application
- Resume
- Attached Documents Answering Application Questions
- Signed Member Expectations & Commitment Pledge
- Membership Fee of \$25.00, payable via:
 - Check made out to St. Vincent Home for Children
 - On-line Donation via our website www.saintvincenthome.org

APPLICATION MAY BE RETURNED:

By Mail: St. Vincent Home for Children
 7401 Florissant Rd.
 St. Louis, MO 63121

By Fax: 314-385-1467 (Attn: Development Department)

By Email: YoungFriends@saintvincenthome.org



RELEASE FORMS

Please read thoroughly, sign and date at the bottom of the page.

LIABILITY WAIVER

I hereby release, indemnify, and hold harmless St. Vincent Home for Children, the organizer, sponsors, and supervisors of all activities from any and all liability in connection with any injury (including injury caused by negligence), in conjunction with the use of St. Vincent property. In addition, St. Vincent has permission to utilize any photographs or video taken for publicity purposes.

DISCIPLINE AND RESTRAINT

I understand that behavioral problems may be encountered in caring for the children at St. Vincent Home for Children, a residential treatment center, which offers individualized programs for children, who have severe emotional issues. Employees are trained in methods such as behavior modification techniques and the appropriate use of discipline and restraint. I understand that I am **NOT** to restrain or assist in restraining a child at anytime.

CHILD ABUSE/NEGLECT

St. Vincent Home for Children is committed to the prevention of child abuse and to assisting those who are affected by incidents of child abuse. STVH is also committed to complying with the legal requirements for reporting child abuse. Child abuse is defined as physical injury, sexual trauma, or emotional and verbal abuse inflicted on a child other than by accidental means. Child neglect is defined as the failure to provide the proper or necessary support, education, as required by law, nutrition, surgical, or any other care necessary for a child's well being by those responsible for the care, custody, and control of the child.

POLICY ON CONFIDENTIALITY OF CLIENT INFORMATION

All information about St. Vincent Home for Children is confidential and kept secure. All children's last names are confidential. St. Vincent Home for Children staff and graduate practicum students have access only to the records of clients with which they are professionally involved and none other. Board members and volunteers do not have access to records. St. Vincent Home for Children complies with HIPPA regulations.

I AGREE THT I HAVE READ AND UNDERSTAND THE INFORMATION LISTED ABOVE.

Printed Name

Signature

Date

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions. <input type="checkbox"/> (1) Name Search - \$5.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (3) DFS Central Registry Child Abuse Search Only - No Charge	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /	

ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?

YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?

YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DFS CONTRACT PROVIDER
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
Complete your mailing label below
Confidential Mail

AGENCY NAME
ATTENTION
ADDRESS
CITY, STATE, ZIP CODE