



At The Rock of Kingsley Inc., our youth program believes that all youth have amazing potential, and the values and skills learned are vital building blocks for life. We continue to give 6th-12th graders a quality, free of charge, safe place to belong, build confidence and learn positive behaviors of caring, honesty, respect, and responsibility. All youth programs are under the supervision of caring adults who have had background checks in order to keep teens safe.

For more information stop to see us and take a tour at 115 E. Blair Street, or call 231-263-7000 during normal business hours and we would be more than happy to answer questions. See what we are doing by becoming a friend of the Rock of Kingsley Youth Center Facebook page. We have some great programs in the making!

Lift lives ... Open hearts ... Value & Empower community

Rock of Kingsley Inc.

DONATION FORM

Thank you for your interest in supporting The Rock of Kingsley Inc. and its programs. Your gift is an opportunity to make a real, positive impact on young lives. The Rock is a 501(c)(3) nonprofit corporation. All donations are tax deductible.

We rely entirely on the support of donations, fundraisers, and grants to fund our \$70,000 annual budget. We do not receive funds from the government or other organizations. There is no wealthy individual who pays our bills. People like you are our lifeline.

Our ongoing growth demands more space, more staff, and more resources to support our programs, which are sponsored by generous donors so they can be offered free of charge. We have accomplished more than we ever thought possible in ten years, but we need your help to continue. *Our kids are depending on us, and we do not want to let them down!* We invite you to join our family of supporters by making a monthly or one-time contribution, volunteering, or purchasing an item from our wish list.

First Name _____

Last Name _____

Address _____

City _____ Zip Code _____

Email _____ Ph. _____

____ Monthly Donation ____ One-time Donation ____ Sponsor a Youth (\$200)

____ Tribute in Honor of _____

____ Tribute in Memory of _____

\$ _____ (Amount)

Charge my _____ VISA _____ Master Card _____ American Express

Credit Card No. _____ Expiration Date _____ CVV No. _____

Please send form and payment to:

The Rock of Kingsley Inc.
P.O. Box 207, Kingsley, MI 49649

On behalf of the kids who benefit from the free programs at the Rock

THANK YOU!

The Rock of Kingsley Inc.

WISH LIST

Games

Corn hole
Washers

Personal Hygiene – Trial Size

Shampoo Conditioner Deodorant Toothpaste Tissues

Art Supplies

Crayola washable markers Sharpie markers-black and color
Acrylic paint in multiple colors Watercolor paints
8x 10 canvas boards

Gift Cards

Northland	Subway	Walmart
Target	Staples	Meijer
Home Depot	Menards	Lowe's
Michael's	Hobby Lobby	Game Stop

Office Supplies

Double-sided 3M mounting tape Stamps (letter & postcard)
8½ x 11" white copy paper Business envelopes
Command Strips
HP Printer Toner (305A Black, Yellow, Magenta, Cyan)

Cleaning Supplies

Clorox disinfecting wipes Lysol disinfecting cleaner and spray
Hand Sanitizer Mr. Clean Magic Erasers
Toilet paper 39-gallon trash bags
Soft Scrub Dish Soap-Dawn
Toilet bowl cleaner Paper Towels

Electronics

Xbox360 Xbox1 PS3 Nintendo Switch games (E-rated)

*When shopping [amazonsmile.com](https://www.amazon.com),
please select The Rock of Kingsley to
receive donations.*



Thank you for your support!

Your donations help the Rock of Kingsley Inc. reduce out-of-pocket expenses and allow us to use more of our funding for afterschool teen programs.

VOLUNTEER OPPORTUNITIES

Are you interested in becoming a volunteer? Volunteering is one of the most rewarding experiences you can have! It's a great way to have a positive impact on your community and enrich your life with an experience that you will never forget!

We have so many opportunities at The Rock and are always looking for help and new energy to keep programs interesting and dynamic for youth and community. Our volunteer possibilities are endless!

- **Program Volunteers:** Our teens need and deserve someone to listen, interact and take interest in their lives. Meaningful relationships grow as volunteers are consistently available to play games, help students get involved with Rock activities and engage in conversation. Days and hours may vary for this position.
- **Community Service Program:** Students have the unique opportunity to provide community service at local service sites from time to time. We need adults to serve alongside our teens.
- **Welcome & Sign-In:** Keep teens safe and secure by greeting them as they enter the Rock and checking them in and pointing them in the right directions.
- **Graphic Design or Video Expertise:** Volunteers with graphic design skills or video production/editing experience to assist with promoting Rock programs and special events.
- **Maintenance:** The Rock needs handy, helpful people to pitch in periodically for light to moderate repairs.
- **Administration:** General office duties; mailings, print outs, excel spreadsheets and recording attendance.
- **Special Event Planning:** Planning and preparing for Rock special events or fundraisers.
- **Snack Shack/retail:** Process sales transactions, good interpersonal and communication skills, restock product, clean, and sanitize area.
- **Tutoring/mentoring:** Homework, helping teens develop life skills, core values.
- **Arts/crafts/Music:** Share your talents with teens or lead a program
- **Janitorial:** Sweep, mop, vacuum, windows, clean and restock bathrooms, empty trash, maintain cleaning chart.
- **Chaperone teen events:** Dances, community service projects, field trips.

*If you are interested in volunteering once a week, once a month, or even for one special event, please fill out and return the volunteer application form, along with the background check form or contact our **Volunteer Coordinator at 263-7000** or email us at **diane@therockofkingsley.com**. We will give you information and schedule an interview to get your volunteer experience on its way!*

The Rock of Kingsley Inc.

VOLUNTEER POLICIES/CONDUCT

- Background checks will be mandatory.
- Volunteers are expected to model exemplary behavior at all times.
- Volunteers are expected to use their time at The Rock to interact positively with youth and show them you are wholly invested in them.
- Volunteers will demonstrate kind and respectful communication with others at all times.
- Volunteers are expected to be on time, prepared, and present throughout scheduled work hours. If you are unable to volunteer on a scheduled day, please communicate with the Director as soon as possible.
- Volunteers are expected to wear appropriate attire and name tags.
- Volunteers are expected to maintain a clean, safe, and organized environment in programs, facilities, and grounds.
- Volunteers are responsible for their personal property during Rock programs.
- Volunteers are expected to support The Rock policies.
- Maintain the confidence of the public and refrain from taking, ordering, or participating in any action that would adversely affect the integrity of The Rock or the public's perception of The Rock.

NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

Any information that volunteers or staff learn about The Rock of Kingsley Inc. or its members or donors as a result of volunteering for The Rock of Kingsley Inc. that is not otherwise publicly available constitutes confidential information. The disclosure, distribution, electronic transmission or copying of The Rock of Kingsley Inc. confidential information is prohibited. Such information includes, but is not limited to the following examples:

Compensation data.

Program and financial information, including information related to members, donors, and pending projects and proposals.

Any volunteer who discloses confidential The Rock of Kingsley Inc. information will be subject to disciplinary action.

Discussions involving sensitive information should always be held in confidential settings to safeguard the confidentiality of the information.

The protection of privileged and confidential information is vital to the interests and success of The Rock of Kingsley Inc.

If you have any questions regarding any of the policy listed above, please contact the program manager or the Executive Director.

Rock of Kingsley Inc.
VOLUNTEER APPLICATION

First Name _____ Last Name _____

Address _____

Email _____ Ph. _____

Date of Birth _____ Education Background _____

Occupation/Skills _____

Interests (please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Interacting with youth | <input type="checkbox"/> Interacting with adults | <input type="checkbox"/> Arts and crafts |
| <input type="checkbox"/> Music | <input type="checkbox"/> Audio-visual technology | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Volunteer recruitment | <input type="checkbox"/> Web site content |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Program development | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Project management | <input type="checkbox"/> Advertising/Promotion | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Facility maintenance | <input type="checkbox"/> Snack Shack retail | <input type="checkbox"/> Teaching/tutoring |
| <input type="checkbox"/> Cooking/foodservice | <input type="checkbox"/> Chaperoning teen events | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Serving on committees | <input type="checkbox"/> Outdoor activity | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Light construction/repair | <input type="checkbox"/> Videography |

Others (please specify) _____

I'm interested in volunteering (please check all that apply)

on site from home or office weekday weekend afternoon evening

Is there anything else you would like to tell us about yourself? _____

DATE: _____ SIGNATURE: _____

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here
or
Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	

I am completing this for myself. I would like to pick up my results in _____ County (For Michigan Residents Only).

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

INSTRUCTIONS FOR FILLING OUT THE DHS-1929

Michigan Department of Health and Human Services

Michigan residents requesting clearance on themselves (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Individuals outside of Michigan

For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan

For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

Out-of-State Adoption and Foster Home Screening

Please access our website at www.michigan.gov/MDHHS and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.

Michigan Camp Volunteers and Employees (All Types)

Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or www.michigan.gov/lara
Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.

Outstate government agencies requesting information, please access our website at www.michigan.gov/DHHS follow the links to child abuse and neglect or call 517-241-9794.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.

County	Address	Phone	Fax
Alcona	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Alger	413 Maple St., Munising, MI 49862	906-387-4440	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	711 W. Chisholm St., Alpena, MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-353-4700	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., P.O. Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Gd Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-2272
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	322 E. Stockbridge Ave., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 Franklin St. SE Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1059

County	Address	Phone	Fax
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	21885 Dunham Rd. Ste. 7, Clinton Township, MI 48036	586-469-7700	586-783-8136
Macomb	27690 Van Dyke Ave., Warren, MI 48093	586-427-0600	586-427-0668
Macomb	41227 Mound Rd. Ste. A, Sterling Heights, MI 48314	586-254-1500	586-254-8029
Macomb	19700 Hall Rd. Ste. A, Clinton Township, MI 48038	586-412-6100	586-412-6141
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5400	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St. Ste. B, Ontonagon, MI 49953	906-884-4951	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	111 Union St., Roscommon, MI 48653	989-275-5107	989-275-5545
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-2710
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	300 Walnut St. Rm. 175A, Manistique, MI 49854	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927

County	Address	Phone	Fax
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386
Wayne North	13233 Hamilton Ave., Highland Park, MI 48203	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	313-578-5392
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6400	313-931-6439
All Wayne	Visit www.michigan.gov/mdhhs for all offices		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Outstate	PO Box 30037, Ste. 510, Lansing, MI 48909-7537	517-241-9794	517-763-0280

The Rock of Kingsley Inc.

YOUTH MEMBERS & GUESTS – RULES & POLICIES

PLEASE READ with your student(s) and keep for future reference.

FORMS MUST BE FILLED OUT COMPLETELY, OR THEY WILL BE RETURNED.

Members (6-12 gr.) hereby agree to abide by all the rules and policies in place at The Rock of Kingsley Inc. and stated below: (also applies to guests)

It is mandatory that all participants sign in when they arrive and sign out when they leave. Once you sign out *YOU CANNOT RE-ENTER WITHOUT A PARENT/GUARDIAN.*

Participants are expected at ALL times to treat volunteers, staff and peers with respect and consideration. *BULLYING, TEASING OR CONFRONTATION IS STRICTLY PROHIBITED. REPORT IT IMMEDIATELY!*

We expect all ROCK equipment and property be treated with respect and care. Members are responsible for any equipment checked out that is lost, missing, or damaged. Parents or guardians will be notified and responsible for replacement expenses.

Phone use is limited to contact parent or guardian. Calls should not exceed 5 min. **PLEASE ASK TO USE THE PHONE.**

Weapons, fighting, roughhousing, yelling, and running is not allowed.

Smoking, vaping, drugs, alcohol, gambling and inappropriate use of cell phones is not allowed.

Personal displays of affection are discouraged.

Dress appropriately and no bare feet.

Use appropriate language.

Snack Shack closes at 5:30pm. Please clean up after yourself. Trash, cans and bottles go in designated bins. Excess trash may result in closing the Snack Shack for a period of time.

No loitering on ROCK property. If you leave or are asked to leave, please do so in a timely manner.

Violations of rules and policies at the ROCK may jeopardize your privileges.

The Rock of Kingsley Inc.

YOUTH MEMBERS & GUESTS – RULES & POLICIES (continued)

PLEASE READ with your student(s) and keep for future references.

ROCK HOURS

Mon–Fri: 3:30-6:00pm during in session school days. Occasional extended hours, weekends, or evenings may be scheduled for special events.

I understand that the ROCK of Kingsley Inc. has an open-door policy. This policy means that my child in the 6th-12th grade is welcome any time during open hours. I also understand that if my child leaves the ROCK of Kingsley Inc. for any reason during that time, they will not be allowed to re-enter the building (that day/night) unless accompanied by parent.

OUR STAFF IS NOT RESPONSIBLE FOR TEENS WHEN THEY LEAVE THE ROCK OR WITH WHOM THEY LEAVE.

PICK-UP POLICY

I understand that my child needs to be picked up on time when the Rock of Kingsley Inc. closes. I also understand that if I am late, I will be charged \$5.00 for every fifteen minutes I am late. (circumstances will be reviewed by The Rock of Kingsley Inc. staff)
Hours and program schedules are subject to change without notice. Staff will make every effort to keep you and your teen informed.

Using the ROCK of Kingsley Inc. is a *privilege*. Members are expected to exhibit good behavior and follow all Rock of Kingsley Inc. rules and policies.

INAPPROPRIATE BEHAVIORS WILL NOT BE TOLERATED!

FIRST OFFENSE:

Failure to exhibit good behavior will result in a warning.

SECOND OFFENSE:

Parent/Guardian notified by phone, email or letter.
Additional offense will result in loss of Rock of Kingsley Inc. privileges for 1-2 days depending on infraction.

THIRD OFFENSE:

Loss of Rock of Kingsley Inc. privileges for the school year. The Rock of Kingsley Inc. Board of Directors will determine if another opportunity to attend will be offered.

NO FOOD OR BEVERAGES CAN BE BROUGHT IN UNLESS PRE-APPROVED BY THE DIRECTOR.

The Rock of Kingsley Inc.

YOUTH PROGRAM REGISTRATION FORM

Form must be filled out completely.

Name (Last) _____ (First) _____

Mailing Address _____

City _____ State _____ Zip _____

Birth Date _____ Grade _____ School _____

Parent(s)/Guardian _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Email Address _____

Step Parent _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Emergency Contact (not parent) _____ Ph. _____

Physician _____ Ph. _____ Hospital _____

Medical Information (allergies, medicines, disabilities) _____

Name of medical insurance _____

Policy _____

As a Parent/Guardian of a registered teen I will help:

_____ Volunteer my time _____ Donate Money _____ Donate items needed

_____ Weekly _____ Monthly _____ Yearly _____ Sponsor programs

I, the undersigned Parent/Legal Guardian of the named student on this form, hereby consent to and give my permission as follows:

- Member may participate in all The Rock of Kingsley Inc. activities which may also include activities held at other locations.

(continues next page)

The Rock of Kingsley Inc.

YOUTH PROGRAM REGISTRATION FORM

(continued)

- On behalf of the member and myself, I acknowledge that the member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify The Rock of Kingsley Inc. and all other affiliates associated with the Rock of Kingsley Inc. from all liability for injury to person or damage to property of myself and member arising out of participation in, and transportation associated with The Rock of Kingsley Inc.
- In permitting the member to participate, I am specifically granting permission for The Rock of Kingsley Inc. to use the likeness, voice and words of the member in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Rock of Kingsley Inc. and appealing for funds to support such activities.
- If I am not personally at The Rock of Kingsley Inc. activities in which the member is participating, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures to arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the member.

Parent/Legal Guardian's Name: (please print)

Parent/Legal Guardian's Signature:

Date:

Release/Pick-Up Authorization

Youth Name: _____

Date of Birth: _____ Home Phone: _____ Cell: _____

I understand that my youth will not be permitted to leave the Rock of Kingsley Inc.
in any other method or with anyone other than the person(s) that I have listed below.

_____ Youth may walk home

_____ Youth may be picked up by any of the following people:

Name: _____

Relationship to Youth: _____

Name: _____

Relationship to Youth: _____

Name: _____

Relationship to Youth: _____

_____ Youth may **NOT** be picked up by any of the following people:

Name: _____

Relationship to Youth: _____

Name: _____

Relationship to Youth: _____

Name: _____

Relationship to Youth: _____

I authorize my student to be released from The Rock of Kingsley Inc. according to the information above.

Additionally, I have communicated with my student the ways in which I permit him/her to leave the Rock. I understand that The Rock of Kingsley Inc. assumes no responsibility for Transportation to or from The Rock, and that The Rock of Kingsley Inc. is not responsible for my student before they arrive at or after they leave.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

The Rock of Kingsley Inc.

NETWORK COMPUTING & EMAIL POLICY FORM

The Rock of Kingsley Inc. is responsible for securing its network and computing system to a reasonable and economically feasible degree against unauthorized access and/or abuse, while making them accessible for authorized and legitimate users. This responsibility includes informing users of the expected standards of conduct and the disciplinary or legal consequences for not adhering to them. Any attempt to violate the provisions of this policy will result in disciplinary action and possible revocation of use regardless of the success or failure of the attempt. Once a user is granted permission to access the electronics network facilities, the user is solely responsible for all actions while using the equipment. Therefore, the following actions are prohibited:

- Any deliberate action, which damages or disrupts a computing system or network, alters its normal performance or causes malfunction, regardless of location or time duration. (trying to “crash” network systems or programs)
- Any willful development or introduction of computer “viruses,” disruptive or destructive programs into the Rock of Kingsley Inc. network. No downloading without permission!
- Deleting, copying, or modification of any files and/or data belonging to other users without their prior consent.
- Transmitting and/or processing files containing obscene, indecent, lewd material or other material, which explicitly or implicitly refer to sexual conduct.
- Transmitting any material in violation of any United States or state regulations. This includes, but not limited to, copyrighted and threatening materials.
- Impeding other users through mass consumption of system resources.
- Using facilities and/or services for unauthorized commercial purposes.
- Forging or attempting to forge electronic mails messages.
- Attempting to read, delete, copy, modify, or view without permission, other user’s email.
- Sending or attempting to send harassing, obscene and/or threatening email to another user.
- Attempting to send unsolicited junk mail, “for profit” messages, or chain letters.
- Any other action that is deemed inappropriate.

The Rock of Kingsley Inc. electronic network facilities are to be used exclusively for education, related functions, and applications. The Rock of Kingsley Inc. will have access to all files, including email files. Users will have no expectation of privacy with regard to said files or email. Any attempt to break the law through the use of the network will result in litigation against the offender by the proper authorities. If such an event should occur, the Rock of Kingsley Inc. will fully comply with the authorities to provide any information necessary for the litigation process.

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The Rock of Kingsley Inc.

NETWORK COMPUTING & EMAIL POLICY (continued from previous page)

(Note: Form must be filled out completely.)

I understand and agree to abide by the terms and conditions of The Rock of Kingsley Inc. Network Computing and E-mail Policy. I further understand that any violations of the above regulations are unethical and may constitute a criminal offense. I understand that any violation of these terms and conditions will result in the revocation of my access rights and the imposition of the Rock of Kingsley Inc. discipline. In addition, the Rock of Kingsley Inc. will comply with the authorities to provide any information necessary for the litigation process.

As the parent/guardian of this student, I have read the Terms and Conditions for access to The Rock of Kingsley Inc. Network Computing and E-mail Policy. I understand that this access is designed for educational purposes and the Rock of Kingsley Inc. has taken precautions to eliminate controversial materials. However, I also recognize that it is impossible for The Rock of Kingsley Inc. to restrict access to all controversial materials, and I will not hold The Rock of Kingsley Inc., The Rock of Kingsley Inc. Staff, or The Rock of Kingsley Inc. Board of Directors responsible for materials acquired on the network. Further, I understand that the inappropriate use of network by my child will result in the revocation of my child's access rights and imposition of The Rock of Kingsley Inc. discipline. In addition, The Rock of Kingsley Inc. will comply with the authorities to provide any information necessary for the litigation process. I accept full responsibility for supervision if and when my child's use is not in a The Rock of Kingsley Inc. setting. Further, I accept responsibility for any damages or injuries caused by my child's use of the network, either in The Rock of Kingsley Inc. or outside of the Rock of Kingsley Inc., in a manner which violates the Terms and Conditions set forth in this agreement. With this understanding, I hereby give permission to issue electronic access for my child and certify that the information on this form is correct.

Member's Name: (please print)

Signature:

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date:
