The mission of the Kids’ College Aides-in-Training Leadership Program is to help develop the leadership skills of the youth in our community. The program’s purpose is to increase the awareness of personal responsibility and character development. This unique experience will give the participant an understanding of commitment and the need for positive relationships with peers and adults as it correlates to teamwork.

To realize the maximum benefits of the program, the participants will be asked to assist in many hands-on activities. They will be assigned to work with Kids’ College instructors. Their main responsibilities will be to aid with daily camp group activities such as morning drop off, afternoon pickup, class changes, lunch supervision, and general activities in the classroom. The AIT volunteers will also learn about character building, teamwork, college and career options.

There are no guarantees that any child will be selected for this program. The applicant must participate in a mandatory orientation and workshops if accepted into the program. The training is comprised of team building, conflict resolution, other leadership skills, safety, and review of the Kids’ College policies. If your child is selected for the program, the cost is $80.00, which will include two camp T-shirts. AITs will need to bring their lunch to camp daily.

**Remember:** This is a volunteer program; hours may be used for school purposes. Incomplete or late application packets will not be accepted!

If you have any additional questions or concerns, you may contact us at (352)323-3610. Thank you for your interest in the Aides-in-Training Leadership Program at Kids’ College!

Sincerely,

DeAnna Diggs
DeAnna Diggs
Director
Youth Development
Lake-Sumter State College
Aide-in-Training (AIT)
Leadership Program Information

Application period:
• February 7 – April 21, 2021
• Applications may either be emailed to YD@lssc.edu OR mailed to DeAnna Diggs at:
  Kids’ College
  9501 U.S. Hwy 441
  Leesburg, FL 34788

Cost: $80.00 – If the applicant is selected for the program, the fee must be submitted between May 14 – 26, 2021.

Kids’ College Schedule:
• South Lake Campus – 1250 N. Hancock Road, Clermont, FL 34711
  o Program 1: June 8 – 17, 2021; Program 2: June 21 – July 1, 2021; Program 3: July 6 – 15, 2021;
  Program 4: July 19 – 29, 2021
• Leesburg Campus – 9501 U.S. Hwy 441, Leesburg, FL 34788
  o Program 1: June 14- 24, 2021; Program 2: June 28 – July 8, 2021; (closed 7/5/21) Program 3: July 12 – 22, 2021
• Camp hours are 8:00 a.m. to 5:00 p.m.; Monday-Thursdays.

Eligibility: Teens ages 15-18 and students entering 10th through 12th grade in Fall 2021.

Requirements:
• Completed Acceptance of AIT Guidelines form (Page 4)
• Completed Application form (Page 5)
• 2 Letters of Recommendation from teachers or professionals in the community (Pages 6 & 7)
• Completed Use of Photograph forms (Page 8)
• AIT Emergency Contact Information Form (Page 9)
• Completed Volunteer Release forms (Pages 10 & 11)
• Attend an office Interview - Interviews will be scheduled via email for May 9, May 13, May 14, May 15 and May 16 from 3 pm to 6 pm

Notification of acceptance: Accepted applicants will be notified through email by May 3rd – 6th and May 10th – 13th from 2 p.m. – 5 p.m.

Mandatory orientation: This training will include team building, conflict resolution, other leadership skills, safety, and Kids’ College policies.
• For AITs working in Leesburg – June 9, 2021 from 2:00 pm – 4:00 pm via Zoom
• For AITs working in Clermont – June 1, 2021 from 2:00 pm – 4:00 pm via Zoom

Availability: Applicant must be available to work the whole day for an entire two-week program.

Uniform: AIT volunteers must wear their staff shirts each day of camp. Shorts must be of an appropriate length. Sneakers must be worn each day. Any AIT who is not dressed appropriately will be asked to go home and change.

Community Service Hours: This program can be used for school volunteer hours. The Kids’ College Coordinator will provide a Community Service Hours Letter or sign a pre-made one from the AIT’s school, depending on what the school prefers. This will be done at the end of the AIT’s volunteering session.
Guidelines for the Kids’ College Aide-in-Training Leadership Program

- AITs must always arrive on time and wear appropriate clothing. If an emergency arises, you must contact the Kids’ College office or the Youth Development office at (352) 323-3610.

- AITs must handle themselves in a professional manner at all times.

- AITs must use common sense when interacting with Kids’ College students, knowing that you are setting an example.

- AITs must treat ALL Kids’ College students, faculty, staff and parents with the same respect and enthusiasm when interacting with them in the program.

- AITs must let their Instructor know of any problems with any students.

- AITs must report any accidents to their instructor immediately, no matter how minor.

- AITs should participate in all classroom activities under the direction of the instructor.

- All discipline procedures within the class should be at the discretion of the instructor.

- AITs may NOT use their cell phones for texting or phone calls at any time during the program, except in the case of an emergency.

Remember, you are here to assist the instructor. It is extremely important that you take the initiative to help incorporate all the rules necessary to ensure a safe and happy experience for all students. Instructors depend on you to be another source of assistance.

Please enjoy the summer, enjoy getting to know each and every student, and above all else, know that you are a role model for all Kids’ College students, so give it your all!

By signing below, you understand the responsibilities of your position with the Kids’ College Aide-in-Training Leadership program. Should you receive 2 reprimands during the course of the summer, it is up to the discretion of the program coordinator to terminate your position in the program.

____________________________________        ________________        ___________________________
Applicant Name                                      Date                              Applicant Signature

____________________________________
Parent/Guardian Name                                Date                              Relationship to AIT

____________________________________
Parent/Guardian Name                                Date                              Parent/Guardian Signature
Aide-in-Training
Leadership Program Application

PLEASE PRINT

Name: ___________________________ Current Age/Grade: _____/_____ Circle T-shirt size: S M L XL 2XL

Applicant Email: ___________________________ Parent Email: ___________________________

Please provide accurate email addresses that are checked frequently by the parent and the applicant.

Address ___________________________ City ___________________________ Zip Code__________

Home/Cell Phone ________________ DOB: _______________ What school do you attend? ___________________________

Emergency Contact Name: ___________________________ Emergency Contact Phone: ___________________________

Select the program(s) in which you wish to volunteer using 1, 2, 3 and/or 4 to prioritize your selection. AITs may work up to 2 programs per summer.

- Leesburg Campus: ___________________________ (closed 7/5/21)
  - Program 1 (June 14 – 24, 2021) ____ Program 2 (June 28 – July 8, 2021) ____ Program 3 (July 12 – 22, 2021) ___

- South Lake Campus:
  - Program 1 (June 8 – 17, 2021) ____ Program 2 (June 21 – July 1, 2021) ____ Program 3 (July 6 – 15, 2021) ____
    Program 4 (July 19 – 29, 2021) ___

Please briefly describe any relevant work and/or volunteer experience you may have:

___________________________________________________________________________________________

__________________________________________________________________________________________________

___________________________________________________________

I understand that I am applying for a volunteer position with the Kids’ College Aide-in-Training Leadership Program. If I am accepted, I agree to follow the policies and procedures as described in the program handbook that will be given to me at orientation. If I am unable to uphold these standards, I understand I will be terminated.

I understand I will be assigned a volunteer position based on an assessment by the Kids’ College Director.

Applicant Signature: ___________________________ Date: ___________________________

I understand that my child is applying for a volunteer position. If my child is selected I agree to review the policies and procedures described in the program handbook. I understand that if my child is unable to uphold these standards they are subject to termination.

Parent Signature: ___________________________ Email: ___________________________ Date: ___________
The applicant listed below is applying to be an Aide-in-Training volunteer for Lake-Sumter State College’s Kids’ College program. The Aide-in-Training Leadership Program has been established to help develop the leadership skills of the youth in our community. The program will increase the awareness of personal responsibility and character development. It will instill an understanding of commitment and the need for positive relationships with peers and adults as it correlates to teamwork. Please take a few moments and let us know about the applicant. Thank you for this information.

AIT Applicant Name________________________________________________________________

How long have you known applicant? ______________

In what capacity have you known the applicant? Personally_____ Professionally ____ Educationally ____

What are the applicant’s strengths? _____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

________________________________________________________________________________________________

What are the applicant’s weaknesses? _____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

________________________________________________________________________________________________

What other information would you like us to know about the applicant. ___________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

________________________________________________________________________________________________

Name of Person Submitting Recommendation ______________________________ Telephone __________________

Email ____________________________
Personal Recommendation Form

The applicant listed below is applying to be an Aide-in-Training volunteer for Lake-Sumter State College’s Kids’ College program. The Aide-in-Training Leadership Program has been established to help develop the leadership skills of the youth in our community. The program will increase the awareness of personal responsibility and character development. It will instill an understanding of commitment and the need for positive relationships with peers and adults as it correlates to teamwork. Please take a few moments and let us know about the applicant. Thank you for this information.

AIT Applicant Name______________________________________________________________________

How long have you known applicant? ________________

In what capacity have you known the applicant? Personally________ Professionally _____ Educationally _____

What are the applicant’s strengths? ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What are the applicant’s weaknesses? _________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What other information would you like us to know about the applicant. ___________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Name of Person Submitting Recommendation _________________________________________________

Telephone

Email
RELEASE FOR THE USE OF PHOTOGRAPHY OR VIDEO

I, the undersigned, consent to each and every use by Lake-Sumter State College, and all of its designees, of each photograph or other likeness of the child for which I am responsible. Such uses may include use in a program, catalog, schedule, newspaper, brochure, advertisement or other publication or recording that describes, portrays, publicizes or advertises the college or any college operation, and every reproduction, replication or other re-use of the same. I waive any right to compensation for such uses, and any right to inspect or approve the uses beforehand.

I release Lake-Sumter State College, its legal representatives and all persons acting under its permission or authority, from liability by virtue of any blurring, distortion, alteration, optical illusion or use in composition form, whether intentional or otherwise, that may occur or be produced in taking of said photograph or likeness or in any subsequent processing of same, or any publication or uses of same.

I declare that I am the parent or guardian of the child noted below.

Name of Student: ___________________________________________________________________________________________

Last               First               Middle

I __give__/__do not give permission to photograph my child for educational and/or promotional purposes as described above.

Parent or Guardian Name (printed): ______________________________________________

Parent or Guardian Signature: __________________________Date: ____________
**AIT EMERGENCY CONTACT INFORMATION FORM**

*(MUST PROVIDE TWO CONTACTS)*

AIT Name: ________________________________________________________________

Last               First               Middle

Address: ________________________________________________________________

Emergency Contact #1: _______________________________________________________

Relationship to Student: ____________________________________________________

Daytime Phone: ___________________________ Evening Phone: _______________________

Cell Phone: _____________________________ Email: _____________________________@___________

Emergency Contact #2: _______________________________________________________

Relationship to Student: ____________________________________________________

Daytime Phone: ___________________________ Evening Phone: _______________________

Cell Phone: _____________________________ Email: _____________________________@___________

Known Allergies: ___________________________________________________________

Please note that we expect AIT volunteers to stay away from foods that cause allergic reactions, to take any needed medications at home, and to let the program coordinator know if they have any problems.
LAKE-SUMTER STATE COLLEGE
ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION, AND HEALTH CARE AUTHORIZATION

As the parent or legal guardian of the above student, who is a minor child under the age of eighteen (18) (hereinafter “my Child”), and in exchange for the benefits to be derived by my Child’s participation in Lake-Sumter State College’s Kids’ College (“Program”), I hereby agree, on behalf of myself and my Child, to the following:

ASSUMPTION OF RISK: I hereby grant my permission for my Child to participate in the Program, which will include classes and sports. I understand that I am responsible for all transportation. I am fully aware of the risks connected with my Child’s participation in the Program, and hereby elect to allow my Child to voluntarily participate in the Program, knowing that the Program may pose risks, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my Child, or any loss or damage to property owned by myself or my Child, as a result of my Child being engaged in the Program, WHETHER CAUSED BY THE NEGLIGENCE OF LAKE-SUMTER STATE COLLEGE, ITS EMPLOYEES, VOLUNTEERS, AGENTS, or otherwise.

RELEASE OF LIABILITY: On behalf of myself and my Child, as well as our respective estates, heirs, administrators, executors, and assigns, I hereby RELEASE and DISCHARGE the District Board of Trustees of Lake-Sumter State College, Florida, and the State of Florida and their respective trustees, employees, agents, and assigns (hereinafter “RELEASEES”) from any and all liability, arising out of any loss, damage, or injury, including death, that may be sustained by me, or my Child, to any property belonging to me or my Child, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys’ fees, which arise out of, result from, occur during or are connected in any manner with my Child’s participation in said Program, including such loss, damage, injury or death that may result from RELEASEES’ own negligence or otherwise, and I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

INDEMNIFICATION: I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the RELEASEES and each of them, from any loss, liability, damage or costs, including court costs and attorneys’ fees, they may incur as a result of any claims, demands, actions, causes of action, damages, or judgments, which arise out of, occur during, or are in any way connected with my Child’s participation in the Program or any related travel or activities.

LAW AND VENUE: I hereby further agree that this document shall be construed in accordance with the laws of the State of Florida, and that venue shall be in Lake County, Florida. If any portion hereof is held invalid, the balance hereof shall continue in full force and effect.

HEALTH CARE AUTHORIZATION: I authorize Lake-Sumter State College to perform any acts which may be necessary or proper to provide emergency health care to my Child in the event that I and/or the emergency contact listed above cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. I understand that I am responsible for all costs and expenses of such medical treatment.
In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child.

Child’s Printed Name/Date of birth________________________________________/________________

Child’s Signature________________________________________________________________________

Parent’s Printed Name____________________________________________________________

Parent’s/Guardian’s Signature __________________________________________________________________

Date ____________________________________________________________________________

* Lake-Sumter State College will keep this form on file for future reference. Please notify Lake-Sumter State College staff of any changes to the above information.