



## **INSTRUCTIONS FOR NEW MEMBER APPLICATIONS** **FOR THE 2025-2026 YEAR**

Teens That Care (“TTC”) is excited to announce we are accepting applications for the 2025-2026 year. Our application period opens **February 15<sup>th</sup>, 2025** and applications **MUST be received via email on or before March 15<sup>th</sup>, 2025**.

All applicants must complete the following:

- 1. *Teens That Care Application form***
- 2. *Parent Responsibilities form***
- 3. *Attach a Letter of Recommendation from a non-family member***
- 4. *Answer the (3) questions listed on the application on a separate piece of paper.***

We request that you print out the application, fill it out (we prefer typing otherwise it must be neat and easy to read), scan the 4 page application and email it to [teensthatcarefresno@gmail.com](mailto:teensthatcarefresno@gmail.com). It **MUST** be sent as a PDF attachment. Please do not print it out and take a screenshot of it on your phone and email it. Applications will only be considered if all directions for submission are followed. If you have any questions about the application, please feel free to reach out to us at the above email.

All forms and applications **MUST** be signed by both the parent or guardian and the student. We will be accepting high school students entering grades 9-12. **Applications will be accepted by email only and must be received on or before March 15, 2025.** **NO EXCEPTIONS. Please remember that filling out and emailing this application does NOT guarantee membership.** You will be notified no later than April 15th of your membership acceptance status.

### **OBLIGATIONS OF MEMBERSHIP**

When considering applying for membership, please be aware of the requirements:

- Complete (35) hours by May 31<sup>st</sup> (a mixture of volunteer hours plus attendance at (9) monthly meetings); monthly meetings are **REQUIRED** and will be held on the first **Tuesday evening of each month from 6:45 – 8:00 pm meeting** (except June & July) at Clovis North High School Lecture Hall unless otherwise informed. We realize that there may be an occasional conflict with attending a meeting and we will excuse the following reasons: illness, travel out of town, mandatory sports practice or a game.

Please note our first meeting will be a “kick off” social in August before school starts, time and location to be announced. Our organization runs year-round. Our upcoming year begins June 1<sup>st</sup>, 2025 and ends May 31, 2026. All hours must be completed by May 31<sup>st</sup>, 2026 for grades 9<sup>th</sup>-11<sup>th</sup> and by April 30th, 2026 for seniors. Volunteering will start June 1<sup>st</sup>, 2025.

## Financial Obligation

**Dues:** \$75.00 per member/\$50 for each additional sibling annually and includes a TTC t-shirt and hoodie. Dues will be collected at orientation. Membership scholarships are available. If needed, please include a letter requesting a waiver of dues with your application.

## Volunteer Programs

The following are just a few of the programs and organizations we are currently partnering with for volunteering opportunities:

- AMOR program in Mendota
- Big Red Church Food Distribution
- Blanket Making
- Braids4YOUth
- Central California Food Bank
- City Center Grocery Store
- Exceptional Parents Unlimited (EPU)
- Fresno Mission Dinners
- Magic Fresno
- PAL – Police Activities League
- PB&J Food Distribution
- Reading Heart
- Rescue The Children
- Ronald McDonald House
- Saturday Sports
- Webster Elementary Pen Pals
- Wreaths Across America
- 9/11 Event

***Our teens volunteered over 6000 hours this past year!***



### Teens That Care Board

Jenny Ganson, President/Director of Programs  
Dorothy Torosian, Secretary/Treasurer  
Lori Thomas, Public Relations/Speakers

Brenda Kurtt, Grant Writer/Development  
Karen Castello, Advisor  
Talin Moughalian, Advisor

**2025-2026  
Membership Application**

**Teens That Care**, is accepting applications for students entering grades 9-12 Fall 2025.  
**Please type or write legibly when filling out the application, especially with email addresses!**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ M/F \_\_\_\_\_

What grade will you be in Fall 2025: \_\_\_\_\_

Have you applied to TTC before? \_\_\_\_\_ Birthday including year: \_\_\_\_\_

How did you hear about TTC?: \_\_\_\_\_

Do you know a current member and if so their name: \_\_\_\_\_

Teen Cell: \_\_\_\_\_ Teen Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_

Parent/Guardian primary Email: \_\_\_\_\_

Parent/Guardian secondary name and Email: \_\_\_\_\_

**School Attending in Fall 2025:**

\_\_\_\_\_

Clubs, Affiliations and Extracurricular Activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a sibling currently in TTC? If so, please provide their name \_\_\_\_\_

**Please answer the following questions on a separate piece of paper and submit with your application.**

1. What do you know about *Teens That Care* and what activities interest you and why?
2. What experience have you had that inspires your desire to volunteer?
3. What after-school sports or activities are you involved in? Please give the name of the sport/activity and the season(s) you are involved.

**Please submit a Letter of Recommendation from an adult (other than a family member).**

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I have read the **Obligations of Membership** and would like to submit my name for membership in **Teens That Care**.

Teen Signature: \_\_\_\_\_

I have read the **Obligations of Membership** and **Parent Responsibilities** form and would like to submit my child's name for membership in **Teens That Care**.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **PARENT RESPONSIBILITIES FOR PARTICIPATION**

To ensure the safety and success of each teen, parents are responsible for getting their teens to meetings, volunteer programs and fundraising activities. While carpools may be offered for certain programs, it is not guaranteed.

| <b>Parent Confirmation of Understanding</b>                                                                                                                                                                                 | <b>Please Initial</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Your teen may ONLY obtain hours from volunteering with the <b>Teens That Care</b> designated programs/opportunities that are listed on the SignUp app.                                                                      |                       |
| Our year begins June 1, 2025 and ends May 31, 2026. All volunteer hours must be met within this time frame.                                                                                                                 |                       |
| Standards and Requirements – Confirm that any “at home” opportunities are completed per the description on the SignUp app. to receive hours.                                                                                |                       |
| Your teen is responsible for completing (35) hours with a mixture of volunteering and attendance at the monthly meetings on or before May 31, 2026. If your teen is a senior, hours need to be completed by April 30, 2026. |                       |
| A Parent/Guardian may be asked to chaperone “volunteer opportunities” throughout the year.                                                                                                                                  |                       |

Name of Applicant: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be considered for membership please submit a) application b) include responses to 3 questions c) a letter of recommendation d) parent responsibilities form. **Applications must be received by email on or before March 15th, 2025 and acknowledgement will be confirmed within 72 hours.**

Email all completed applications to:

[teensthatcarefresno@gmail.com](mailto:teensthatcarefresno@gmail.com)

***It is your responsibility to contact us if you do not receive application confirmation***

