



FREQUENTLY ASKED QUESTIONS

1.) What are my time commitments with GOALL?

GOALL time commitments consist of monthly meetings, a summer leadership camp, two youth group visits, and presenting at conferences across the state.

- Monthly Meetings: 3rd Saturday of each month from 9:45am-3:00pm
- Summer Leadership Camp: Sunday through Thursday, the 3rd week of June.
- Youth Group Visits: GOALL Member's present to an assigned youth group twice a year, during the fall and spring.
- Conferences: We hope to attend/present at 2-3 conferences a year, most occur in the months of January-March. Each conference is typically two to three days long.

2.) How do I get to the meetings if I do not have a vehicle?

DSS provides transportation to each member that requests it. If you do have a vehicle and choose to drive, you are reimbursed for your mileage.

3.) Are there required assignments in addition to attending meetings?

Yes, you will have bridgework and a weekly question to respond to.

- Bridgework is assigned at the end of each meeting to be completed prior to our next meeting. The goal of bridgework is to get you thinking about our next meeting, preparing to give a presentation, or reflecting upon policies.
- Every Monday we also send out a weekly question via email. An example of a weekly question is: "What is a quote that comes to your mind when you think of how you want to help people?" Weekly question responses are due by Friday.

4.) What steps are involved in the application and recruitment process?

Once you or the person who nominated you sends in your application, we will first contact your caseworker to ask if she/he supports your application. After that, we will schedule a phone interview with you. If you are accepted to continue the application process, you will be invited to a "Meet and Greet" where you can meet other GOALL members and they can meet you. Interested applicants are then required to attend the leadership training camp in June.

5.) When will I be notified of my membership status?

All decisions about GOALL membership will be completed by the end of June.

6.) Who can I call if I have any questions about GOALL?

Any questions about membership on GOALL can be directed to Tessa Adams, GOALL Facilitator at (803) 777-5225 or tessa@sc.edu.



YOUTH CONTACT INFORMATION

Name _____
(First) (Middle) (Last)

Date of Birth ____/____/____ **Social Security Number** ____ - ____ - ____

Mailing Address _____
Street

City State Zip Code

Phone number(s): Home _____ **Cell** _____

Caregiver's Name or Group Home Name _____
Phone Number _____

Caseworker Name _____ **DSS County** _____
Contact Numbers _____
(Identify cell, home, office)

Guardian Ad Litem Name _____
Contact Information _____
(Identify cell, home, office, or email)

Personal Information

Do you work? Circle One YES NO
If yes, where do you work? _____
How many hours per week? _____

Do you have a driver's license? Circle one YES NO

Where do you attend school? _____

Grade or Year _____ **Major/Area of Study** _____

Please list any food allergies.



GOALL MEMBERSHIP APPLICATION

Note: All nomination and application forms should be submitted by no later than March 30, 2016.

Name _____ **Date of Birth** _____ **Age** _____

Street Address _____

City, State, Zip _____

Phone Number _____ **Email** _____

Caseworker Name _____ **County** _____

Where and who do you currently live with? (Example: I live at Carolina Children's home in Columbia. Ms. Johnson is the cottage parent, and Sarah Smith is my counselor).

Describe any rules about receiving phone calls, mail, or visits from people outside the facility or home. (Does the caller need special permission? From whom? Are there certain times when calls are not accepted?) **Use the back of this application if needed.**

Do you have an email account? _____ **Yes** _____ **No** _____ **No, but I can create one.**

Are you willing to participate in weekly email messages with GOALL? _____ **Yes** _____ **No**

Explain why you want to become a GOALL member. Please be sure to include 1-2 paragraphs in your explanation. (Please continue to the next page to complete your response).



Signature _____

Date _____

**Mail Application to:
GOALL
c/o Tessa Adams
The Center for Child and Family Studies
College of Social Work
226 Bull Street
Columbia, SC 29208**

**If you have any questions about GOALL or this application, please contact
Tessa Adams at (803) 777-5225 or email: tessa@sc.edu**