

AAA Cares 2025

“Building Futures”

Empowering underprivileged students with growth opportunities cultivates pathways to professional development and breaks down barriers to success.

The AAA Cares Building Futures Program offers selected students training and hands-on experience in business and life skills. The program provides a supportive and encouraging environment for students to learn and grow as they move from high school into college life and/or enter the workforce. Instruction is focused on treating the students as adult learners. Each student is matched with a volunteer mentor to maximize growth during this unique learning opportunity. Graduates receive laptops, certificates/awards, and may be offered a summer internship at CSAA Insurance Group.

Curriculum and Objectives

Students will be able to understand key concepts and demonstrate basic skills related to the following topics:

- Collaboration, Team Building, and Adulting
- Business Dress and Etiquette
- Career Prep: Interviewing and Resume Writing
- Public Speaking
- Personal Finance

To showcase the students’ growth throughout the program, they will work in groups to create a PowerPoint deck on a topic they choose and present at graduation.

AAA Cares Mentors & Instructors

Partnering with Big Brothers Big Sisters of Central Arizona, carefully screened CSAA IG volunteer mentors are matched with each student, to offer support during classes and encourage active participation and success in the program. Volunteer instructors are sought out for their expertise to teach various subjects that are part of our curriculum.

Student Selection and Application Process

Students are recommended through a partnership with several valley school districts and other valley organizations. Applications are provided and students will be interviewed by the AAA Cares Building Futures program leaders. Students are selected according to the following criteria:

- Age: 17 to 20 years old, currently attending high school or recently graduated.
- Priority given to seniors and students who do not have adequate skills or may not have an adequate support network.
- Commitment: Students must commit to Tuesday evenings for the entire program (18 weeks).
 - Must notify absences to mentor and/or leadership in advance to be excused.
 - Cannot miss more than 2-3 meetings without notice.

Schedule for AAA Cares 2025

- Applications open/distribution begins **September 2, 2024**.
 - **Submit completed application to AAA.Cares@csaa.com.**
- Applications accepted until **November 22, 2024**.
- Student Interviews held as applications are received.
 - Virtual interviews will be conducted. Sarah Bradley (Sarah.Bradley@csaa.com) will contact you to set up a time and date.
 - Please use a valid personal email address to receive a meeting invite.
- Classes begin **January 14, 2025**, and are held each Tuesday from **4:30 PM to 7:30 PM** at the AAA Operations Center located at 5353 W Bell Rd, Glendale, AZ 85306.
- Graduation will be held on **May 13, 2024**.

AAA Cares Program Leadership Contacts



Carolyn Odisho

An IT professional with over 8 years of experience supporting IT applications spanning Service and Sales. Carolyn has volunteered with AAA Cares since 2016 as a mentor, instructor, and as part of the leadership team. Not only does Carolyn enjoy volunteering for programs like AAA Cares but she also currently serves on the Executive Board of a Non-Profit. She enjoys crafting, spending time with family and friends and photography.

Carolyn.Odisho@csaa.com, (602) 467-1842



Tony Kasim

Tony is a highly skilled professional with over 20 years' experience in the IT sector. A Physicist at heart, and a Solutions Architect by trade, his expertise is problem solving. Since 2016, he has been an avid volunteer with AAA Cares both as a mentor and instructor. He enjoys spending time with his family and friends.

Tony.Kasim@csaa.com, (602) 467-7144

Mail: Attention Carolyn Odisho
AAA Operations Center
5353 W Bell Road
Glendale, AZ 85308

Email: AAA.Cares@csaa.com
Phone: (602) 467-7363

2025 AAA Cares Student Application



<https://forms.office.com/r/gtZPN9xgN8>

CONSENT AND RELEASE

I, the undersigned, agree as follows:

1. Consent

1.1 I irrevocably consent and grant CSAA Insurance Exchange and its subsidiaries, affiliated companies, and member clubs of the American Automobile Association (hereinafter referred to collectively as "AAA") the permission, right and license to film, photograph, or record me and to use, copy, modify, publish, distribute, display, post to a website, transmit, broadcast or otherwise publish, transfer or disseminate worldwide any and all photographs, video and audio recordings (professional or otherwise), designs, artwork, quotes, statements, stories, and testimonials or portions thereof ("Media") as well as my voice, name, likeness, and hometown ("Information") that I have provided in connection with the Media, for any and all purposes including, but not limited to, commercials, brochures, magazines, print, promotion, trade and editorial usage in any form, media or technology now known or later developed, without restriction. I further consent and grant AAA the same aforementioned rights to any Media that I have provided to AAA.

1.2 I agree that the Media created by AAA or its agents is owned solely by AAA and that AAA may copyright material containing the same. If I contribute any copyrightable material to the Media or the subject matter thereof, I acknowledge and agree that my contribution is a work made for hire owned by AAA. If, by operation of law, any or all of my contribution is not a work made for hire, I hereby irrevocably assign to AAA any and all rights, title and interest that I have to such material. If I should receive any print, negative or other copy of the Media, I shall not authorize its use by anyone else.

1.3 Nothing herein will constitute any obligation by AAA to make any use of the Media, Information or rights set forth herein.

2. Waiver & Release

2.1 I hereby irrevocably waive (a) any right to inspect and/or approve any use of the Media or Information and (b) any and all rights of privacy, publicity, or other rights of a similar nature in connection with the use of the Media or Information, or any portion thereof.

2.2 I hereby release, covenant not to sue, and agree to hold AAA harmless from any and all liability, loss, costs, expenses, claims, suits or damages arising out of or in connection with any use of the Media or Information, including, without limitation, claims for invasion of privacy, infringement of the right of publicity, libel, unfair competition, false advertising, intentional or negligent infliction of emotional distress, and/or copyright or trademark infringement and direct, indirect, compensatory, punitive, enhanced, consequential and incidental damages and reasonable attorneys' fees and court costs, whether such damages arise under contract, tort or statute.

2.3 I acknowledge that once published, AAA cannot control the unauthorized use of the Media or Information by persons other than AAA. Any claim that I may have concerning unauthorized publication by an entity other than AAA must be pursued by me against the unauthorized user.

3. Representations & Warranties

3.1 I represent and warrant that this Consent and Release does not in any way conflict with any existing commitment on my part, I am the owner of all right, title, and interest to the Media and Information I provided, and I have full power to grant the rights hereunder without the consent or permission of any other person or entity, except for my parent or guardian if I am under the age of 18 years old.

3.2 I represent and warrant that my statements regarding AAA's products and services accurately reflect my sincere opinion, findings, beliefs or experiences based on my personal familiarity with AAA and its products and services. I further represent that all statements made by me are true and original to me. I represent and warrant that my statements are made on a voluntary basis, no material

connection exists between me and AAA, and I am not being compensated for my statements or endorsement.

3.3 I agree to indemnify and hold AAA harmless against any and all loss, demand, damage, liability or cost (including but not limited to costs of defense, reasonable attorneys fees, interest, penalties, and all amounts paid in investigation, defense or settlement of any of the foregoing), incurred through or arising out of my breach of the representations, warranties or covenants herein.

4. Miscellaneous

4.1 Other than any thank you token that I may have received, I acknowledge and agree that I will not receive any additional consideration for this Consent and Release.

4.2 This Consent and Release contains the entire understanding between the parties regarding the subject matter hereof and supersedes all prior understandings.

4.3 This Consent and Release is governed by the law of the State of California, without regard to conflict of law principles, to the extent such principles would require or result in the application of another state's laws.

THIS CONSENT CONTAINS A RELEASE.

PLEASE READ CAREFULLY BEFORE SIGNING.

By: _____

Name: _____

Address: _____

Date: _____

IF MINOR, A PARENT OR GUARDIAN MUST SIGN BELOW:

I, the undersigned, being parent or legal guardian of the minor whose name appears above, hereby consent to the conditions set forth in this Consent and Release and warrant that I have authority to give such consent.

By: _____

Name: _____

Address: _____

Date: _____

Site Based Student Interview

Student's Name: _____ Gender: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

Interviewer: _____ Date: _____

1. What do you like/dislike about school? What kind of grades do you get?

2. Why do you feel having a mentor in the AAA Cares Program is important?

3. What area(s) could you see your AAA Cares mentor to help you with? (schoolwork/difficult subjects, making friends, helping with problems at home, etc.)

4. What kind of Mentor do you want? (Race, age, interest preferences) What would you like to do with him/her?

5. Tell us a little bit about your family (who lives in your house, how many brothers/sisters, how does everyone get along, etc.).

6. What do you think is important that your mentor know about you?

7. Name 3 activities you like to do outside of school.

1. _____ 2. _____ 3. _____

8. What are some things you have learned about keeping yourself safe?

9. If your Mentor did something to you that you did not like or made you feel uncomfortable, what would you do?

Youth Application and Parent Permission Form Site-Based Program

Parent/Guardian Name: _____ Relationship to Child: _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the BBBS program? Yes No

Name: _____ Phone Number: _____

Child's Full Name:		Child's Date of Birth:	Child's Gender Identification:	
Child's School:		Child's Grade (K-12):	Does your child participate in the free or reduced lunch program? Yes No	
What is the child's living situation? Two-parent household One-parent household (Female / Male) Other relative of child (non-parent) Foster Home Group Home Other _____ Number of people (adults and children) in household: _____				
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:		Is it okay to text parent? Yes No Is it okay to text child? Yes No
Home Address		City:	County:	State: Zip:
Parent/Guardian E-mail:			Child E-mail:	
Parent Place of Employment:		Parent Work Phone:	May we contact you at work? Yes No	
What is your Household Annual Income (Please answer for grant purposes):				
Child's Race (Please check one); American Indian/Alaska Native: Tribal Affiliation: _____ American Indian/Alaska Native & White American Indian/ Alaska Native & Black Asian Asian & White Black or African American Black & White Native Hawaiian or Pacific Islander White Other Multi-Racial Child's Ethnicity (Please check one): Non-Hispanic Hispanic				
Do you anticipate any significant life changes over the next year (moving, child changing schools, etc.)?				
Does your child have any behavioral challenges? Yes No If yes, please explain:				
Is your child seeing a Counselor? Yes No If yes, for what specific reason:				
Does your child have any medical conditions (including food allergies)? Yes No If yes, describe:				
Is your child taking any medication(s)? Yes No If yes, please list the name(s) of the medication(s):				

Does your child have a parent/guardian who is currently incarcerated?	Yes	No	If yes, please explain:
Does your child have a parent/guardian with current or past military experience?	Yes	No	
If yes, are they currently deployed?	Yes	No	
Has your child ever been arrested or involved in the juvenile justice system?	Yes	No	If yes, please explain:

Goals or Areas in which a Big Brother or Big Sister could help: How can a mentor help your child? (self-confidence, school performance, getting along with others, etc.)

Volunteer Characteristics

Please check any of the following if you have preferences regarding the volunteer who may be matched with your child. List the preference in the space provided:

- Race/ethnicity of the volunteer: _____
- Religion/faith of the volunteer: _____
- Sexual orientation of the volunteer: _____
- Marital status of the volunteer: _____
- Other preferences in the characteristics of the volunteer: _____

For Little Brothers: Would you be willing to match your son to a Big Sister? Yes No

Would you be willing to match to a mentor in law enforcement? Yes No

Would you like to be present when your child meets his/her mentor at the school for the first time? Yes No

Parental Permission

I am the legal guardian of the above child and hereby apply for Big Brothers Big Sisters' services. During my child's involvement in Big Brothers Big Sisters' program: **(check all that apply)**

- I give my child permission to participate in Big Brothers Big Sisters' activities.**
- I give consent for Big Brothers Big Sisters' to collect information on my child's report card and attendance record at school.**
- I give consent for BBBSAZ to use my child's photo and first name only for BBBSAZ media.**

In consideration of the benefits my child will receive from Big Brothers Big Sisters, I hereby voluntarily waive, on behalf of myself and my child, all claims against Big Brothers Big Sisters, for any and all causes of action which may arise in connection with my child's participation in Big Brothers Big Sisters' program.

I understand that in order for Big Brothers Big Sisters to provide responsible and professional services in its programs, it must request that volunteers, clients, and parents or guardians of clients, divulge extensive personal information about themselves and their families. BBBS will share any and all relevant information about my child/family to the Big Brother or Big Sister volunteer both during the enrollment process and throughout the duration of the match, if needed.

I further understand that while Big Brothers Big Sisters respects the confidentiality of client and volunteer records, it must retain the right to disclose information received when in its opinion, such disclosure would be in the best interests of the child. I acknowledge that Big Brothers Big Sisters, in its sole discretion, will determine when the best interest of the child mandates such disclosure.

I certify that the above information is correct, and I understand that the information I have provided is subject to verification by authorized representatives of CDBG-funded programs when applicable.

Signature: _____ **Date:** _____

PARENTAL CONSENT

I am the legal guardian of the above student and hereby apply for Big Brothers Big Sisters services. I give permission for my student to be involved in Big Brothers Big Sisters activities for the duration of my student's involvement in the program and allow the volunteer to transport my students to activities. I give consent for myself and my student to participate in agency evaluation services including surveys, collection of report cards, and attendance records.

In order for Big Brothers Big Sisters to provide responsible and professional services in its programs, it is necessary for volunteers, clients and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. Although the agency respects the confidentiality of client and volunteer records, it must retain the right to disclose information received when in the agency's opinion such disclosure would be in the best interest of the student. The undersigned acknowledges that the agency in its sole discretion will determine when the best interest of the student mandates such disclosure.

Signature: _____ Date: _____

Relationship to student:

MEDIA CONSENT

BBBS has the right to use my student's image, name, and biographical information as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography and recordings.

Signature: _____ Date: _____

Relationship to student:

- BBBSAZ maintains a policy of non-discrimination with regards to race, ethnicity, veteran status, religion, sex, national origin, age, sexual orientation, disability or any other basis prohibited by law.



SITE BASED GROUND RULES FOR PARENTS/GUARDIANS/CHILDREN

The following ground rules have been established to help you develop a healthy relationship with your Big and to help you understand appropriate boundaries within the match relationship. Please read the ground rules carefully. Violation of these rules can lead to the suspension or closure of the match.

COMMUNICATION & MATCH ACTIVITIES

Site visits are to only occur at the specified school/site location. Visits need to occur at least 2 times a month with no more than one outing per week.

Your child and their volunteer are required to have monthly contact with their Program Specialist. Contact is mandatory for your child's match with their Big to continue.

Be aware of what your child and their Big do while meeting at the site. Ask your child about the activities they are doing with their Big. (What did they do? Who was there?) Make sure that your child feels comfortable in the match.

CHILD SAFETY

Report any concerns, suspicions, uncomfortable feelings, or dangerous activity to your Program Specialist immediately.

Gifts of over \$25 should be approved in advance by you and BBBS staff before the gift is purchased.

It is never acceptable for your child to use or be under the influence of alcohol or drugs when they are with their Big.

Your child is not allowed to spend time with their Big outside of the site location. Your child's match is a Site Based Only match which means they only see your child on specific days at the site.

WORKING WITH YOUR BIG AND BBBS

Your Site Based Program Specialist will provide structured activities during the schedule site meeting time. It is suggested that all match parties help generate ideas for site based activities.

The Big's role in your child's life is to be a mentor and positive role-model. They are not a substitute parent, babysitter, chauffeur, financial resource or disciplinarian.

Getting together with their Big is something your child looks forward to. The Big is not to be used as a tool for reward or discipline. Please allow your child to attend scheduled site visits as this is how the friendship will grow.

Inform the Big and your Program Specialist immediately if your contact information changes.

I UNDERSTAND AND AGREE TO THE ABOVE GROUND RULES:

Print Name: _____

Date: _____

Signature: _____