



## VOLUNTEER APPLICATION FORM

Please use an ink pen to completely fill out this form  
Please type or print clearly

### FOR OFFICE USE ONLY

DATE FORM TURNED IN: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

DATE OF BACKGROUND CHECK: \_\_\_\_\_

DATE OF 1<sup>ST</sup> VISIT: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School Name or Employer/Occupation: \_\_\_\_\_

Seasonal Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender:  Male  Female

Ethnicity (optional):  White  Black  Asian/Pacific Islander  American Indian/Alaskan Native  Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Day(s) Available:  Monday  Tuesday  Wednesday  Thursday

I would like to be added to the Compassionate Heart Mailing list:  Yes  No

Preferred method of contact:  Email  Phone Call

### Compassionate Heart Ministry will conduct background checks on all volunteers.

Have you ever been found guilty of a felony or misdemeanor?  Y  N

If yes, please explain: \_\_\_\_\_

Have you ever received a sentence or probation through a juvenile court?  Y  N

If yes, please explain: \_\_\_\_\_

I authorize Compassionate Heart Ministry to run a criminal history check.  Y  N

### Feel free to use additional sheets for more information

Have you been to Compassionate Heart Ministry before?  Yes  No

How did you hear about Compassionate Heart Ministry?

Social Media  Friend \_\_\_\_\_  Participant \_\_\_\_\_

School/College \_\_\_\_\_  Church \_\_\_\_\_

Other \_\_\_\_\_

Please list any special interests or hobbies. \_\_\_\_\_

Why do you want to join Compassionate Heart Ministry as a volunteer? What is your goal?

Service Hours  Other (please explain): \_\_\_\_\_

### VOLUNTEER PREFERENCE (please check all that apply)

Kitchen  Floor Support (movies, card games, coloring, video games, gym activities, etc.)

I would be willing to lead an activity: \_\_\_\_\_



## WAIVER/RELEASE/CONSENT & AGREEMENT

**\*\*PLEASE FILL OUT COMPLETELY. TYPE OR PRINT CLEARLY. USE INK PEN ONLY\*\***

Volunteer Name: \_\_\_\_\_

*Initial  
Here*

\_\_\_\_\_ **MEDICAL CARE, MEDICATIONS AND PROCEDURES:** (I or We) in the event of an emergency give permission to Compassionate Heart Ministry to secure proper emergency treatment and/or medical treatment. (I or We) understand that Compassionate Heart Ministry does not provide medical care. Further, Compassionate Heart Ministry will not administer any prescribed or over-the-counter medications including Tylenol (or like medicines) to the volunteer while they are under the care of Compassionate Heart Ministry. (I or We) understand that Compassionate Heart Ministry staff and/or volunteers do not provide assistance for bathroom needs.

\_\_\_\_\_ **RELEASE OF INFORMATION:** (I or We) give consent to Compassionate Heart Ministry to release any necessary information or documentation to health care providers/agencies/or organizations on behalf of the volunteer.

\_\_\_\_\_ **EMERGENCY RELEASE OF VOLUNTEER:** In the event the volunteer must leave the care of Compassionate Heart Ministry, permission is given to Compassionate Heart Ministry to release the volunteer to any name listed as an emergency contact.

\_\_\_\_\_ **TRANSPORTATION:** (I or We) hereby give consent for volunteer to engage in activities and/or programs in areas other than the Compassionate Heart Ministry site and allow the volunteer to be transported in vehicles for the Compassionate Heart Ministry program.

\_\_\_\_\_ **PERSONAL PROPERTY:** (I or We) understand and agree that Compassionate Heart Ministry is not responsible for the loss or damage to any personal property of the volunteer.

\_\_\_\_\_ **RELEASE OF VISUAL IMAGES OR AUDIO RECORDINGS:** (I or We) release all photographic, video, or digital images as well as all audio recordings of the volunteer to Compassionate Heart Ministry and may be reproduced by them for their use in marketing or promotional materials.

\_\_\_\_\_ **LIABILITY WAIVER/RELEASE:** (I or We) in consideration for allowing the volunteer to participate in activities sponsored or provided by Compassionate Heart Ministry, agree that Compassionate Heart Ministry, a non-profit corporation, its agents, officers, employees, trustees, volunteers, and/or the agents, heirs, administrators, executors, and assigns will not be liable for any and all claims and liabilities of any kind, further that (I or We) agree to hold harmless, indemnify, and defend (including actual attorney fees and costs) Compassionate Heart Ministry, its agents, officers, employees, trustees, volunteers, and/or their agents, heirs, administrators, executors, and assigns from any and all loss or damage during the time the volunteer is in attendance at Compassionate Heart Ministry and/or during any activity sponsored or provided by Compassionate Heart Ministry. The provisions of any state, federal, local, provincial or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

\_\_\_\_\_ **CODE OF ETHICS:** (I or We) have read and agree with, the Compassionate Heart Ministry Code of Ethics Contract.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if volunteer is under 18 years of age)*

# COMPASSIONATE HEART MINISTRY CODE OF ETHICS CONTRACT

In order to provide a safe and loving environment I, \_\_\_\_\_, will do my part by agreeing to the following: (insert your name)

## PLEASE READ before you initial each statement!

- \_\_\_\_\_ I will treat all volunteers and participants with mutual respect, be honest with one another, and work to build each other up in Christ. \*
- \_\_\_\_\_ I will model and encourage appropriate behavior with all individuals I contact. \*
- \_\_\_\_\_ I will follow the directions given to me from all Compassionate Heart Ministry staff. \*
- \_\_\_\_\_ I will refrain from using profanity and abusive or threatening language. \*
- \_\_\_\_\_ I will refrain from public displays of affection (i.e., kissing, extended hugging, etc.). \*
- \_\_\_\_\_ I will not wear revealing, immodest clothing, or clothing with offensive slogans or messages. \*
- \_\_\_\_\_ I understand that matches/lighters are not allowed. \*
- \_\_\_\_\_ I will not use illegal substances of any kind (tobacco products, alcohol, drugs, etc.). If I am found with any of these substances, I understand that I will be terminated from Compassionate Heart Ministry. \*\*
- \_\_\_\_\_ I understand that no weapons of any kind, including pocket knives, will be allowed. If I am found with any kind of weapon, I may be terminated. Any such item will be confiscated and forfeited to Compassionate Heart Ministry. \*\*
- \_\_\_\_\_ I understand that explosives of any kind are not allowed (i.e. fireworks, pop bottle bombs). \*\*
- \_\_\_\_\_ I will not engage in unwanted touch of any kind. \*\*
- \_\_\_\_\_ I understand that if I engage in illegal or harmful behavior to myself or others, I may be terminated from Compassionate Heart Ministry. \*\*

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\* Represents a violation that will result in a suspension period to be determined by Compassionate Heart Ministry.

\*\* Represents a violation that will result in an immediate 10 day suspension for investigation of the violation and may result in a long term suspension or expulsion to be determined by Compassionate Heart Ministry. (After long term suspension a re-entry meeting can be held to apply for acceptance back into the program.)

I agree to and will comply with the above expectations and consequences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18 years of age)

\_\_\_\_\_  
Date



***Please keep for future reference***

## **Discipline Policy**

### **Suspension**

Grounds for **minimum one-day suspension**

- Non-compliance with Code of Ethics Contract - 1<sup>st</sup> time

Grounds for **one-week suspension**

- Non-compliance with Code of Ethics Contract - 2<sup>nd</sup> time

### **Expulsion**

CHM has a “Zero Tolerance” policy for the following actions, resulting in a 10 day suspension for investigation resulting in discipline up to and possibly including long term suspension or expulsion:

- Disrobing/sexual acts
- Illegal drug/substance use, possession or dispensing of said substances
- Possession or use of weapons (includes display of pocket knives, bombs, fireworks)
- Repeated non-compliance with Code of Ethics Contract - 3<sup>rd</sup> time

## **Exclusion Policy**

### **Background**

All Volunteers, Mentors, Participants, and Staff will have a background check performed. They will be excluded from participation at Compassionate Heart Ministry if they have any conducts listed below:

- Criminal sexual conduct (CSC)
- Two or more assaultive crimes
- Felony drug conviction (misdemeanor conviction at discretion of CHM)
- Weapons convictions