



404 Centerstone Court  
Zeeland, Michigan 49464

(616) 834-0501 • [www.compheart.org](http://www.compheart.org)

Dear Friend,

Thank you for your interest in participating in Compassionate Heart Ministry. We look forward to learning more about who you are, as well as sharing more about who we are, with you. To be accepted to our program, please follow the application process as outlined below:

1. Fill out:
  - a. The Compassionate Heart Pre-Interview Questionnaire
  - b. The Compassionate Heart Ministry Participant Application Form
2. Call or email Katelyn Parker at 616-834-0501, extension 104 or [katelyn@compheart.org](mailto:katelyn@compheart.org) to set up an interview
  - a. Mail or email the forms to Katelyn Parker prior to the actual interview
3. If accepted to the program, there will be a 3-week trial period
4. After the 3-week trial period Katelyn will reconnect with you and determine full acceptance into the program.

## PROGRAMS

- Compassionate Heart provides both a structured day (9 am to 5 pm) and drop-in (3 pm to 8 pm) program for young people with disabilities between the ages of 14 and 35
  - Ages 14 to 26 attend on Tuesdays and Thursdays (drop-in hours only)
  - Ages 18-35 attend on Mondays (structured day and drop-in hours)
  - Ages 18-35 attend on Wednesdays (structured day only)
- The focus of both the Structured Day and Drop-In Program is to foster purposeful and meaningful relationships through mentors and volunteers
- The Day Program is structured around specific activities such as Bible Study, service projects, on-site group activities, outings and special events. Participants bring a sack lunch and drink for lunch break.
- The Drop-In program is more relaxed—participants choose their own activities and decide if they want to participate in a scheduled activity on their own. Dinner is served at 5 pm. Participants may purchase a meal for \$5 or bring their own dinner

## REGISTRATION FEES

- Drop In Program: \$7.00 per visit (an additional \$5 for dinner)
- Structured Day Program: \$20 per visit

## HOURS

Our hours may vary between the school year and summer. Please check our website for the most current information.

We are looking forward to meeting with you soon!

*Compassionate Heart Ministry Team*

Scholarships for Financial Aid available. Please contact us at 616-834-0501 or email us at [info@compheart.org](mailto:info@compheart.org)

# Compassionate Heart Ministry Pre-Interview Questionnaire

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Thank you for your interest in participating in the Compassionate Heart Ministry Program. Our program is created to foster friendships between peer mentors and young people with mild to moderate disabilities. Your answers to the following statements will help us as we consider your request to join our program.

1. Will the applicant need medication during program hours?  Yes  No
2. Does the participant need bathroom assistance, regular prompts to use the bathroom and/or have accidents?  Yes  No

**STOP. If you answered yes to questions 1 and/or 2, your applicant does not qualify for our program.**

3. Does the applicant exhibit disruptive/angry behavior?  Yes  No

If yes, please explain what triggers the behavior. \_\_\_\_\_

How often do these behaviors occur (rarely, frequently, etc.) \_\_\_\_\_

4. Has the applicant ever been suspended/expelled from a school system?  Yes  No
5. Can the applicant communicate their needs to mentors and staff?  Yes  No
6. Has the applicant had any history of sexual offense, or a history of abuse?  Yes  No
7. Can the applicant receive and accept instruction?  Yes  No
8. Does the applicant have any sensory issues? (ie: light, loud noises, etc.)  Yes  No

If yes, please describe: \_\_\_\_\_

9. Worship is an activity we enjoy here at Compassionate Heart. Will the applicant be willing and able to worship with us?  Yes  No
10. Peer mentors are key to our ministry. Would the applicant enjoy a relationship with a mentor of his/her own age?  Yes  No

Why or why not. \_\_\_\_\_

11. What setting is your applicant most comfortable in? (circle one)

Solitude       Small Group       Large Group       Any Setting

12. What type of classroom setting is the applicant in (if applicable): \_\_\_\_\_

13. The following is a sampling of activities that take place at Compassionate Heart Ministry. Please check all activities that the applicant would enjoy and participate in:

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Card/Board Games                         | <input type="checkbox"/> Play Station | <input type="checkbox"/> Sports (basketball, soccer, etc.) |
| <input type="checkbox"/> Watch Movies                             | <input type="checkbox"/> Baking       | <input type="checkbox"/> Singing                           |
| <input type="checkbox"/> Water Activities                         | <input type="checkbox"/> Crafts       | <input type="checkbox"/> Service Projects                  |
| <input type="checkbox"/> Outdoor Activities (going to park, etc.) |                                       |  |

# Compassionate Heart Ministry Pre-Interview Questionnaire

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How would you best describe your child's personality (ie: happy, social, loving):

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Likes/Favorite Activities: \_\_\_\_\_

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Dislikes/Fears: \_\_\_\_\_

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Behaviors that are "unique" to your child and important for us to know (ie: Mary will want to turn lights off and on):

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If your child is upset, what types of things do you do to help calm him/her down:

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Please list any health concerns that Compassionate Heart Ministry should be aware of:

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Please list any other information that Compassionate Heart Ministry should know about the applicant:

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*I confirm that I have fully and completely disclosed all information about the applicant and his/her disability.*

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Parent/Legal Guardian Signature

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Date

# Compassionate Heart Ministry Participant Application Form



FOR OFFICE USE ONLY	
Interview Date:	_____
Date Denied:	_____
Provisional Acceptance Date:	_____
Follow up Date:	_____
Full Acceptance Date:	_____

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ethnicity:     White    Black/African American    Hispanic    Asian    Pacific Islander    American Indian/Alaskan Native    Multi-Racial

Gender:     F    M    Participant's School \_\_\_\_\_    Participant's School (if applicable): \_\_\_\_\_    Participant's Employer (if applicable): \_\_\_\_\_

Please attach a copy of the current IEP

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

Participant Phone: \_\_\_\_\_    Participant Cell Phone: \_\_\_\_\_

Participant Home Church: \_\_\_\_\_    Participant Pastor: \_\_\_\_\_

Type of disability or disabilities: \_\_\_\_\_

Participant food and/or drug allergies: \_\_\_\_\_

## FAMILY INFORMATION

Male Head of Household	Female Head of Household
LAST NAME: _____ FIRST NAME: _____ <i>ADDRESS (if different from participant)</i> _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ <b>RELATIONSHIP TO STUDENT</b> <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Court Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Uncle <input type="checkbox"/> Other <b>MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <b>LEGAL CUSTODY OF PARTICIPANT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Guardian must provide a copy of the Letter of Guardianship</i> <b>EMPLOYER:</b> _____ <b>WORK PHONE:</b> _____ <input type="checkbox"/> This is the primary mailing address	LAST NAME: _____ FIRST NAME: _____ <i>ADDRESS (if different from participant)</i> _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ <b>RELATIONSHIP TO STUDENT</b> <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Court Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Aunt <input type="checkbox"/> Other <b>MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <b>LEGAL CUSTODY OF PARTICIPANT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Guardian must provide a copy of the Letter of Guardianship</i> <b>EMPLOYER:</b> _____ <b>WORK PHONE:</b> _____ <input type="checkbox"/> This is the primary mailing address



# Compassionate Heart Ministry Participant Application Form

## Group Home (if applicable)

Name of Group Home: \_\_\_\_\_

Address of Home: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

This is the primary mailing address

## Emergency Contact Information

*The emergency contact must be someone other than the parent/guardian:*

Name	Relationship	Phone/Cell
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## Health Information

Do you currently have health insurance?  Yes  No

If yes, please complete the following information: \_\_\_\_\_

Primary/Secondary Insurance Company: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Does your insurance company require pre-authorization for medical treatment?  Yes  No

- I confirm that I have fully and completely disclosed all information about the applicant and his/her disability.
- I understand that Compassionate Heart Ministry reserves the right to accept or deny participant applications.
- I understand that Compassionate Heart will not tolerate behavior that is not God honoring and that, if necessary, disciplinary action will be taken.

Parent/Legal Guardian Signature

Date



# COMPASSIONATE HEART MINISTRY WAIVER/RELEASE/CONSENT & AGREEMENT

*Initial Here* Participant's Name: \_\_\_\_\_

\_\_\_\_\_ **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 for the participant.

(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 participant 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 participant information or documentation to health care providers/agencies/or organizations.

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

\_\_\_\_\_ **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 participant.

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

\_\_\_\_\_ **RELEASE OF VISUAL IMAGES OR AUDIO RECORDINGS:** (I or We) agree that Compassionate Heart Ministry may use and/or reproduce all photographic, video, or audio in any form of the participant for display, marketing, or promotional materials.

\_\_\_\_\_ **LIABILITY WAIVER/ RELEASE/HOLD HARMLESS/INDEMNITY AGREEMENT:** (I or We) acknowledge that Michigan law does not permit us to waive the legal rights of the participant, however in consideration for allowing the participant to participate in activities sponsored or provided by Compassionate Heart Ministry, (I or We) agree that Compassionate Heart Ministry, their agents, officers, employees, trustees, volunteers, and/or the heirs, administrators, executors, and assigns of the above named entities and individuals, will not be liable for any and all claims and liabilities of any kind. Further, (I or We) agree to hold harmless, indemnify, and reimburse for any damage award, actual attorney fees and costs incurred by Compassionate Heart Ministry, their agents, officers, employees, trustees, volunteers, and/or the heirs, administrators, executors, and assigns of the above named entities and individuals, from any and all legal claims brought on by me (us) or my (our) agents, heirs, administrators, executors, and assigns or by the participant, their agents, heirs, administrators, executors, and assigns for any cause which arises from the activities sponsored or provided by Compassionate Heart Ministry.

(I or We) understand this LIABILITY WAIVER/ RELEASE/HOLD HARMLESS/INDEMNITY AGREEMENT and sign with full knowledge of its legal consequences and without coercion or duress.

Signatures: (Parent or Guardian signature required if participant is under 18)

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# 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. \*\*

\* 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



*Revised August 2016*