



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 ST 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 Facebook Instagram

Compassionate Heart Ministries 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 Ministries to run a criminal history check. Y N

Feel free to use additional sheets for more information

Have you been to Compassionate Heart Ministries before? Yes No

How did you hear about Compassionate Heart Ministries?

Social Media Friend _____ Participant _____

School/College _____ Church _____

Other _____

Please list any special interests or hobbies. _____

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

Service Hours Other (please explain): _____

VOLUNTEER PREFERENCE (please check all that apply)

Kitchen Volunteer (Prepare & serve dinner) Friend Volunteer (Build Relationships, aid in recreational activities) Facilities Volunteer (indoor/outdoor maintenance)

Volunteer Activity Opportunities:

Interested in leading/participating one or more of the following activities? Or, any other ideas not listed?

(Circle One)

Please circle all that apply:

Gym-related:

- Basketball
- Indoor Soccer
- Hockey
- Volleyball
- Badminton
- Dodgeball
- Lacrosse
- Tag games/relay races
- Kickball
- Parachute
- Wiffleball
- Tennis
- Pickleball
- Catch & Throw
- Jump Rope/Hula Hoop
- Walk/Jog

Other activities:

- Line/swing Dancing
- Yoga
- Kickboxing
- Aerobics
- Zumba
- Swimming
- Wii Sports
- Karate
- Singing
- Playing an instrument
- Leading worship
- Card/board games
- Devotions
- Art/Crafts
- Other: _____

Volunteer Name: _____

*Initial
Here*

_____ **MEDICAL CARE, MEDICATIONS AND PROCEDURES:** (I or We) in the event of an emergency give permission to Compassionate Heart Ministries to secure proper emergency treatment and/or medical treatment. (I or We) understand that Compassionate Heart Ministries does not provide medical care. Further, Compassionate Heart Ministries will not administer any prescribed medications. Tylenol (or like medicines), will only be given to the volunteer, with prior approval by guardian, while they are under the care of Compassionate Heart Ministries. (I or We) understand that Compassionate Heart Ministries staff and/or volunteers do not provide assistance for bathroom needs.

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

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

_____ **PERSONAL PROPERTY:** (I or We) understand and agree that Compassionate Heart Ministries 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 Ministries 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 Ministries, agree that Compassionate Heart Ministries, 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 Ministries, 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 Ministries and/or during any activity sponsored or provided by Compassionate Heart Ministries. 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 Ministries Code of Ethics Contract.

Volunteer signature: _____ Date: _____

Parent signature: _____ Date: _____
(if volunteer is under 18 years of age)

COMPASSIONATE HEART MINISTRIES 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 Ministries 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 understand that I am not to transport participants without prior approval from either the Executive Director, Chief Operating Officer, Director of Volunteer Services, or Director of Program. *
- _____ 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 Ministries. **
- _____ 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 Ministries. **
- _____ 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 while at Compassionate Heart Ministries I can only have platonic relationships, anything more will jeopardize involvement at Compassionate Heart Ministries. **
- _____ I understand that if I engage in illegal or harmful behavior to myself or others, I may be terminated from Compassionate Heart Ministries. **

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

** 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 Ministries. (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

Suspension

Discipline Policy

Grounds for **minimum one-day suspension**

- Non-compliance with Code of Ethics Contract -1st time

Grounds for **one-week suspension**

- Non-compliance with Code of Ethics Contract – 2nd 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 - 3rd. time

Exclusion Policy

Background

All Volunteers, Participants, and Staff will have a background check performed. They will be excluded from participation at Compassionate Heart Ministries 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