

Dear Friend,

Thank you so much for being interested in joining the Compassionate Heart Family! We cannot wait to get to know you and we look forward to many years of fun friendships! Please take a few moments to fill out the requested information so that we can know you better!

Our mission is to build inclusive relationships in Christ for families and individuals living with mild to moderate disabilities. At Compassionate Heart Ministries we provide social opportunities and peer friendships. We want our participants to know and have fun with our volunteers. Compassionate Heart Ministries would love to see our volunteers committed to coming to CH on a regular weekly basis.

While we are so thankful for the many volunteers that give their time to Compassionate Heart Ministries, we also reserve the right to deny a volunteer if they have been convicted of Criminal Sexual Conduct, Assaultive Crimes, Felony Drugs Convictions or Weapons Convictions, for example.

From my heart to yours!

Donna Bunce  
Executive Director

Please email the completed form to [cameron@compheart.org](mailto:cameron@compheart.org) or drop it off at Compassionate Heart Ministries. Upon receiving the completed form, you will be contacted to set up an interview.

## the donut club

Monday from 9:00AM - 2:00PM

Tuesday from 9:00AM - 2:00PM

Wednesday from 9:00AM - 2:00PM

Thursday from 9:00AM - 2:00PM

### Participants

**Adult ages 14-45**

Intentional and purposeful activities and serving.

Learning and skill building opportunities.

**Fun friends, caring staff, and donuts!**

## club 404

Monday from 3:00PM - 8:00PM

Tuesday from 3:00 PM - 8:00 PM

Thursday from 3:00PM - 8:00PM

### Participants

**Ages 14-45**

**Fun, friends, food and more FUN!**



# Compassionate Heart Ministries Volunteer Application Form

**For Office Use Only**

Meeting Date: \_\_\_\_\_

Meeting Time: \_\_\_\_\_

Meeting Complete: \_\_\_\_\_

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## INFORMATION

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

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

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

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact Information

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Name	Relationship	Phone Number
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### The following information is needed to conduct a background check

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

Gender:     F     M

Have you ever been found guilty of a felony or misdemeanor?    If yes, please explain:

Have you ever received a sentence or probation through a juvenile court?    If yes, please explain:

I authorize Compassionate Heart Ministries to run a criminal history check.    Yes    No

(For Volunteer Drivers) I authorize Compassionate Heart Ministries to request a Driving and Vehicle record report from the Department of State.    Yes    No    N/A

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### Under 18 ~ Parent/Guardian Information

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Parents or Guardian Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Parent or Guardian Preferred Email Address \_\_\_\_\_

What area(s) would you like to volunteer in:  Club Volunteer  Kitchen Volunteer  Bus/Van Driver

Tell us about yourself, what kind of activities do you enjoy doing?

Why do you want to volunteer at Compassionate Heart Ministries?

How often do you hope to volunteer/what days and times are you available?

Circle Preferred Method(s)

My preferred method of contact is: Text Updates  Insta Message  Email  Phone Call  Facebook

# Waiver/Release/Consent & Agreement Form

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Please Initial

\_\_\_\_\_ **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 for myself.

(I) understand that Compassionate Heart Ministries does not provide medical care.

\_\_\_\_\_ **RELEASE OF INFORMATION:**

(I or We) give consent to Compassionate Heart Ministries to release any information or documentation to health care providers/agencies/or organizations.

\_\_\_\_\_ **PERSONAL PROPERTY:**

(I or We) understand and agree that Compassionate Heart Ministries is not responsible for the loss or damage to any personal property.

\_\_\_\_\_ **TRANSPORTATION: (Under 18 only)**

(I or We) hereby give consent for my son or daughter to engage in activities and/or programs in areas other than the Compassionate Heart Ministries site and allow my son or daughter to be transported in vehicles for the Compassionate Heart Ministries program.

\_\_\_\_\_ **RELEASE OF VISUAL IMAGES OR AUDIO RECORDINGS:**

(I or We) agree that Compassionate Heart Ministries may use and/or reproduce all photographic, video, or audio in any form 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 volunteer, however in consideration for allowing the volunteer to participate in activities sponsored or provided by Compassionate Heart Ministries, (I or We) agree that Compassionate Heart Ministries, 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 Ministries, 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 volunteer, their agents, heirs, administrators, executors, and assigns for any cause which arises from the activities sponsored or provided by Compassionate Heart Ministries.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date



## Compassionate Heart Ministries Code of Ethics Waiver

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- I will treat all volunteers, staff, and participants with mutual respect, be honest with one another, and work to build each other up Christ.
- I understand that Compassionate Heart Ministries does not tolerate any form of discrimination, sexual harassment, or unlawful retaliation.
- I will model and encourage appropriate behavior with all individuals I encounter.
- 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 as defined as “any touch intended to arouse feelings of love in the giver and/or the recipient”.
- I will not wear revealing, immodest clothing, or clothing with offensive slogans, messages, or political propaganda.
- I understand that participant information is confidential.
- Americans with Disabilities Act. Compassionate Heart Ministries will provide reasonable accommodations to volunteers with disabilities.
- I understand that matches/lighters are not allowed.
- I will not use or be in possession of legal, illegal, or harmful substances of any kind (tobacco products, alcohol, drugs, etc.)
- I will not be in possession of weapons of any kind, including pocketknives.
- I understand that explosives of any kind are not allowed (i.e., fireworks, pop bottle bombs).
- I will not engage in illegal or harmful behavior to myself or others.

Donna Bunce, the Executive Director, will determine the level of violation verbal, written, suspension or expulsion.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



## Other Policies

**Transportation** – you must be at least 22 years old and have permission from the Program Manager to transport a participant or drive one of the Compassionate Heart Ministries vehicles.

**Reimbursement** – Volunteers will not be compensated for their work. In addition, volunteers will not receive reimbursement for mileage, parking, supplies or anything purchased without prior authorization from the Program Manager. This includes fines, tickets, towing or any other bill received while doing volunteer work.

**Service Hours/Class Requirements** – If needed, Compassionate Heart Ministries will provide a document confirming volunteer hours as community service. However, the hours need to be approved by the Program Manager.

**Inclement Weather Policy** - In the event of inclement weather Compassionate Heart Ministries will follow Zeeland Public Schools decision for our morning club. However, Compassionate Heart Ministries will decide by 11:00 AM whether Club 404 PM will be open or closed for the evening. The decision made will be communicated via email, our website, and/or our Compassionate Heart Ministries Facebook page.

**Social Media** – Compassionate Heart Ministries strongly recommends that you do not “friend” participants on social media. Also, only express your personal opinions and never represent yourself as a spokesperson for Compassionate Heart Ministries. With that being said, we do always appreciate when you “share” our events, etc.

**Property** - Compassionate Heart Ministries will not assume any responsibility for loss, theft, or damage to personal property, including vehicles, brought to Compassionate Heart Ministries facilities or other locations of volunteer service.

# HEALTH SCREENING AGREEMENT – Participants, Volunteers and Staff

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To help ensure the safety of our Compassionate Heart Ministries participants, volunteers, and staff I will not attend program, volunteer, or come into work if I have any of the following symptoms:

- Fever/Chills
- Strep throat or severe sore throat
- Diarrhea/Vomiting
- Fatigue and weakness

I will monitor my health if I am experiencing at least two of the following symptoms:

- Cough
- Runny nose
- Sneezing
- Loss of taste and/or smell
- Headache

I acknowledge that I have read the above and understand that it is my personal responsibility to monitor my/my child's health and to comply with the requirements listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

S Drive/Safety/Health Screening Agreement 2.2.21 BVP



## Volunteer Hold Harmless/Indemnification Agreement

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(I or We) understand that Compassionate Heart Ministries seeks to provide a safe place for participants, volunteers, and staff to be in community with each other.

(I or We) understand the difficulties that exist for strict compliance with the Center of Disease Control guidelines in relation to Covid-19 and Influenza.

(I or We) understand that participants, volunteers, and staff will be directed to wash or sanitize their hands after using the restroom, sneezing, coughing, and before eating.

(I or We) agree that neither the undersigned nor such volunteer shall use the facilities, services, and programs of Compassionate Heart Ministries if he or she is experience symptoms to COVID-19 or Influenza or has a suspected diagnosed/confirmed case of COVID-19.

(I or We) agree to notify Compassionate Heart Ministries immediately if he or she believes that any of the foregoing access/use restrictions apply.

(I or We) acknowledge that the law does not permit us to waive the legal rights of the volunteer, however in consideration for allowing the volunteer to attend and participate in the activities sponsored or provided by Compassionate Heart Ministries, (I or We) agree to hold harmless, indemnify, and reimburse for any damage award, actual attorney fees and costs incurred by Compassionate Heart Ministries, their agents, officers, employees, trustees, participants, and/or the heirs, administrators, executors, and assigns of the above named entities and individuals, from any and all legal claims brought on behalf of the volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 year old)

\_\_\_\_\_  
Date



## Compassionate Heart Ministries Volunteer/Parent/Guardian Signatures

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“ (I or We) understand the **Waiver/Release/Consent and Agreement** Form and sign with full knowledge of its legal consequences and without coercion or duress.

“ I have read and understand all the **Codes of Ethics**.

“ I have read and understand the **Health Screening Agreement**.

“ I have read and understand the **Volunteer/Parent/Guardian Hold Harmless Indemnification Agreement**.

“ I have read and understand **Other Policies**.

“ I understand that Compassionate Heart Ministries reserves the right to accept or deny my volunteer application.

“ I understand that Compassionate Heart Ministries will not tolerate behavior that is not God honoring and that, if necessary, disciplinary action will be taken.

“ I give Compassionate Heart Ministries permission to call, text, insta message, email or Facebook message me.

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Volunteer Signature

Date:

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Parent/Guardian Signature (if volunteer is under 18 years of age)

Date:

