



COMPASSIONATE HEART MINISTRY
VOLUNTEER APPLICATION FORM

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

Today's Date: _____

Name: _____ Email: _____

Permanent Address: _____ City, State, Zip: _____

School Name or Employer/Occupation: _____

School Year Address (if college student): _____ City, State, Zip: _____

Phone: _____ DOB: _____ Current Age: _____ Current Grade: _____ Gender: Male Female

Ethnicity: White Black Asian/Pacific Islander American Indian/Alaskan Native Unknown

Emergency Contact Name: _____ Emergency Contact Phone: _____

Church Name: _____ Pastor Name: _____

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

How did you hear about Compassionate Heart Ministry? _____

Please list any of your prior experience(s) with people with disabilities. _____

Please list any prior service projects, mission trips, and volunteer work. _____

Please list any special interests or hobbies. _____

Please name any friends or relatives you have in the program, either as volunteers or participants. _____

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



COMPASSIONATE HEART MINISTRY VOLUNTEER

WAIVER/RELEASE/CONSENT & AGREEMENT

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

Volunteer's 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.

Volunteer signature

Date

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

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 -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, 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

