

**VOLUNTEER APPLICATION FORM**

**NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ **STATE: \_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you attended New Vision Baptist Church?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently a member?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If not, where are you a member?** \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you in a small group? \_\_\_\_\_\_\_\_ If so, which small group?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list areas you are currently serving in at New Vision:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Why are you interested in serving in the Special Needs Ministry?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have you ever had experience working with special needs individuals? Please describe:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT ME:**

**What is your T-shirt Size:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Favorite Candy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Favorite Sweet Treat:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**­­­­­­­­­­­­Favorite Donut:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Favorite Restaurant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Favorite Sonic Drink:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Favorite Starbucks Drink:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you like to do for fun?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What are your spiritual gifts?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your love language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How can your Special Needs team serve you?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any concerns or suggestions about serving in the Special Needs Ministry?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What can your Special Needs Ministry team be praying with you about right now?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteer Confidentiality Statement**

Volunteers working with SPECIAL NEEDS MINISTRIES must be very cautious not to disclose any confidential information pertaining to any family or child that is associated with or belongs to the special needs ministry to anyone who does not have authorized approval from SPECIAL NEEDS MINISTRIES.

Anyone working with this special needs ministry shall use continuous care to avoid disclosure of sensitive or confidential information in public areas. Public areas such as churches, hallways, parking lots, etc. should not be a place where sensitive nature is discussed. Also, volunteers shall not leave inadvertently-- confidential information in plain view such as on computers or other public places where information can be compromised. Also, private conversations shall not be conducted over speakerphones. This policy is only for staff and volunteers and does not impact disclosure that is required by law.

When the volunteer or team member’s relationship with SPECIAL NEEDS MINISTRIES is over, all materials of confidential nature will be returned to SPECIAL NEEDS MINISTRIES.

I agree to this confidentiality policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Volunteer Policies and Procedures**

**Volunteer/Child Protection**

Special Needs Ministries intends to ensure the health, safety and well being of volunteers and children. As a precaution and to ensure strict accountability from one adult to another, volunteers must follow these guidelines:

**Restroom Policy**

Volunteers should provide assistance to a child using the restroom only if the child is five years or younger or has special needs requiring extra assistance. We will follow the current restroom policy set in place within the Preschool and Children’s Ministries. There will be no diaper assistance to those ages 5 and above. You should contact the child’s parent should there be need for their child to be changed while on campus.

**Visibility and Security**

It is important that all interaction between children and volunteers happens in a location where others can observe what is going on for safety and accountability purposes. At no time should a child and volunteer disappear behind a closed door with no visibility to outsiders.

Using good judgment, the following are appropriate ways to touch children:

 An arm around the shoulder

 Walking hand in hand

 Short congratulatory or greeting hugs

 A brief, assuring pat on the back or shoulder

 Handshakes, high-fives and knuckles

Physical contact in any form should be above reproach. The personal behavior of staff members and volunteers must foster trust at all times. Do not force physical contact, touch or affection on a reluctant child. A child’s preference not to be touched must be respected.

**Policy Against Child Abuse**

Special Needs Ministries’ reserves the right to dismiss or to exclude from affiliation with Special Needs Ministries’, any volunteer who is or has been convicted of child abuse or neglect of any child.

Special Needs Ministries will neither condone nor tolerate:

 Infliction of bodily injury upon any child or physically or sexually abusive behavior towards a child.

 Physical neglect of children, including failure to provide adequate safety measures, care and supervision in relation to ministry activities.

 Emotional mistreatment of children, including verbal abuse and/or verbal attacks.

Verbal interactions between volunteers and children should be positive and uplifting. Special Needs Ministries’ volunteers should strive to keep verbal interactions encouraging, constructive and mindful of their mission of aiding parents in the spiritual growth and development of children.

To this end, volunteers should not talk to children in a way that is or could be construed by any reasonable observer as harsh, threatening, intimidating, shaming, derogatory, demeaning or humiliating.

**Reporting Potential Abuse**

 Report your suspicions of child abuse/neglect

 Report any suspicions that a child or teen reports to you about potential abuse

 Report any inappropriate behavior of another volunteer to the lead staff.

**Volunteer Guidelines**

**Intoxicants**

Staff members and volunteers are prohibited from the use, possession or being under the influence of alcohol, tobacco or any illegal drugs while working with or supervising children at Special Needs Ministries.

**Discipline**

Physical discipline, such as spanking, is never permitted. Using physical restraint to prevent a child from doing something disruptive or dangerous is permitted and may, in some instances, be necessary. Affirmation and encouragement is always preferred.

**Medication**

Special Needs Ministries Staff and volunteers WILL NOT administer any medication except in the life threatening situations when there is not enough time for a parent to come to the room and give it, unless a Medical Authorization Form is on file.

I have read and fully understand the Special Needs Ministries Volunteer Policies and Procedures and agree to adhere to them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**RELEASE AND WAIVER OF LIABILITY**

 I, the undersigned, on behalf of myself, my heirs, representatives and assigns, do hereby execute this Release and Waiver of Liability (the “Release”), in favor of New Vision Baptist Church, its employees, ministers, staff, agents, leaders, volunteers and independent contractors (the “Releasees”). In consideration for participating in activities and programs at New Vision Baptist Church, including but not limited to, the Special Needs Ministry (the “Activities”), I do hereby execute this Release and agree to the following terms:

1. **Releases and Waiver of Liability.** I do hereby release, forever discharge and hold harmless Releasees from and against any and all liability, claims, losses, causes of action, suits and demands of any kind or nature whatsoever arising out of or related to my participation in the Activities whether caused by the negligence of Releasees or otherwise. I understand and agree that this Release discharges Releasees from any and all liability or claim against Releasees.

2. **Assumption of Risk.** I under that there may be risks and hazards in participating in the Activities. With full knowledge of the facts and circumstances surrounding the Activities, I voluntarily agree to assume all the risks and hazards involved in participating in the Activities. I voluntarily assume full responsibility for any risks of loss, personal injury, property damage or injury, including death, to myself or others as a result of participating in the Activities.

3. **Indemnities and Hold Harmless.**  I do hereby agree to indemnify and hold harmless the Releasees from and against any and all liability, claims, losses, causes of action, suits and demands of any kind or nature whatsoever made against Releasees arising out of or related to my participation in the Activities, including court costs and attorneys fees which Releasees may incur as a result of any claim brought against the Releasees arising out of or resulting from my participation in the Activities.

4. **Medical Treatment.** I do hereby release and forever discharge Releasees from any claim whatsoever which arises or may arise on account of any first aid, medical treatment, or other service rendered by Releasees in connection with the my participation in the Activities.

5. **Photographic Release.** I do hereby grant permission to Releasees to use any and all photographic images and/or video/audio recordings made during my participation in the Activities for any purpose.

6. **Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. I further agree that in the event any clause or provision of this Release shall be held to be invalid, the invalidity of such clause shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. In the event any action is brought to enforce the terms of this Release, the prevailing party shall be entitled to recover from the non-prevailing party all litigation expenses, court costs and attorney’s fees.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE RELEASE AMD WAIVER OF LIABILITY**

EXECUTED this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_.

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Printed Name Signature

