

Next Step Volunteer Forms

VOLUNTEER APPLICATION

Name _____ Date _____

Home address _____

Home phone _____ Cell phone _____

Email _____

Highest level of education or school attending _____

Employment/School

Current employer (or school attending, if applicable)

Your position/title _____

Dates of employment (starting, ending) _____

Employer/school address _____

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experiences (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer in Special Needs? _____

Why do you want to volunteer? _____

Do you have any physical limitations that we should be aware of prior to volunteering (such as back problems, diabetes, or a heart condition)?

Do you have CPR/First Aid Training? ___Yes ___No

Date Card Expires _____ Please submit a copy of the card if you have it.

REFERENCES: Please list three people who know you well and can attest to your character, skill, and dependability. Include your current or last employer if applicable.

Name/Organization	Relationship to You	Phone
1.		
2.		
3.		

Please read the following carefully before signing this application:

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Next Step Ministries, Inc. that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Next Step Ministries. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Next Step Ministries, Inc. or my termination as a volunteer.

Signature: _____ Date: _____

Parent/guardian if applicant is a minor: _____

Date: _____

Please return to Next Step Ministries, Inc., 7709 Turner Rd., Woodstock, GA 30188

AUTHORIZATION FOR BACKGROUND CHECK

I, _____ (name) hereby authorize Next Step Ministries, Inc. to obtain information pertaining to my background, including any charges and/or convictions I may have had for federal and state criminal law violations, driving history, general public history, prior employment and reference verification, and worker's compensation claim history. Credit history may also be checked if applicant will be handling company funds. This information will include but not be limited to, allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Signed: _____ Date: _____

DOB: _____

Parent/guardian signature if above named is a minor:

Social Security or Identification Number: _____

Address: _____

Driver's License Number: _____

State of Issuance: _____

Expiration Date: _____

Next Step Ministries: _____

SEXUAL ABUSE AND MOLESTATION PREVENTION POLICY

Next Step Ministries, Inc. does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make the “zero-tolerance” policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation.

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the client’s care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior which is prohibited by Next Step Ministries.

Reporting Procedure

All staff members who learn of sexual abuse being committed must immediately report it to the Program Director. If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation and Follow-Up

We take allegations of sexual abuse seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor’s relationship with our organization.

Retaliation Prohibited

We prohibit any retaliation against anyone, including an employee, volunteer, board member, student or individual, who in good faith reports sexual abuse,

alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

ACKNOWLEDGMENT OF RECEIPT OF SEXUAL ABUSE POLICY

I, _____, acknowledge that I have received and read the sexual abuse policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Dated: _____

Print Name of Employee/Volunteer

Signature

Print Name of Parent/Guardian

Signature

Date(s) of Annual Review(s). Employee/Volunteer to write date in his/her own handwriting.

1.

2.

3.

4.

VOLUNTEERS OFF-SITE WITH CLIENTS POLICY

Policy:

Safety of clients and volunteers is important. Recognizing that volunteers want to help, but do not have full information on clients and policies and procedures for Next Step Ministries, and to avoid a situation where safety of client and/or volunteer may be compromised, volunteers can only leave the physical (inside) premises of Next Step with a client when a staff member is also present.

Procedure:

1. Volunteers may accompany staff and clients on community outings. They may or may not be paired with a specific client for the trip.
2. Volunteers must stay with the group with the clients and staff, and not go with a client away from the group.
3. If for some reason the volunteer and client MUST be separate from the group, the volunteer will have a client well known to him or her and a client who poses no flight risk, or behavioral issues that could escalate into a safety problem for the client or volunteer. The volunteer MUST receive permission to leave with the client, let staff know specifically where they will be, and how to contact them if appropriate. An example would be a male client that needs assistance in the restroom and there is no other male staff to assist, then the male volunteer may assist if he is comfortable with providing the needed assistance (which may be only walking with the client to the restroom and waiting on him).
4. Volunteers may walk with a client to the dumpster to empty trash if they have cleared it with a staff member prior to leaving on each trip. Staff must be aware of client location, and may have more information on client safety than the volunteer is aware exists.
5. The volunteer will be under the supervision of the staff member(s) on the trip, and must comply with directions given. Volunteers on community outings must recognize that while on the trip they are representing Next Step Ministries (and act/dress accordingly), and are there for the client's benefit.

Volunteer Signature

Date

Program Participation Agreement for Next Step Ministries, Inc.

Client's name (print): _____

Phone: _____

In consideration for being allowed by Next Step Ministries, Inc. to participate and/or attend any program, event, class, or activity including but not limited to: classes, the respite care program, special events, field trips, exercise programs (including sports games), any other games, and any other function held by Next Step Ministries, Inc.; I agree to release, discharge and hold harmless Next Step Ministries, Inc., its employees, agents, volunteers, and members from any and all claims or demands due to personal injury, illness or death, as well as, any and all property damages sustained of any nature which might be incurred by me while participating in any Next Step Ministries, Inc. function.

By signing below, the participant (or legal guardian) or volunteer (or parent/guardian if participant or volunteer is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activities described above. Except for gross negligence on the part of the Next Step Ministries, Inc, the participant (or legal guardian) or volunteer (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or legal guardian) or volunteer (or parent/guardian) promises to hold harmless Next Step Ministries, Inc. and its representatives for any injury related to the activities.

Signature: _____

Date: _____

Name if not participant (print): _____

Relationship: _____

(IF YOUNGER THAN 18 YEARS OLD, PARENT OR GUARDIAN MUST SIGN.)

(IF PARTICIPANT IS 18 OR OLDER AND HAS A LEGAL GUARDIAN, THE LEGAL GUARDIAN MUST SIGN.)

Field Trip Release Form for Next Step Ministries, Inc.

Name (print): _____

Phone#: _____

In consideration for being allowed by Next Step Ministries, Inc. to participate in community based field trips, including transportation via a Next Step Ministries or CATS (Cherokee Area Transportation Services) vehicle to and from the field trip destination, I agree to release, discharge and hold harmless Next Step Ministries, Inc. it's employees, agents, volunteers, and members from any and all claims or demands due to personal injury, illness or death, as well as, any and all property damages sustained of any nature which might be incurred by me while participating in any Next Step Ministries, Inc. field trip.

Field trips are generally planned in advance with family/caregiver notification sent home, however some may be of a "spur-of-the-moment" nature, such as but not limited to a shopping trip for needed supplies, or a trip to the park on a nice day.

By signing below, the participant (or legal guardian) or volunteer (or parent/guardian if participant or volunteer is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activities described above. Except for gross negligence on the part of the Next Step Ministries, Inc, the participant (or legal guardian) or volunteer (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or legal guardian) or volunteer (or parent/guardian) promises to hold harmless Next Step Ministries, Inc. and its representatives for any injury related to the activities.

Signature: _____

Date: _____

Name (print) if not participant: _____

Relationship: _____

(IF YOUNGER THAN 18 YEARS OLD, PARENT OR GUARDIAN MUST SIGN)

(IF PARTICIPANT IS 18 OR OLDER AND HAS A LEGAL GUARDIAN, THE LEGAL GUARDIAN MUST SIGN)

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Next Step Ministries, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on _____ (date) and ending by written notice, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publicity, marketing, informational media, and security. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Next Step Ministries, its employees, and its agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that Next Step Ministries is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

Signature: _____

**EMERGENCY HEALTH INFORMATION – NEXT STEP
MINISTRIES**

Minor Volunteer Version

Name: _____ DOB: _____

Address: _____

Home Phone _____ Cell Phone _____

Work Phone _____

Parent/Guardian: _____

Phone: _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone: _____

Hospital Preference _____

Primary Physician's Name _____

Phone _____

List of current diseases and chronic conditions: _____

Drug, food, or other allergies: _____

Past surgeries or serious illnesses: _____

List all prescribed, over-the-counter and alternative medications, including
dosages, currently being used on a regular basis. _____

In case of emergency, Next Step Ministries Inc. has my consent to authorize
medical care for my above-named child.

Parent/Guardian Signature

Date signed