

Adult Volunteer Application Form

(ages 18 and over)



PERSONAL INFORMATION

Name: _____ Male Female

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Phone: _____ Cell: _____

Allergies/Medical conditions: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Other: _____

CHURCH AFFILIATION

Do you regularly attend church (2 or more times a month)? Yes No

If Yes, which church do you attend? _____

VOLUNTEER INFORMATION

T-shirt size: XS S M L XL XXL XXXL Adult Sizes

How many shirts do you need? 2 1 0 (I still have mine from last year)

Would you like to purchase a sweatshirt for \$25? Yes No (make cheque payable to *Heroes on the Move*)

Sweatshirt size: XS S M L XL XXL XXXL Adult Sizes

Availability:  July 4-8 All week Mornings only Afternoons only

 July 11-15 All week Mornings only Afternoons only

The following dates only: _____

Please check off the areas in which you would be interested in serving. If more than one, please mark them in order of preference.

____ Registration Helper

____ Food Service

____ Huddle Assistant*

____ Soccer Coach

____ Craft (week 2)

____ Preschool Leader* (week 2)

____ Track and Field Coach

____ Huddle Leader*

____ Special Friends Leader* (week 2)

VOLUNTEER EXPERIENCE

What skills, abilities, or relevant experience do you have that could be used at the camp (eg. sports training, music skills, teaching Sunday School)?

Have you helped with Heroes on the Move in the past? If so, when, and in what capacity?

Positions marked with an "*" involve teaching Spiritual truths to campers. If you have applied for one of these positions, please briefly describe how you would explain the gospel to a child.

REFERENCES

Please provide two current references: one who knows you well enough to comment on your personal development/spiritual walk over the past year, and another who can give a character reference.

Reference #1: _____

Reference #2: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

COMMITMENT

I understand that the purpose of Heroes on the Move is to share the good news of Jesus with children in Saugeen Shores, while providing them with sports instruction and a camp experience. I commit to:

- Lead by example by having Christ-like speech and behaviour while at Heroes on the Move.
- Attend the training sessions on Thursday, June 2 (7-9 p.m.) and the Sunday prior to camp (2-4 p.m.)
- Respect the authority of the Heroes on the Move Leadership team.

Signed: _____ Date: _____

RELEASES

Initials Here	Release of Liability: I hereby acknowledge and assume the risk of my participation in the sports camp and VBS activities at Heroes on the Move . I understand that there are inherent risks involved with these activities, including but not limited to, injury to limb, cardiac arrest, and death. I hereby acknowledge my understanding and acceptance of the risks and hereby indemnify, release and hold harmless Heroes on the Move event organizers, staff, Port of Fellowship Baptist Church, Port Elgin Missionary Church, Southport Pentecostal Church, Bay Leaf Baptist Church and their boards and members from any claims of injury, damage or loss to person or property that may result from my participation in Heroes on the Move .
Initials Here	Medical Release: I authorize the supervising staff of Heroes on the Move to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for myself in the event that I am not able.
Initials Here	Media Release: I give permission for myself to be photographed, videotaped and interviewed by representatives from and /or staff of Heroes on the Move for promotional and public relations purposes within Saugeen Shores, Grey and Bruce County coverage area. I authorize the use and reproduction by Heroes on the Move or anyone authorized by Heroes on the Move of any and all photographs and/or videotapes taken of myself, without compensation to me. All photographs and videos shall be solely and completely property of Heroes on the Move . I waive the right to inspect or approve the finished photographs/video recordings, and the sound tracks, scripts or any other printed matter that may be used in conjunction with this event.

CONFIDENTIAL INFORMATION

Please answer the following questions. All information will be kept confidential by Designated Screening Personnel, and will not be disclosed by Heroes on the Move unless required by law. The following questions may be of a sensitive nature, but are an important part of the screening process. Answering yes to any of the following questions may not necessarily preclude your involvement in ministry; however a refusal to answer any of the following questions will result in rejection of your application. Thank you in advance for your understanding.

1. Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? (For example: pornography, use of illegal substances, etc.) Yes No
2. Are you, or have you ever been involved with, and/or convicted of the use or sale of illegal drugs? Yes No
3. Are you, or have you ever been through treatment for alcohol or substance abuse? Yes No
4. Have you ever been convicted of a criminal offense for which a pardon has not been granted?
(Note: this does not include minor traffic violations) Yes No

If yes, please list offence(s) and date(s) of conviction:

5. Have you ever been arrested or convicted for any abuse-related crimes? Yes No
6. Have you ever been investigated by the Children's Aid Society for suspected child abuse? Yes No
7. Have you ever been the subject of a civil lawsuit involving sexual harassment or other immoral behaviour or conduct involving children, youth, or adults? Yes No
8. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident involving children or youth? Yes No

9. Have you ever been the subject of any disciplinary action, (including discharge) or investigation by a church, religious or other organization, or by an employer? Yes No

10. Do you have any health concerns of which we should be aware? (For example, medical or psychiatric, including: eating disorders, self-abuse, depression, anxiety disorders, etc.) Yes No

If you answered yes to any of the above questions, please explain.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Volunteer Application Form is true and correct.

Signed: _____ Date: _____

SCREENING PROCESS

Protection Plan screening, as outlined below, is mandatory for all HOTM Staff. All individuals **age 16 and older** must provide a current Police Background Check and Vulnerable Sector Scan. Please select the appropriate screening process.

<p>I am a returning HOTM Volunteer:</p>	<ul style="list-style-type: none"> ✓ You may be requested to submit a Police Background Check and Vulnerable Sector Scan if the one we have on file is outdated (more than 2 years old).
<p>I am screened with one of the HOTM Partnering Churches:</p>	<ul style="list-style-type: none"> ✓ Contact your church's Protection Plan administrator, and request a copy of your Police Background Check and Vulnerable Sector Scan. ✓ <i>Please note: Protection Plan administrators are not permitted to send your material directly to HOTM. <u>You</u> are responsible for submitting all documentation with your application. If your screening material is incomplete you will be contacted and asked to submit the appropriate material as directed.</i>
<p>I am Volunteering to work with Heroes on the Move for the first time and do not attend one of the HOTM Partnering Churches:</p>	<ul style="list-style-type: none"> ✓ Complete and mail in this application form as soon as possible. ✓ Download the letter requesting a police check from our website and take it to your local police station along with 2 pieces of ID as soon as possible (it may take up to 6 weeks). Mail us the results of the police check. ✓ Upon receipt of application forms, we will contact successful candidates to arrange an interview.

All Screening documentation is kept confidential within the Heroes on the Move Committee and will be kept on permanent file in a secure location.

Please mail application form no later than May 20, 2011 to:

Heroes on the Move, P.O. Box 2290., Port Elgin, ON, N0H 2C0

Thank you for applying to volunteer with Heroes on the Move.

Submission of this application does not guarantee acceptance.

A Heroes on the Move representative will contact you by phone once your application has been processed.