

Youth Volunteer Application Form

(ages 13-17)



PERSONAL INFORMATION

Name: _____ Male Female

Age: _____ Current Grade: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Phone: _____ Cell: _____

Allergies/Medical conditions: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Other: _____

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.

- | | |
|--|---|
| <input type="checkbox"/> Soccer Coach | <input type="checkbox"/> Preschool Assistant (week 2) |
| <input type="checkbox"/> Track and Field Coach | <input type="checkbox"/> Special Friends Assistant (week 2) |
| <input type="checkbox"/> Huddle Assistant | <input type="checkbox"/> LIT (week 1) please include \$100 |

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?

CHURCH AFFILIATION

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

If Yes, which church do you attend? _____

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: _____

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

Signed: _____ Date: _____

WAIVERS AND RELEASES*****To be completed by a parent or guardian**

Please initial that you have read and agree with each section – this is mandatory for admission.

Initials Here	Release of Liability: I hereby acknowledge and assume the risk of my child's 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 child's 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 the child named on this form in the event that I cannot be reached.
Initials Here	Biblical Content: I agree to permit my child to be taught the Bible and about Jesus according to the doctrines and beliefs of Heroes on the Move for the duration of Heroes on the Move . I further understand that my child will also be involved in teaching these truths to campers.
Initials Here	Media Release: I give permission for my child 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 my child, without compensation to me /my child. 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. <i>NB: If you have concerns about your child's pictures being used for promotional purposes, please inform us in writing by June 10, 2011. Each submission will be handled on a case by case basis.</i>
Initials Here	 Permission for Participation: I grant my child named on this form permission to participate in Heroes on the Move Soccer activities from Monday, July 4 to Friday July 8, 2011. I am aware that campers will be walking to Pierson Soccer Fields twice each day.
Initials Here	 Permission for Participation: I grant my child named on this form permission to participate in Heroes on the Move Track and Field activities from Monday, July 11-Friday July 15, 2011.

Parent / Guardian Signature: _____ Date: _____

Please note: If your child is applying for the LIT program, a separate waiver and permission form will be sent out prior to camp.

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) or if we do not yet have one on file for you..
<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

Don't forget to include payment for a sweatshirt, if you are ordering one, or for the LIT program.

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.