



Programs for families of individuals with special needs

4290 Hartland Center
 Collins, OH 44826
 Phone: 419-577-0225
 Email: uhwministry@gmail.com
 Website: www.underhiswingsrespite.com

VOLUNTEER APPLICATION

Parent’s Night Out hosted by Under His Wings Respite provides a dynamic and fun opportunity to live out your faith. Through volunteering, you will be reaching out in a meaningful way to one of the most forgotten groups of people right here in our community – people affected by disability. Volunteers need to be 13 years or older. If you have an occupation where a background check would have been done within the last 5 years, get a copy (or tell us and we will help you get a copy). **PLAN TO ARRIVE AT COLLINS U.M.C. BY 3:30 P.M.** Check-in starts at 4:00 p.m. Pizza and a beverage will be provided. You will be eating supper with the kids. Extra volunteers will be available for dinner breaks. We want to do all we can to provide a safe respite for everyone.

Apply at least 10 days before the event so we can respond back. Fill out the following application and e-mail to Barb Sura: barb@underhiswingsrespite.com or mail to 4290 Hartland Center Road, Collins, Oh 44826. You may reach her @ (419) 577-0225 with any questions.

Thank you from a lot of people whom you will be blessed by as you bless them!!

Please answer all questions. All information is confidential & used for background checks only.

Name:		SSN:	
Street:		City, Zip Code:	
Email:		Phone number:	
Birth date:		Age:	

Check any that apply:

- I am certified in CPR/1st aid.
- I know sign language.
- I want to be part of the prayer team.
- I want to be a trained medical person handling medical issues at the respite.
- I want to be a buddy to someone with a disability.
- I want to be a buddy to someone without a disability.
- Other, I can:

1. Do you have a disability? Yes No
If yes, please explain?

2. Do you have any special needs? If yes please explain.

3. Do you have any experiences with people who have special needs or their families?

4. Do you currently attend a church within the area?

Name of church	
Pastor's Name	
Pastor's contact information (number, address, and email)	

5. Would you be interested in being a buddy at your church for Sunday services? Yes
No

6. Give at least 2 character references of people who have known you at least 5 years, with names and phone numbers.

1. _____

2. _____

I waive my right of access to this form and release all references from any liability for information provided in good faith. I have read and agree to abide by the UHW child protection policy.

Signature _____ Date: _____

***Anyone volunteering who is under 18 years of age will need to have their parent or guardian sign the following Consent & Release form on their behalf.**

CONSENT AND RELEASE FOR 2019

In consideration of myself and/or the individual, _____, (the participant) being allowed to participate in Under His Wings Respite programs (hereafter “program”), and to engage in activities related to the program, I, on behalf of myself and the participant, do hereby waive, release and forever discharge Under His Wings Respite Care, the Collins United Methodist Church, and the West Hartland Methodist Church, their leaders, agents, employees, representatives and volunteers from any and all claims, suits, actions, damages, losses, liabilities, costs and expenses of any kind or nature whatsoever, incurred for injuries and/or damages to the participant and/or his/her property, including those caused by the negligent act or omission of any person or entity release, arising out of the participant’s enrollment and participation in the program.

I understand that Under His Wings Respite, the Collins Methodist, and the West Hartland Methodist Church is providing this program as a ministry to the church and community, and that the persons involved in this program are not health care or child care professionals. I do not rely on any claim of expertise, professional training, or other otherwise qualified care in allowing the participant to participate in the program.

In the event that I am not immediately available, should the participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, designated by Under His Wings Respite, the Collins United Methodist Church and the West Hartland Methodist Church, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that Under His Wings Respite, the Collins United Methodist Church and the West Hartland Methodist Church will use all reasonable efforts to notify me (or the emergency contact listed on the participant’s application), where practical, prior to initiating medical treatment for any such injury to the participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree to pay for all care provided as a result of Under His Wings Respite, the Collins United Methodist Church and/or the West Hartland’s Methodist Church’s decision.

I understand that I have the right to review this Consent and Release form with counsel, and have had the opportunity to discuss and consult with the counsel prior to signing this form.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE OF LIABILITY AND THAT BY SIGNING IT, I INTEND TO BE BOUND LEGALLY AND TO BIND THE PARTICIPANT, OUR RESPECTIVE HEIRS, EXECUTORS, ASSIGNS, AND SUCCESSORS.

I give Under His Wings Respite, the Collins Methodist Church and the West Hartland Methodist Church permission to take and post pictures or videos of any individuals on their respective websites, their printed material, and anything else associated with this program.

We reserve the right to modify all Under His Wings Respite forms without prior notice.

Signature

Date

Under His Wings Child Protection Policy

It is the goal of Under His Wings Respite to provide a safe environment for the physical and emotional well being of all participants. We aim to adequately screen all volunteers using references, background checks and personal interviews as needed. The purpose of our policy is to provide procedures to protect those we serve and to establish a means of dealing with alleged, reported or suspected incidents of abuse.

NO ONE IS ALLOWED TO VOLUNTEER IN ANY FORM WHO HAS BEEN LINKED TO A CRIME INVOLVING MISCONDUCT WITH CHILDREN.

It is our policy to report abuse whenever it comes to our attention, regardless of where that abuse takes place. Reporting abuse is a form of ministering to the needs of those crying out for help.

If abuse is observed by or disclosed to a volunteer that person shall report to the UHW co-directors, Barb Sura or Mary Carsey. Together they shall determine an appropriate response, which may include one or all of the following:

The suspected abuse shall be reported to Children's Services.

The alleged abuser shall be confronted and removed from the setting in which the abuse has occurred.

All contact with the press shall be handled by Barb or Mary.

A written report of the basic information shall be kept using the "Suspicion of abuse report form".

In serving at the respite, volunteers shall:

Never be alone with a child.

Always have two volunteers to accompany a child in the bathroom.

Notify Barb or Mary if your background check info changes or you are suspect to any criminal activity.

It is the responsibility of all volunteers to promote the emotional and physical safety of the participants.

By volunteering you are acknowledging that you understand and agree to abide by this policy.

**And He (Jesus) took the children in His arms, put His hands on them
and blessed them (Mark 10:16)**

Throughout His ministry Jesus spoke of the value of children, the example of faith they provide, and their place in the community of His people.

Jesus also knew that children are vulnerable. This vulnerability puts children at risk, but also places them close to God. As followers of Christ, we resolve to protect children in their vulnerability.

As a caring respite, sensitive to the needs of families, we feel it is important to send a message to our community that we are a safe haven for children.

The purpose of the Under His Wings Respite Child Protection Policy is to provide procedures to protect those we serve at the respite and to establish a means of dealing with alleged, reported, or suspected incidents of abuse.



Under His wings you will find refuge - Psalm 91:4

