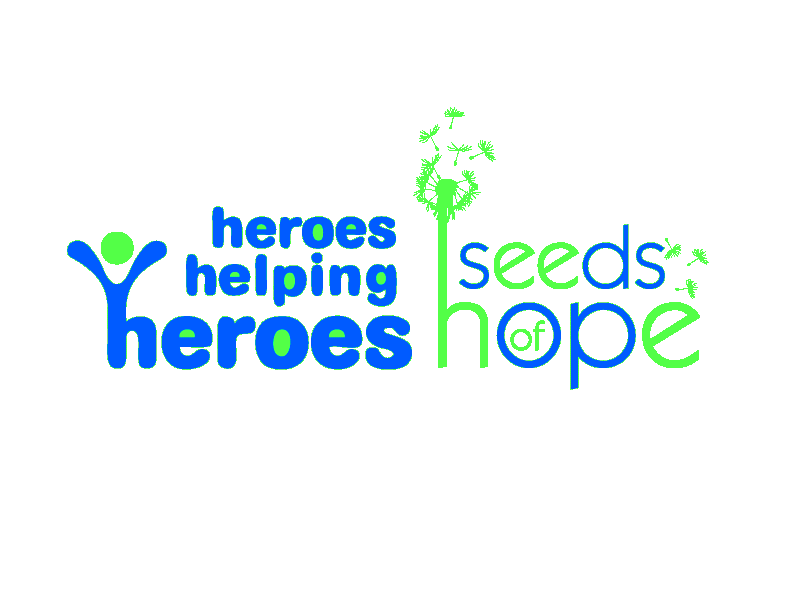
****

**Support Staff Application**

**I will notify Jana immediately should my ability or capacity to volunteer change in any way at 336-972-5266 AND** [**janak313@surry.net**](mailto:janak313@surry.net)

**I understand that Seeds of Hope’s ability to serve these precious children depend on my communication, commitment, dependability, and accuracy.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Demographic Info:**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_ Age as of June 2018: \_\_\_\_\_\_\_ Last grade completed as of June 2018:\_\_\_\_\_\_\_\_\_\_

Ethnicity:Hispanic/Latino\_\_ Asian\_\_ American Indian or Alaska Native\_\_ African American\_\_ Caucasian\_\_ Native Hawaiian or other Pacific Islander\_\_ Gender: ( M /F) \_\_\_

T-Shirt Size: (Adult) \_\_\_\_\_/ (Youth):\_\_\_\_\_\_ New/Returning Staffer:\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Staffer Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Staffer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardians’ Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardians’ relationship to the staffer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staffer’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardians’ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LGs’ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LG’s Cell# :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LG’s Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staffer’s Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_ Staffer’s Cell# :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staffer’s Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staffers Cell Phone Carrier (example: Verizon, AT&T, Sprint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two character references with phone number (all applicants):  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following pages contain medical, behavioral, social, permission, consent and release sections that must be completed by staff 18 or over or a parent/legal guardian of a minor volunteer. A signature attesting the information provided is true and accurate as provided is required.**

**Background Check Consents:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Seeds of Hope camp staff applicant understand that I must submit to a background check and be found to have a record devoid of criminal activity to be approved to work as a Seeds of Hope staff member each year that I apply.

***Full name*** including maiden, previous, current married name, or any aliases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Verified by Seeds of Hope Director:***

Background check submitted: \_\_\_\_ References checked: \_\_\_\_\_ Applicant Approved: \_\_\_\_\_

**In order that Heroes Helping Heroes and its Seeds of Hope programs qualify for a Federal Feeding Grant as well as other funding opportunities, we ask that you provide the following information if you are 18 or under:**

*Does your household receive benefits from WIC, SNAP, TANF, FDPIR, or free & reduced lunch?*

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, what county are benefits received through \_\_\_\_\_\_\_\_\_

*Please check any that apply*:

In foster care\_\_\_\_\_ Adopted\_\_\_\_\_ Homeless\_\_\_\_\_ Migrant\_\_\_\_\_

A runaway\_\_\_\_\_ Has a learning disability\_\_\_\_\_ Retained in grade at least once\_\_\_\_\_

Has an emotional/medical/behavioral disorder\_\_\_\_\_ Speaks English less than “very well”\_\_\_\_\_

Does not live with both parents\_\_\_\_\_ Either parent immigrated in past 5 years\_\_\_\_\_

Family income below $10,000\_\_\_\_\_ Neither parent/guardian employed\_\_\_\_\_

*Ethnicity (all staff) :* Hispanic/Latino\_\_\_\_\_ Asian\_\_\_\_\_ American Indian or Alaska Native\_\_\_\_\_

African American\_\_\_\_\_ Caucasian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_

***Insurance/Medical Info***

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staffer’s Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A front and back copy of the volunteer’s insurance card(s) is required**

***Immunizations***

*List month/year if possible or state current*

\_\_\_\_\_\_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_\_\_\_\_\_ Polio Booster \_\_\_\_\_\_\_\_\_ Measles \_\_\_\_\_\_\_\_\_ Mumps \_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_

# Medical/Social/Behavioral History

Does/has the staffer experienced any of the following medical conditions? (Please check all that apply and attach additional information if needed.)

\_\_\_\_\_ Asthma \_\_\_\_\_ Kidney trouble \_\_\_\_\_ Heart trouble

\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Headaches

\_\_\_\_\_ Allergies \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the staffer ever had an allergic reaction to:

Food (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication (specify): \_\_

Special Dietary Needs: \_\_\_\_\_\_

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

Please list all current medications: \_\_\_\_\_\_\_\_\_

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

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

**Permissions Section**

**Permission to Administer Tylenol or Ibuprofen (circle preference) for minor headaches based on the packaging directions by age.**

* **I do give permission**
* **I do not give permission and request the following directions be followed: \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission to Administer Sunscreen (any brand)**

* **I do give**
* **I do not give permission and request the following directions be followed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission for Transportation**

* **I do give**:
* **I do not give:**

in the event that transportation should need to be provided to/from locations specific to camp activities or drop off locations, permission to Heroes Helping Heroes and its Seeds of Hope staff members with valid NC driver’s license to transport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (staffer’s name). I understand that a minor staffer will never be transported without a staff member of the same gender and at least one more staff member in the vehicle.

**Permission for Photography**

* **I do authorize**:
* **I do not authorize:**

Heroes Helping Heroes and its Seeds of Hope programs to publish photographs/likenesses of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (staffer’s name) for use in the Heroes Helping Heroes and its Seeds of Hope program’s print, online and video-based materials, as well as other publications. Further, I attest that I am the parent or legal guardian of the minor staffer listed above, or am a staff member over the age of 18, and that I have full authority to consent and authorize Heroes Helping Heroes and its Seeds of Hope programs to use their/my likenesses.

**Permission for Release of Minor Staffer (Please attach copies of picture identification for all parties responsible for pick-up of minor staff)**

(Staffer’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be picked up by the following people from the Seeds of Hope Summer programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staffer’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may **NOT** be picked up by the following people from the Seeds of Hope Summer programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Insurance Release**

I, the volunteer staffer over the age of 18 or the parent/legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(participant’s name), do hereby verify that the above information is correct and do hereby release and forever discharge all staff, chaperones, Stokes, Surry, or McDowell County Schools and Heroes Helping Heroes and its Seeds of Hope program representatives from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Heroes Helping Heroes and its Seeds of Hope program events, field trips and related events.

**Medical Release**

In the event of a medical emergency or need, I, the volunteer staffer over the age of 18 or the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name), give the acting staff permission to act in the best interest of myself or my child to obtain medical treatment. I will be notified of the emergency/need as soon as possible.

# Please Check the Staff Role You are Interested in Filling

**\_\_\_Camp Staff:** Supplemental documentation will need to be completed. Camp takes place during the summer Monday – Friday from 7:00am to 6pm over the course of a 3 week period (weeks are not consecutive). Locations and dates will be released as soon as possible. Positions include hourly, part-time, and full time staff.

**\_\_\_Seeds of Hope Event Staff:** These events are range from bi-weekly events to quarterly events. Locations and dates vary as well as the type of support needed. Quarterly events typically take place on a Saturday or Sunday and last for approximately 3-4 hours. The entire family, not just children, is invited to participate. Arts and craft, kitchen support, and games and activity support staff are needed. Bi-weekly events require support oriented staff who help participants understand materials presented (Abundant Living), offer encouragement and support during our activity periods, and provide kitchen support and clean up assistance.

**\_\_\_ Fundraiser Support Staff:** These positions require a variety of staff needed to coordinate and execute events. Time commitments may be allotted to the day of the event only or may be spent aiding the director in support of activities leading up to the successful execution of the event. See Jana for more details.

**\_\_\_Mentor:** These positions will report directly to Executive Director. Supplemental documentation will need to be completed. Families have the option to request individual mentor pairings with their children as mentors become available. Mentors, mentees, and parents meet to decide the frequency, duration, and location of visits as well as the nature of the mentor/mentee relationship. For example, some children may simply need tutoring services. Others may need a big brother/big sister who makes play dates, or attends family outings and ballgames. Still other may simply need weekly phone calls or letters of encouragement. Contracts are signed by each party in the mentoring relationship defining the standards to be followed. The executive director is tasked with following the pairings to ensure the satisfaction of all parties.