Mail to: Jana Elliott PO BOX 152 Pinnacle NC 27043
Fax to 336-994-2116 Email to janak313@surry.net

I will notify Jana immediately should my ability or capacity to volunteer change in any way by calling/texting 336-972-5266 AND emailing 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:_____**Date:**_____

Demographic Info:

Last name: _____ First name: _____

Birthdate: _____ Age : _____ Last grade completed:_____

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: _____

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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:_____

_____

_____

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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.