

Please attach photo

Hannah's Promise Church of the Servant United Methodist Church

Application

DATE OF ORIGINAL APPLICATION: _____

CHILD'S NAME (Last, First, Middle): _____

_____ is the name preferred

BIRTHDAY: _____ AGE: _____ WEIGHT: _____

DIAGNOSIS OR SYMPTOMS: _____

PARENTS' NAME: _____

ADDRESS (street, city, zip): _____

Home Phone: _____ Work Phone: _____

How can we contact you while your child is at *Hannah's Promise*?:

Pager: _____ Mobile Phone: _____ Home A: _____

Home B: _____ Other: (please specify) _____

Siblings who will attend *Hannah's Promise*:

<u>Name</u> (nickname)	<u>Current Age</u>	<u>Birth date</u>	<u>Favorite Color</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about Hannah's Promise? _____

In the event of an emergency, the following person may be called and is authorized to pick up my child(ren).

Positive identification must be provided before your child(ren) will be released.

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

DOCTOR'S NAME: _____ Hospital Pref.: _____

PHONE NUMBER: _____ or _____

OTHER EMERGENCY CONTACT: _____ Phone Number: _____

1. ACTIVITIES

ACTIVITIES MY CHILD LIKES: (music, stories, coloring, painting, physical games, independent play, group activities, reading, being read to, etc.) _____

MY CHILD NEEDS ENCOURAGEMENT TO: _____

MY CHILD DOES NOT ENJOY: _____

PLEASE DON'T ASK MY CHILD TO: _____

MY CHILD IS AFRAID OF: _____

MY CHILD LEARNS BEST WHEN THE TEACHER: _____

MY CHILD PARTICIPATES MORE WHEN THE TEACHER: _____

2. PHYSICAL NEEDS

VISION:

- Normal
- Impaired
- Blind

HEARING:

- Normal
- Impaired
- Deaf
- Hearing Aid

MOTOR ABILITY:

- Normal
- Head Control
- Rolls Over
- Sits
- Crawls
- Cruises
- Crutches
- Braces
- Walks
- Wheelchair
- Walker

TOILETING SKILLS:

- Toilets Independently
- Needs Help Staff can help by: _____
- Potty Trained, needs assistance
- Currently being potty trained
- Diapers: cloth disposables pull-ups

Eating Habits: *Please note, Parents provide supper for their children attending Hannah's Promise

- No Restrictions
- Allergies: Food: _____ Other: _____
- Can take nothing by mouth
- Soft Foods only
- Bottle only
- Specific requests: _____

SLEEPING HABITS:

- Likely to want to sleep before 9PM crib cot
- Enjoys rocking
- Change to sleepwear

3. COMMUNICATION WITH OTHERS

COMMUNICATES WITH OTHERS USING:

- Speech: words phrases sentences
- Babbles
- Gestures
- Sign language
- Other (describe): _____

CAN UNDERSTAND WHAT OTHERS SAY:

- All of the time
- Most of the time
- Some of the time
- Other: _____

BEHAVIOR: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Hyperactive and/or ADD |
| <input type="checkbox"/> Adapts to new situations well | <input type="checkbox"/> Adapts to new situations with difficulty |
| <input type="checkbox"/> Responds to correction well | <input type="checkbox"/> Responds to correction with difficulty |
| <input type="checkbox"/> Is sometimes destructive | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Sometimes hits, bites, or hurts self/others | <input type="checkbox"/> Sometimes attempts to run away |

MY CHILD RESPONDS TO SEPARATION FROM HIS/HER PARENTS BY: _____

MY CHILD IS BEST COMFORTED BY: _____

MY CHILD LETS SOMEONE KNOW WHAT HE/SHE WANTS OR NEEDS BY: _____

4. SPECIAL MEDICAL NEEDS

MY CHILD REQUIRES THE FOLLOWING MEDICAL EQUIPMENT: _____

MY CHILD REQUIRES CARE FROM A NURSE:

- Never
- Only when (please specify): _____
- All the time

MY CHILD IS TAKING THE FOLLOWING MEDICATION: _____

OTHER MEDICAL INFORMATION ABOUT MY CHILD: _____

5. Other things I'd like you to know about my child:

WE HAVE A PET, NAMED: _____

FAVORITE TOY/STUFFED ANIMAL (describe or name): _____

Will be with child: Yes No

FAVORITE COLOR IS: _____

OTHER DISLIKES: (example: dogs, loud sounds, certain food or activity): _____

OTHER SIBLINGS NOT AT *HANNAH'S PROMISE*: _____

Staff Review: _____ Date: _____

Volunteer Assigned: _____

RELEASE FROM LIABILITY AND
AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of the undersigned child's participation in the above program and to the extent allowed by Law, we hereby consent for said child to participate in the United Methodist Church of the Servant's program known as "Hannah's Promise" and hereby release said Church, and all of its officers, employees, paid and unpaid staff (volunteers), from any and all liability or any kind of character arising out of said child's participation in such program and its activities, or any accident, illness or injury resulting there from, and agree to indemnify and hold harmless the Church and its officers, employees, paid and unpaid staff (volunteers) from and against any and all such claims, if any.

I (We) further consent for any adult leader of said activity to secure emergency medical treatment for my child which may be considered to be necessary in a situation in accordance with generally accepted standards with medical practices for the particular type or injury or illness involved.

This Release and Authority shall be valid and binding for the activity in which said child participates unless previously revoked in writing.

Child's Name

Child's Name

Child's Name

Child's Name

Parent Signature

Date

Parent Signature

Date

Hannah's Promise Volunteer Application

United Methodist Church of the Servant cares about the children and youth in our programs and activities, and desires to ensure their safety while they are in our care. Because we care, we ask each person who provides supervision and/or leadership to complete the following background information. If you prefer, you may refuse to answer these questions, or you may discuss your answers with the senior minister rather than answering them on this form. Answering "yes" or leaving a question unanswered will not automatically disqualify an applicant from children or youth work.

The information on this page is confidential!!

Please answer the following questions. Attach an explanation of any "yes" answers.

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of any crime other than traffic violations? | Yes | No |
| 2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? | Yes | No |
| 3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have abused any minor? | Yes | No |
| 4. Have you ever been convicted of the possession, use or sale of drugs within the last seven years? | Yes | No |
| 5. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last seven years? | Yes | No |
| 6. Within the past 30 days have you abused alcohol, legal or illegal drugs? | Yes | No |
| Has your driver's license been suspended or revoked within the last seven years? | Yes | No |
| 8. Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult? | Yes | No |
| 9. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult? | Yes | No |
| 10. Have you ever been licensed by a board that licenses businesses/professionals?
(If "yes" answer a & b) | Yes | No |
| a. Have you ever been found by that licensing board, or any other disciplinary board to have sexually or physically abused or exploited any minor or developmentally disabled adult? | Yes | No |
| b. Have you ever been found by that licensing board, or any other disciplinary board, to have abused or financially exploited any minor or vulnerable adult? | Yes | No |
| 11. Other than the above matters, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of children, youth, vulnerable adults or developmentally disabled persons? | Yes | No |

I certify the information I have provided to be true and correct. If the answers given are not found to be true, I understand it may be cause for my removal from situations involving minors and vulnerable adults.

Signature

Date

Statement of Covenant

United Methodist Church of the Servant activities offer a unique setting for ministries of Christian love and care to and with children and youth. We acknowledge that a special covenant is created when parents entrust their children and youth to the care of our staff and volunteers. We hold each child and youth as a person of immeasurable worth as a child of God. With this understanding, I agree to: (initial the beginning of each statement to which you covenant)

Respect each child, youth, and adult, acting in an appropriate manner with each person I come into contact;

attend training events and prepare myself in advance for all events I will work;

follow the directions of the event leadership and the policies of the oversight committees;

offer opportunities for growth (including spiritual growth) in settings and activities appropriate to the child/youth's ages and stages of development;

support the United Methodist Church, being aware of and sensitive to its Doctrine and Social creed;

open myself to the spiritual growth possible for me as I live through this experience;

be willing to share my unique gifts while honoring the gifts of others;

act only in ways that will offer glory and honor to God and God's gifts of community and creation;

live by the understanding that, as a person in authority, it is my responsibility to avoid sexual contact with children/youth/vulnerable adults/developmentally disabled persons in my care, even if such persons attempt to initiate the contact;

to build self-esteem through affirmation and praise and refrain from verbal abuse, including put-downs, inappropriate jokes, sarcasm, and racial slurs;

find alternative ways to discipline, agreeing that under no circumstances will I use spanking, neck or choke holds, ear or hair pulling, or any other corporal punishment as a means of discipline;

make it my primary responsibility to minister to the needs of the children/youth with Christ as my example;

be in prayer throughout the coming weeks for each event in which I participate;
accept, respect and be responsive to the diversity of God's world.

Signature _____ Date _____

Church of the Servant (United Methodist)
Hannah's Promise
Volunteer Application and Authorization

Please print neatly!

Date of Application: _____

Name: _____

Date of Birth: _____ Sex: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Church of the Servant attendee or member? _____ If yes, how long? _____

If no, current or previous church affiliation: _____

Home address: _____

City: _____ Zip _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Place of Employment:

Occupation or position:

Work Phone:

work email address: _____

Fax Number: _____ Other: _____

Preferred time and method of contact: _____ Home Phone Time

Work Phone Time

Email

Postal Mail

Have you previously authorized an OSBI background check by UMCOS? YES NO If "Yes",
for working in which area?

Emergency contact name:

Phone number: _____

How did you hear about Hannah's Promise?

Hannah's Promise Volunteer Application

Hannah's Promise Volunteer Application

References: Please list those persons who are familiar with your character as it relates to working with youth and children. One of the references must be a pastor or employee of Church of the Servant, or other Hannah's Promise volunteer.

Name: _____
Address/ City/ State/ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address/ City/ State/ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address/ City/ State/ Zip: _____
Phone: _____ Relationship: _____

VOLUNTEERING:

Most *Hannah's Promise* volunteers are direct caregivers for the children, but there are a few "behind-the-scenes" tasks where volunteers are of great use. Please indicate all areas with which you are willing to help (*checking these will not obligate you to any task*):

Areas of interest as a volunteer (check as many as apply):

- Direct care giving
- Administrative Assistant Data entry, computer work, filing, etc.
- Parent hospitality,
- New volunteer orientation room preparations and set-up for *Hannah's Promise*
- Volunteer Coordinator
- Resource Coordinator
- Activities Coordinator:
- Crafts
- Music
- Leading other group activities
- Other: _____

OR

I am only interested in providing one-on-one care giving at this time.

Hannah's Promise Volunteer Application

Answering the following questions as comprehensively as possible helps us to match you more appropriately with the children who participate in Hannah's Promise.

I am comfortable with children who are (check as many as apply):

- Medically fragile
- Uncommunicative
- Emotionally challenged
- Hyperactive/Attention Deficit Disorder
- Siblings
- Infants (age 2 months -1 year)

I am uncomfortable working with children that are:

_____ I am also willing to volunteer monthly or as a substitute for the Sunday school hour on Sunday mornings to provide direct care giving for children with special needs so their parents can attend church.

Education, special training or previous volunteer experience: _____

Health limitations or special considerations:

My strengths that I bring to children include:

My experience with children with special needs includes:

Licenses, permits, or certifications I hold: _____

Sports and hobbies that interest me:

Hannah's Promise Volunteer Application

Other things you should know about me:

I know sign language: Yes No Some

I know CPR _____ Co

APPLICANT VERIFICATION AND RELEASE

I recognize that Church of the Servant to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct. I authorize Church of the Servant to contact any person or entity listed in this application, and I further authorize any such person or entity to provide Church of the Servant with information, opinions, and impressions relating to my background or qualifications. I voluntarily release Church of the Servant and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I **further authorize Church of the Servant to conduct a national criminal and sexual offender background search.** I understand that the personal information in this application will be held confidential by the staff of Church of the Servant. I have carefully read the policy and procedures of Church of the Servant, and I agree to abide by them and to protect the health and safety of the children at all times. I, the undersigned, understand that the information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to Church of the Servant. In signing this application, I swear or affirm that the information that I have given is true and correct.

Signature of Volunteer Applicant

Date

Print Name

Reviewed by:

Date:

Church of the Servant - *Hannah's Promise*
Ministry Reference Form

_____ is applying to become a Hannah's Promise volunteer to work with children with special needs, and has given your name as a personal reference.

Because Hannah's Promise volunteers work in close contact with children, we want to ensure that the relationships formed are healthy ones. In order for Church of the Servant to evaluate properly the qualifications of this person, we would like you to complete this form with your honest opinions and impressions of him/her. Your response will remain confidential. If you have any questions, contact Susan Hunt, Coord. of Congregational Outreach, at 405-721-4141, or by email at shunt@churchoftheservant.com.

Once completed, please return this form in the enclosed envelope. Thank you for your assistance in making Hannah's Promise a safe place for children.

1. Describe your relationship with this person:

2. How long have you known this person? _____ years _____ months

Please use the following scale to respond to questions 3 through 9:

1 - low 2 - below average 3 - average 4 - very good 5 - excellent

3. Involvement in peer relationships?

4. Emotional maturity?

5. Resolving conflict?

6. Following through with commitments?

7. Ability to relate to children?

8. Spiritual maturity?

9. Willingness to learn new things?

10. What are the applicant's greatest strengths?

11. In your opinion, is this worker candidate fully qualified to work with children?

12. What concerns, if any, would you have in allowing this individual to work with children?

13. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children, especially those with special needs? If so, please explain.

Additional comments or explanation can be included on the back of this page. The above information is true and correct to the best of my Knowledge.

Printed name: _____

Phone :

Signature: _____ Date:

Please attach photo

HANNAH'S PROMISE

CHURCH OF THE SERVANT UNITED METHODIST

Sibling Information Form

CHILD'S NAME (Last, First, Middle): _____ , _____

_____ is the name preferred BIRTHDAY: _____

PARENTS' NAME:

SIBLINGS NAMES (AT HANNAH'S PROMISE):

ACTIVITIES MY CHILD LIKES: (music, stories, coloring, painting, physical games, independent play, group activities, reading, being read to, etc.) _____

MY CHILD NEEDS ENCOURAGEMENT TO:

MY CHILD DOES NOT ENJOY:

PLEASE DON'T ASK MY CHILD TO:

MY CHILD IS AFRAID OF:

MY CHILD LEARNS BEST WHEN THE TEACHER: _____

MY CHILD PARTICIPATES MORE WHEN THE TEACHER: _____

TOILETING SKILLS:

- Toilets Independently
- **Needs** Help Staff can help by:
- Potty Trained, needs assistance
- Currently being potty trained
- Diapers: Q cloth R disposables Q pull-ups

EATING HABITS: *PLEASE NOTE, PARENTS PROVIDE SUPPER FOR THEIR CHILDREN ATTENDING *HANNAHPROMISE*

- No Restrictions
- Allergies: Food: _____ Other: _____
- Soft Foods only
- Bottle only
- Specific requests:

SLEEPING HABITS:

- Likely to want to sleep before 9PM _____ crib _____ cot
- Enjoys rocking
- Change to sleepwear

MY CHILD IS TAKING THE FOLLOWING MEDICATION: _____

OTHER INFORMATION ABOUT MY CHILD:

WE HAVE A PET, NAMED: _____

FAVORITE TOY/STUFFED ANIMAL (describe or name): _____ FAVORITE COLOR IS:

OTHER DISLIKES: (example: dogs, loud sounds, certain food or activity): _____

Staff Review: _____ Date:

Volunteer Assigned: _____

**Church of the Servant
Hannah's Promise
Volunteer Review Form**

Date:

Child's Name: «FIRSTNAME» «LASTNAME»

Volunteer Name: _____

«FirstName» participated in the following activities:

- | | | | |
|-----------------------|----------------------------------|--|--|
| Crafts | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Coloring, play-doh | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Quiet Room | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Bible Story time | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Reading books | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Video games | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Group Games | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Dress up | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Puzzles, games | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Watching videos | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Outdoor play | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Dolls, house, pretend | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| Pool, foosball | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| other: _____ | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |
| _____ | <input type="checkbox"/> enjoyed | <input type="checkbox"/> did not enjoy | <input type="checkbox"/> did not participate |

notes: _____

Any notable accomplishments, achievements, incidents, events or crises, etc., that happened in «FirstName»'s life tonight:

What would you like to remember about «FirstName» for future nights at Hannah's Promise (or for other volunteers to know)?

