

**FIRST BAPTIST CHURCH BILOXI
HEARTS/CORA MINISTRY
NEW TEACHER/ASSISTANT PACKET**

MEDICAL RELEASE AND LIABILITY RELEASE

CHILD'S NAME _____ **DOB** _____

LIST ANY HEALTH LIMITATIONS, ALLERGIES, SPECIAL NEEDS OR MEDICATION OF WHICH WE SHOULD BE AWARE:

NAME, ADDRESS AND PHONE OF FRIEND OR RELATIVE WHO CAN BE REACHED IN CASE OF AN EMERGENCY:

NAME _____ **ADDRESS** _____

HOME PHONE _____ **CELL PHONE** _____

FAMILY PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE _____

INSURANCE COMPANY/POLICY NO. _____

I/We the undersigned, have read the information concerning this program and so hereby consent to authorize and direct any volunteer of this program to have charge of my sons/daughters behavior and obtain for _____, my son/daughter, such medical care, treatment, or hospitalization as may be necessary during the full time away.

Parent/Guardian Signature

Date

PARENTAL AGREEMENT

If I am utilizing a discount for teaching/assisting I agree to be present in each assigned class or position for every class period my children attend. Failure to do so results in \$5.00 charge per child per class. As a parent, I will partner with HEARTS Ministry to encourage, train and guide my child toward the goal of excellence in the areas of character, manners, behavior and abilities. I have read to and explained this to my children and agree to the terms and conditions as stated in the co-op program parental agreement.

Print Name: _____ Signature: _____

Date: _____

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

_____ **I DO** GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED

I, parent of _____, hereby allow photographs of my child's participation in HEARTS ministry at First Baptist Church Biloxi Mississippi to be published via print. I waive any claim for damages against First Baptist Church, Biloxi, Mississippi from the un-consented-to use, alteration, or republication of my child's photographs by third parties obtaining copies of the print.

Parent/Legal Guardian Signature Date

Printed Name of Parent/Legal Guardian

Legal Name of Child/Children

_____ **I DO NOT** GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED

Parent/Legal Guardian Signature Date

Printed Name of Parent/Legal Guardian

Legal Name of Child/Children

First Baptist Church
BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **Church**, and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtain other information which may be material to my qualifications to be a volunteer now and, if applicable, during the tenure of my involvement as a volunteer with **Church**.

I realize **First Baptist Church of Biloxi** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

_____-_____-_____
Social Security Number*

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications. **Church** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin

Printed Name _____

Street Address _____

City, State, Zip _____

CORA VOLUNTEER AGREEMENT

Thank you for offering your services as a Volunteer at CORA (Middle and high school HEARTS Ministry 32 wk program). Your offer of help is greatly appreciated and we hope that you will gain much from your experience here.

Definition

CORA (Middle and high school HEARTS Ministry 32 wk program) volunteers may be described as individuals who put their experience, knowledge and skills to help an organization, free of charge, with the primary aim of bringing some benefit to the local homeschool community.

Please read and sign this Volunteer Agreement Sheet and hand it in at HEARTS. This agreement is for the academic year. This policy sets out the arrangements for volunteer helpers only. You will receive a copy of it for your records.

Volunteers

1.1 We want CORA (Middle and high school HEARTS Ministry 32 wk program) to be open and welcoming to all who would like to support the homeschool community. We also want to encourage parents and other adults to help teachers in a variety of ways. However, our overriding concern is for the safety of the students in our care. This document sets out our policy, which is to ensure that the students benefit from as much help and support as possible, and are provided at the same time with the best possible security.

1.2 CORA (Middle and high school HEARTS Ministry 32 wk program) has a variety of adults volunteers working on the premises at any one time. They can be categorized as follows:

- Teachers
- Assistants
- Supervisors
- Child care workers
- Pre school workers

1.3 Volunteer helpers should NEVER do the following:

- Make any changes to any policy unless approved by the director (for example change supply fees, dress code, etc.)
- Work with an individual child behind a closed door
- Work in a room or isolated area that is unsighted by other adults
- Take children off the church site without parent's permission
- Judge. Luke 6:37
- Have any living beings in the classroom that do not belong such as babies, younger children, pets, etc., as this can be distracting for the students, and perhaps place the class teacher in an uncomfortable situation.

Volunteer Responsibilities

- Be prepared for class
- Be in your classroom at least 7 minutes before classes starts
- Be positive. Psalm 68:3
- Leave classrooms better than what you found them

- If you have an unexpected situation or emergency (vomiting, flu, fever, sick child ;etc.), find a replacement, someone already with a background check completed and on file.

- If you have children that will need to utilize our nursery or study hall while you are fulfilling your volunteer hours. Please provide advance notice so we can make sure the nursery and study hall is adequately staffed.

Agreement Cancellation

The director is able to stop any volunteer from either starting to work in CORA (Middle and high school HEARTS Ministry 32 wk program) or continuing their work in CORA (Middle and high school HEARTS Ministry 32 wk program) if:

- she feels it is not in the best interest of CORA (Middle and high school HEARTS Ministry 32 wk program).
- the volunteer does not follow the school’s policy on Volunteer agreement.
- the volunteer does not successfully obtain a Background check clearance.
- I have received a copy of the CORA (Middle and high school HEARTS Ministry 32 wk program) Volunteer Policy
- I agree to follow CORA (Middle and high school HEARTS Ministry 32 wk program) policy and am aware of everything in the policy and my responsibilities.

Signed: _____

Name: _____

Date: _____

Signed on behalf of HEARTS

Signed: _____

Name: _____

Date: _____