

Dear Friend,

Thank you for your interest in serving in HisAbilities, AfterStars AfterSchool, or SummerStars programs!

Our volunteers are the life and success of our programs. Without the dedicated and consistent help of our volunteers, our programs would not be possible.

Please plan to view the training session online and schedule an observation. You will NOT be allowed to volunteer until you have completed both requirements.

Please complete and submit the screening form, the background check (ages 18 and up), and the release forms. All questions regarding the forms will be answered at the training session.



# Volunteers

All volunteers will need to fill out and submit a HisAbilities screening form. Volunteers 18 and older will also need to fill out and submit a permission to obtain a background check.

Volunteers must attend a mandatory meeting prior to volunteering. Volunteers will not be allowed to serve in AfterStars until they have attended a training session. This includes children AND their parents for under 18 years of age. The training video can viewed online on the AfterStars Facebook page or the HisAbilities page at [westparkbaptist.org](http://westparkbaptist.org).

All volunteers will be part of a reward system. Each hour that a volunteer serves will transfer to a point. Points will accumulate and be rewarded every 100 points. Volunteers will receive their reward on the same day that they reach 100 points.

Volunteers who stop serving for any reason will have their points “cashed out” and mailed to them at the end of the month.

Volunteers who stop serving for any reason but plan to resume serving later may keep their points in reserve to continue building at a later date.

# HisAbilities Volunteer Media Image Agreement

We live in a society where exchange of electronic media and pictures is prevalent and acceptable in our daily lives. However, publishing and or posting comments, selfies, Tweets, pictures, or video on personal or social media sites that involve students of HisAbilities, AfterStars, or SummerStars is NOT acceptable and is prohibited. You may not take pictures or video of the students nor post pictures, Videos, or names of students in any of the HisAbilities, AfterStars AfterSchool, or SummerStars programs.

You may post comments such as “had a great time in SummerStars today” or “J.C. is my favorite student at SummerStars.”

Any negative comment or post, picture, profane language, video or altered media that comes to the attention of the HisAbilities staff will require a meeting to address the situation and may result in termination of present and future volunteer opportunities in HisAbilities programming.



I understand and agree NOT to take pictures or video of students without written parental permission.

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Signature

Date

I understand and agree NOT to post any pictures, video, names, or comments about students.

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Signature

Date

# HisAbilities Volunteer Physical Contact Agreement

Students in HisAbilities have a very different set of needs from typically-developing children, adolescents, and adults.

As a volunteer, your job is to facilitate the workers in the program as well as to praise, interact, lead and lift children with physical needs during their daily routines and activities.

However, it is NOT your job to restrain, grab, pull or try to pick up students having behavior issues or refusing to follow the routine, task, or activity.

If a student is having difficulty following directions or has a meltdown, immediately alert the classroom teacher, who will handle the situation or secure help from a TN Crisis Intervention trained individual.

HisAbilities, AfterStars AfterSchool, and SummerStars is adamant about a safe environment for the students and volunteers. HisAbilities programming prefers to maintain a “hands free” environment when dealing with students having any kind of behavioral issue.

I understand that I am not trained to deal with behavioral issues and agree that I will NOT put my hands on a student requiring redirection or help.

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Signature

Date

# HisAbilities Screening Form

## Confidential

### West Park Baptist Church

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is NOT an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

#### APPLICATION

Name \_\_\_\_\_  
(LAST) (FIRST) (MI)

\*\*\*Identity must be confirmed with a driver's license or other photographic identification.

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Marital status: \_\_\_married \_\_\_single \_\_\_separated \_\_\_divorced  
\_\_\_remarried \_\_\_widowed \_\_\_engaged

Do you have any diagnosed condition that would prevent you from performing tasks or duties related to youth or children's work?

Yes No If YES, please explain: \_\_\_\_\_

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

Do you have a current driver's license? \_\_\_Yes \_\_\_No DL# \_\_\_\_\_



Have you ever been convicted of or pleaded guilty to a crime?

Yes  No If YES, please explain: \_\_\_\_\_

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What church do you attend? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Have you ever served with children with a disability before? Yes or no

If YES, where have you served? \_\_\_\_\_

Why do you want to serve in HisAbilities? \_\_\_\_\_

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What activities are you currently involved in?

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Please list 3 three people we can call to ask about how well you serve, volunteer, or participate in activities (non-family members, teachers, coaches, family friends, etc.).

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

If you have a salvation testimony, please share it with us (how old you were, where the event happened, why you made your decision). If not, please leave blank (required for Sunday volunteers).

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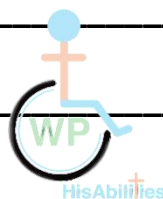
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What would you like to accomplish by serving in HisAbilities?

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**Applicant’s Statement:**

The information I have written in this application is true and correct to the best of my knowledge. I give permission for the people that I listed in this application to give HisAbilities and West Park Baptist Church any information (including personal opinion) that they may have about my character and ability to serve individuals with disabilities. After HisAbilities and West Park receive this application and the information on it and evaluate it, I release West Park and HisAbilities, any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both individually and collectively from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of West Park Baptist Church and HisAbilities and to refrain from unbiblical conduct in the performance of my service on behalf of the church.

I agree that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

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Applicant’s Signature

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Date





# Permission to Obtain a Background Check



**This form authorized the church to obtain background information and must be completed with the application.**

I, the undersigned applicant (also known as "consumer"), authorize West Park Baptist Church through its independent contractor to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request to West Park Baptist Church, Administration Office, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signed By \_\_\_\_\_

Date

Ministry

Name of Ministry Leader

## Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

First Name

Middle

Last

Other Names Used (alias, maiden, nickname)

Current Address

City

State

Zip Code

Have you lived in Knox County for the last 7 years?

 Yes

 No

If "No", please list the names of all other counties and states you have lived in within the last 7 years:

**Have you been arrested or convicted of a crime in the last 7 years?**

 Yes

 No

(A conviction or arrest will not necessarily disqualify you from employment. You are not obligated to disclose sealed or expunged records of convictions or arrests.)

If yes, list date, city, state and nature of offenses.

Social Security Number

Daytime Phone Number

Driver's License Number

State of Issuance

Date of Birth

Gender

Male

Female