



Please submit completed forms by
 Email: Pauselntake@bcesc.org
 Fax: 513.887.3709 or
 Mail: FCFC |Pause
 400 N Erie Blvd: Suite A
 Hamilton, OH 45011

Date:

Volunteer Enrollment Packet

VOLUNTEER INFORMATION

First Name:	Last Name:
Nickname:	Birthdate: ___/___/_____
Gender: <i>Male</i> <i>Female</i>	(for minors) Adopted? <i>No</i> <i>Yes</i>
(for students) School & School Year :	(for minors) Kindship/Foster Child? <i>No</i> <i>Yes</i>
Home Phone: () _____ - _____	Cell Phone: () _____ - _____
Preferred Method of Contact: <i>Email</i> <i>Mail</i> <i>Phone</i>	Email:
Address:	State: Zip code:
Race: <i>Caucasian</i> <i>African American</i> <i>Bi-Racial</i> <i>Asian</i> <i>Hispanic/Latino</i> <i>Unknown</i> <i>Other:</i> _____	
Ethnicity: <i>Hispanic/Latino</i> <i>Amish</i> <i>Somali</i> <i>Appalachian</i> <i>Other:</i> _____	
(for minors) Custody Concerns:	(for minors) Who can NOT pick child up?

ADA:

<input type="checkbox"/>	Medical Disability	Diagnosis: Hospitalizations Dates: Epilepsy: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain _____	<input type="checkbox"/>	Learning Disability	Diagnosis: (for students): IEP <input type="checkbox"/> or 504 plan <input type="checkbox"/>
		Food Allergies: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: _____	<input type="checkbox"/>	Mental Health Disability	Diagnosis: Hospitalizations Dates:
		Food Sensitivities: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: _____	<input type="checkbox"/>	Sensory Impairment	Please Explain: List Sensory Sensitivities:
			<input type="checkbox"/>	Developmental Disability	Disability: Eligible for DD Services <input type="checkbox"/>
<input type="checkbox"/>	Behavioral Disability	Diagnosis:	<input type="checkbox"/>	Physical Disability	Diagnosis:

HOW DID YOU HEAR ABOUT PAUSE? ARE YOU REGISTERING AS APART OF A TEAM?

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INTEREST & AVAILABILITY : PLEASE CHECK ANY AREAS YOU ARE INTERESTED IN VOLUNTEERING FOR:

<input type="checkbox"/> Buddy	<input type="checkbox"/> Music	<input type="checkbox"/> Registration Table
<input type="checkbox"/> Food (prepare/pick-up/serve)	<input type="checkbox"/> Games/Recreation	<input type="checkbox"/> Runner (support to other volunteers)
<input type="checkbox"/> Medical Personnel (Level of Training): _____	<input type="checkbox"/> Crafts	<input type="checkbox"/> Other Talents, experience or special talents: _____

Office Use Only:

Date Received:	Record ID:
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PLEASE LIST TWO REFERNCES THAT ARE NOT RELATED TO YOU.	
REFERENCE #1	REFERENCE #2
First Name:	First Name:
Last Name:	Last Name:
Phone: () _____ - _____	Phone: () _____ - _____
Address:	Address:
State: Zip Code:	State: Zip Code:
Relationship to you:	Relationship to you:
EMERGENCY CONTACT	
First Name:	Home Phone: () _____ - _____
Last Name:	Cell Phone: () _____ - _____
Address:	State: Zip code:
MEDICAL INFORMATION WE SHOULD BE AWARE OF IN CASE OF AN EMERGENCY	

By signing your name below, you are acknowledging that all of the information on this application, is true and accurate. You also are verifying that you do not use illegal drugs.

Volunteer Signature: _____ Date: _____

Signature of Legal Guardian (if minor) : _____ Date: _____

Please submit this form to the Pause Program Coordinator by :

Email: Pauselntake@BCESC.org
Fax: (513) 887-3709
Mail or drop off in person:
 FCFC – Pause
 400 N. Erie Blvd Suite A,
 Hamilton, Ohio 45011

Please call the Pause office at (513) 887-5506 if you have any comments, questions or concerns.

Thank you for your heart of service!



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PERMISSION FOR PHOTOGRAPHY

Name: _____

Date: _____

Legal Guardian Name (if under 18): _____

YES, I Give Permission to Photograph		Do NOT Give Permission to Photograph
I hereby grant The Butler Co. Family & Children First Council permission to take photographs of and use reproductions of said photographs for the purpose of promoting the organization through advertising, marketing, or public relations.	OR	I DO NOT grant The Butler Co. Family & Children First Council permission to take photographs of and use reproductions of said photographs for the purpose of promoting the organization through advertising, marketing, or public relations.
Signature		Signature
Date	DO NOT SIGN BOTH	Date
Legal Guardian Signature (if under 18)		Legal Guardian Signature (if under 18)



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CONSENT FOR RELEASE OF INFORMATION – FOR MINORS ONLY

Child's Full Name

Date of Birth

I, the undersigned, hereby authorize Butler County Family and Children First Council and the following agencies/individuals:

- Butler County Board of Developmental Disabilities
- Representative of the site at which I register my child to attend a **Pause** event
- The Pause volunteers assigned to assist my child at a **Pause** event

to release and share information regarding my (give relationship/i.e. daughter, son etc.) _____.

The purpose of the sharing of this information is to coordinate enrollment and quality care at **Pause** events.

Information to be shared may include:

- Identifying information: child's name, age, and gender; parent/caregiver's name and telephone number.
- Information provided by the parent/guardian as a part of the intake and assessment process, including information contained in the referral packet, that is needed to ensure appropriate care of the child during his/her participation in Pause events.

I understand that my child's assigned buddy may use this information to contact me prior to the Pause event for which my child is registered.

I understand that the Consent for Release of Information expires 365 days from the date it is signed. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature and delivering it to the Butler County Family & Children First Office. The revocation does not include any information which has been shared between the times that I gave permission to share information and the time it was cancelled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

Legal Guardian Signature Date

Witness Date

Re-Release of information beyond that allowed by this consent is not permitted.

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of The Charleston Club, Center Pointe Christian Church, Abilities First, Hamilton Church of God, Butler County Family & Children First Council (BCFCFC) and the Butler County Board of Developmental Disabilities (BCBDD) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any activities affiliated with these organizations, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CHARLESTON CLUB, CENTER POINTE CHRISTIAN CHURCH, ABILITIES FIRST, HAMILTON CHURCH OF GOD FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFLIATED WITH THE CHARLESTON CLUB OR BCFCFC, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE The Charleston Club, Center Pointe Christian Church, Abilities First, Hamilton Church of God, BCFCFC and/or BCBDD, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Charleston Club, Center Pointe Christian Church, Abilities First, Hamilton Church of God premises or in any way observing or using any facilities or equipment of the Charleston Club, Center Pointe Christian Church, Abilities First, Hamilton Church of God or participating in any program affiliated with the Charleston Club, Center Pointe Christian Church, Abilities First or Hamilton Church of God or BCFCFC whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of The Charleston Club, Center Pointe Christian Church, Abilities First, Hamilton Church of God and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the BCFCFC and/or BCBDD.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE			
Print name of participant		Signature of participant (if over 18)	Date
Age	School		Grade
Address		City	Zip
Print name of legal guardian		Signature of legal guardian	
Relationship to participant		Email	
Group: The Charleston Club, Center Pointe Christian Church, Abilities First, Hamilton Church of God, Butler County Family & Children First Council, and Butler County Board of Developmental Disabilities			



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EMERGENCY MEDICAL AUTHORIZATION FORM

NAME: _____ DOB: _____

COMPLETE ONLY PART 1 or PART 2

PART 1: TO GRANT CONSENT:

Doctor (preferred): _____ Phone: _____

Dentist (preferred): _____ Phone: _____

Local Hospital: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of surgery.

IMPORTANT: Please list the following facts as it relates to the person above:

Allergies: *No Yes (if yes please list)* _____

Current Medications: *No Yes (if yes please list)* _____

Any physical impairments to which a physician should be alerted: *No Yes (if yes please explain)*

Prior Surgeries or Hospitalizations: *No Yes (if yes please list)* _____

Signature (*Legal Guardian if under 18*) _____ Date: _____

PART 2: TO REFUSE TO CONSENT:

I do not give my consent for emergency medical treatment to my child. In the event of illness or injury requiring emergency treatment, I wish the designated authorities to take the following action:

Signature (*Legal Guardian if under 18*) _____ Date: _____



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PRIVACY COVENANT

For the Pause Volunteer Team -

In order to respect the families with children involved in the Pause program, it is important that we keep information shared by families **CONFIDENTIAL**. Information provided by parents shall only be shared among volunteers working with their children in order to improve services provided to these children. This information shall not be used for any other purpose. Volunteers outside of this team shall not have access to information shared by families about the specific needs and/or diagnoses of their children. Information gathered shall consistently be handled in a professional manner. It is important to avoid discussions outside of Pause events about specific children, especially when discussing identifying information.

Please contact the Pause Leadership Team for more information regarding a particular child and how to better meet their needs while at Pause.

I have read and understand the Privacy Covenant regarding privacy issues and confidentiality of information involved with working with children who have disabilities.

Volunteer Signature _____

Date _____

Legal Guardian (if under 18) _____



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GUIDELINES FOR THE HEALTH AND SAFETY OF PAUSE VOLUNTEERS & CHILDREN

To ensure the health and safety of volunteers and children, a variety of requirements and best practice standards shall be adhered to, including but may not be limited to, the following:

As a general rule, two or more volunteers shall be present at all times when interacting with a child participating in the program. Virtually all activities will take place in a group setting.

- When children need to use the bathroom and can do so independently and the bathroom is in the area where other children and volunteers are present, the child can be excused to use the bathroom. The child's buddy will wait outside the bathroom until the child is finished. No other person shall be permitted to enter the bathroom until child is finished and exits.
- When children need to use the bathroom and can do so independently but the bathroom is outside the main area, the child's buddy and another volunteer will escort the child to the bathroom but shall not enter with the child. Both volunteers shall stand outside the door. No other person will be permitted to enter the bathroom until child is finished and exits.
- If children need assistance with the use of the bathroom, the Buddy volunteer may assist them in a manner that is described by their parent or caregiver on the registration form. The Buddy volunteer shall be accompanied by another volunteer who will stand inside the bathroom while the Buddy volunteer assists the child, giving as much privacy as possible (i.e, standing inside the door of the bathroom while the child's buddy is assisting the child in the bathroom stall). As much privacy as possible will be given by the volunteer assisting the child, as well as by the secondary volunteer who is there to ensure health and safety of both volunteer and child.
- All staff, paid or volunteers, must report immediately any and all known or suspected child abuse or neglect to the Pause Leadership Team, who will follow up with all relevant entities.
- In the event of illness, incident, or accident, volunteers shall report the event to the Pause Leadership Team immediately, who shall then follow up with parents and/or caregivers and any other relevant entities.

I have read and understand all the above policies and procedures and understand that they are best practice in accordance with the Pause initiative and the volunteers within it. I agree to comply with these policies and procedures for the safety and well being of both myself and the children involved in the Pause event.

I understand that I am solely volunteering for Pause and do not hold BCESC, BCBDD or any Pause host sites liable or responsible for any accident or situation that may cause harm to myself during my volunteer role.

Volunteer Signature: _____

Date _____

Legal Guardian Signature (if under 18); _____

Rev. 7/2017