VBS VOLUNTEER

June 20-24, 2022 8:30am - Noon

Grace of Christ Presbyterian Chuch
9 S 8th Avenue
Yakima, WA 98902
YakimaGrace.com
509.248.7940

PLEASE FILL OUT ALL 3 PAGES and return completed packet to office. Thank you!

VOLUNTEER MEETING
Sunday, June 5 | Gym
at 1pm

Check A Box!

- ❑ **PRAYER TEAM:** *Pray with kids in our Prayer Tents.*
- ❑ **SECURITY:** *Monitoring the church building and grounds during VBS.*
- ❑ **GAMES:** *Participate in recreation time with the kids.*
- ❑ **IMAGINATION STATION:** *Help kids with fun science gizmos and present KidVid videos.*
- ❑ **DRAMA AND/OR MUSIC TEAM:** *Participate in dramas presented each day during VBS.*
- ❑ **GREETERS:** *Meet & greet kids. Assist families to classrooms. Mon & Tues 7:30am - 9:30am .*
- ❑ **REGISTRATION (KIDS & VOLUNTEERS):** *Assist the registration team the week prior to VBS to assemble packets, and/or the week of VBS at the kid/volunteer registration tables.*
- ❑ **VOLUNTEER COORDINATION:** *Assisting with organization of volunteers as they sign up.*
- ❑ **MEDICAL TEAM:** *In Case of Emergency, we like to have a physician, nurse, or EMT on site each day of VBS.*
- ❑ **SNACKS:** *Help gather & prepare snacks before VBS and/or help prepare & serve the snacks to kids.*
- ❑ **TECHNOLOGY/MEDIA/PHOTOGRAPHY/VIDEOGRAPHY TEAM:** *Video and/or photograph daily events. Equipment provided, experience IS necessary.*
- ❑ **CHILDCARE VOLUNTEER:** *Help provide childcare for the children of VBS volunteers. (3mos - 3yrs old)*
- ❑ **CREW MEMBER FOR:** *(Circle One)* **Preschool** *(4&5 yrs./Pre-K)* **Kindergarten** *(5&6 yrs.)*
- ❑ **CREW MEMBER FOR:** *(Circle One)* **1st Grade 2nd Grade 3rd Grade 4th & 5th Grades**
- ❑ **STORYTELLER FOR PRESCHOOL/KINDERGARTEN** *Tell daily a Bible story to preschool and kinder kids.*
- ❑ **BIBLE EXPLORATION:** *Assist with daily Bible drama/stories for 1st - 5th grade kids.*
- ❑ **MISCELLANEOUS PREPARATIONS** ***Prior to VBS:*** *Help with preparations such as decorations, craft prep, etc.*
- ❑ **CLEAN–UP CREW:** *Help clean up at the end of VBS on* ***Friday June 24th from 12:00pm - 2:00pm.***

Volunteer's Information

❑ YES I am at least 18 years old

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP Code _____

Email _____ Home Phone _____ Cell Phone _____

Church Home: GCPC None Other: _____ ❑ **I am available all 5 days OR I will be here:** _____

❑ **First Time Volunteer?** If YES, we'd like a personal reference: Name: _____ Phone: _____

ALL Volunteers are required to wear a VBS T-Shirt each day of VBS!
Suggested $10 donation.

T-Shirt Size ❑ Small ❑ Med ❑ Large ❑ XL ❑ XXL

FOR OFFICE USE: Amt Donated _____
Check No. _____ Receipt _____
Staff Initial _____ ❑ **received t-shirt**

Childcare Request

Ages 3 months up to 3 years old. Onsite childcare is provided for our Volunteer's children during VBS.

❑ **I understand that I must be on the church premises at all times during Vacation Bible School. Parent Signature:** _____

Child's Name	M/F	Age	Birthdate M/D/Y	Allergies, Health Issues

FOR OFFICE USE: ❑ Copy made for Childcare

COMPLETE BOTH SIDES OF THIS FORM

Questionnaire, Waiver, & Background Check Authorization

(RCW 43.43.830 THROUGH 43.43.845)

for Child and Youth Workers, Teacher and Helpers

NAME OF FACILITY REQUESTING THE BACKGROUND CHECK

Grace of Christ Presbyterian Church — Entity requesting the background check

9 So. 8th Ave., Yakima, WA 98902 — Address of Entity

Print your name as it is listed on your driver's license or other photo id:

First:_____ Middle: _____ Last: _____

Date of Birth: _____ Email Address: _____

Print all alias/maiden names_____

All volunteers must complete an online child abuse awareness training every 3 years. Attached are the directions to complete the training. You will be asked to take a quiz at the end of training. Please email or print the certificate and deliver to the office to keep on file. If you need assistance to use a computer, please contact the office.

SELF DISCLOURE QUESTIONS You must answer questions 1 through 4

Circle the correct answer & attach an additional sheet of paper if you need to list additional crimes or pending charges.

1A. Have you been convicted of any crime? If yes, filling the blanks below. Yes No

Degree:_____State:_____Conviction date:_____/____/_____

1B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Yes No

Degree:_____State: _____

2. Has a court or state agency ever issued you an order or other final notification state that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? Yes No

3. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? Yes No

4. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? Yes No

* Permanent vulnerable adult protection order/restraining order, either active or expired, under RCW 74.34.
* Sexual assault protection order under RCW 7.90.
* Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14. Have you lived in any state or country other than Washington State within the last three years (36 months)? Yes No

Has your name been placed on a registry of sex offenders in the State of Washington or any other state? Yes No

Have you ever been referred to a police agency of the Child Protective Service for alleged child abuse in the State of Washington or any other state? Yes No

If the answer to any of the foregoing questions is "Yes", give details, including locations; dates; nature of the allegations; by whom made; name, address, and telephone number of your employer at the time; agency which handled the complaint or referral; and the disposition of the allegations or complaints: (Attach an additional sheet of paper if needed.)

Questionnaire, Waiver, & Background Check Authorization for Child and Youth Workers, Teacher and Helpers Continued

Have you received professional treatment for reasons related to sexual or physical abuse or misconduct involving a minor?

If "Yes", give details of treatment, including a short description of the treatment: place, name, address, and phone number of the physician or other treating professional:

(Attach an additional sheet of paper if needed.)

Print your Driver's License or State Identification Number: _____

Print the name of the state on your license or ID

Print your mailing address where we can send you confidential information

_____

Street Address, Apt. No./P.O. Box City State Zip Code

Print the street address where you live now (write "same" if your street address is the same as your mailing address)

_____

Street Address, Apt. No./P.O. Box City State Zip Code

Give the daytime area code and telephone number where you can be reached: _____

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature means:

* I give Grace of Christ Presbyterian Church (GCPC) permission to check my background with any governmental entity and law enforcement agency.
* My background check result may include prior self-disclosure information and fingerprint results that are contained in the WSP Background Check System and that this information will be reported as allowed by federal or state law.

WAIVER: The information I have provided on this Questionnaire is accurate to the best of my knowledge and I have provided it with the intent that it be relied on by Grace of Christ Presbyterian Church, Yakima, Washington, in determining my suitability as an employee or volunteer child or youth worker, teacher or helper; and I hereby authorized the disclosure and release by others to Grace of Christ Presbyterian Church of all information and records, including employment, criminal history, medical and other professional treatment records pertinent to the matters addressed in the Questionnaire. Further, I waive any right of privacy to the information contained herein of to the information learned by Grace of Christ Presbyterian Church pursuant to the authorization herein for the disclosure and release of information and records; and I hereby authorize Grace of Christ Presbyterian Church to consider, disseminate or otherwise use such information in any manner as may be deemed necessary or desirable by Grace of Christ Presbyterian Church to protect children and youth involved in Church programs, projects or ministries from sexual or physical abuse.

_____ _____

Your Signature Today's Date (MM/DD/YYYY)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be affected upon receipt of fingerprints. Grace of Christ Presbyterian Church will notify the applicant of the Washington State Patrol's response within ten days after receipt if a positive identification is reported.

User Name: Sarah Huck Account #: 2487940

_____ _____

User Signature Date (MM/DD /YYY)

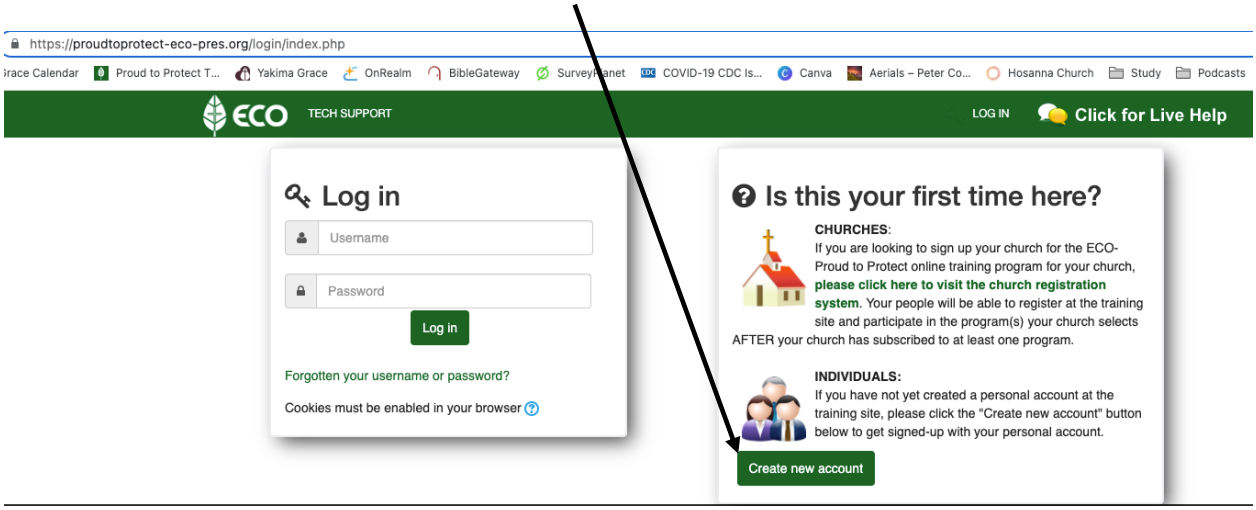
Grace of Christ

ECO Proud to Protect Partner Resource
Online Training for Staff and Volunteers

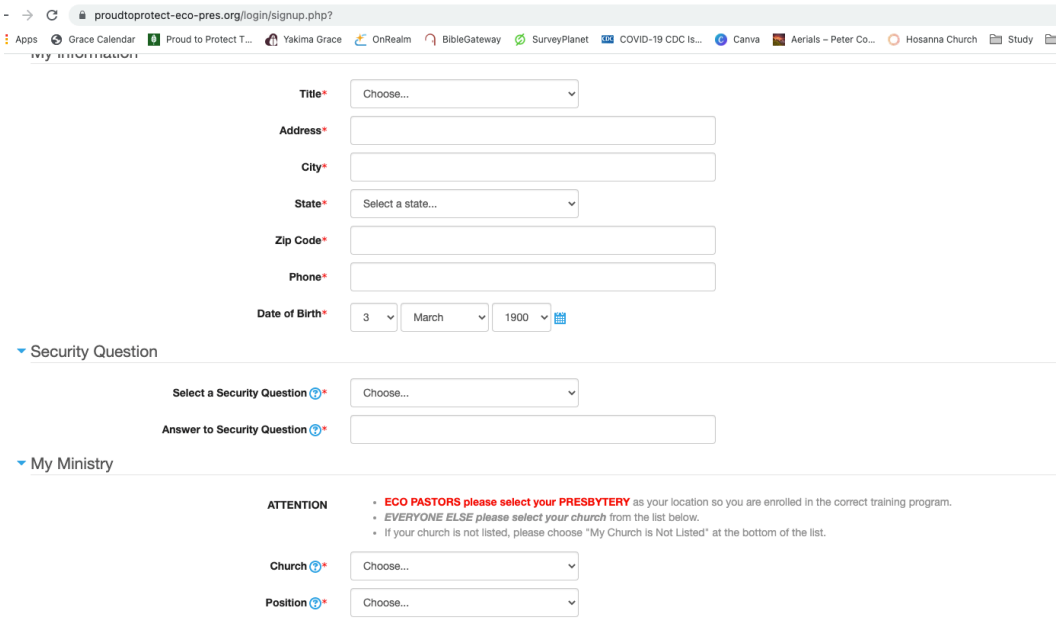
Steps

1. Launch the "Proud to Protect" website in your browser:
https://proudtoprotect-eco-pres.org/login/index.php

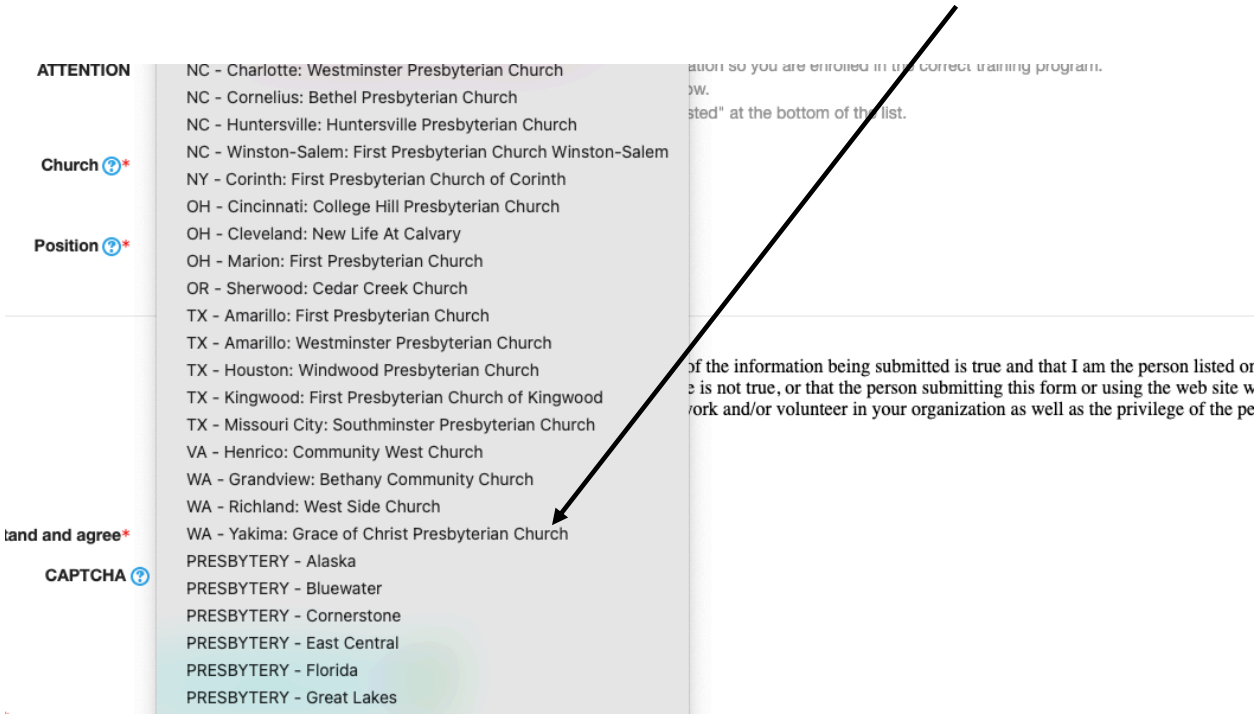
2. On the log in screen click on "Create New Account"



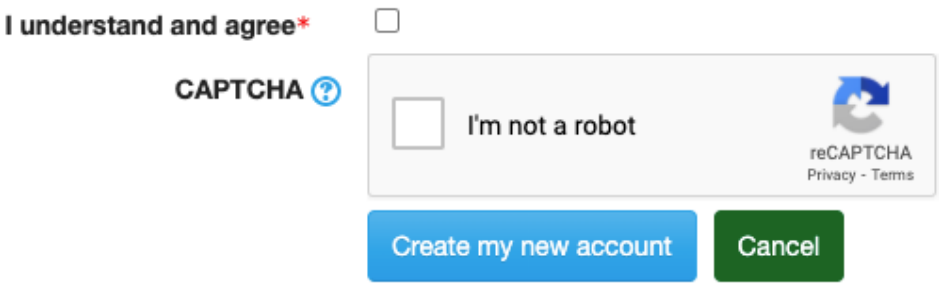
3. Create Profile



4. On the "church" dropdown menu select "WA - Yakima: Grace of Christ Presbyterian Church"

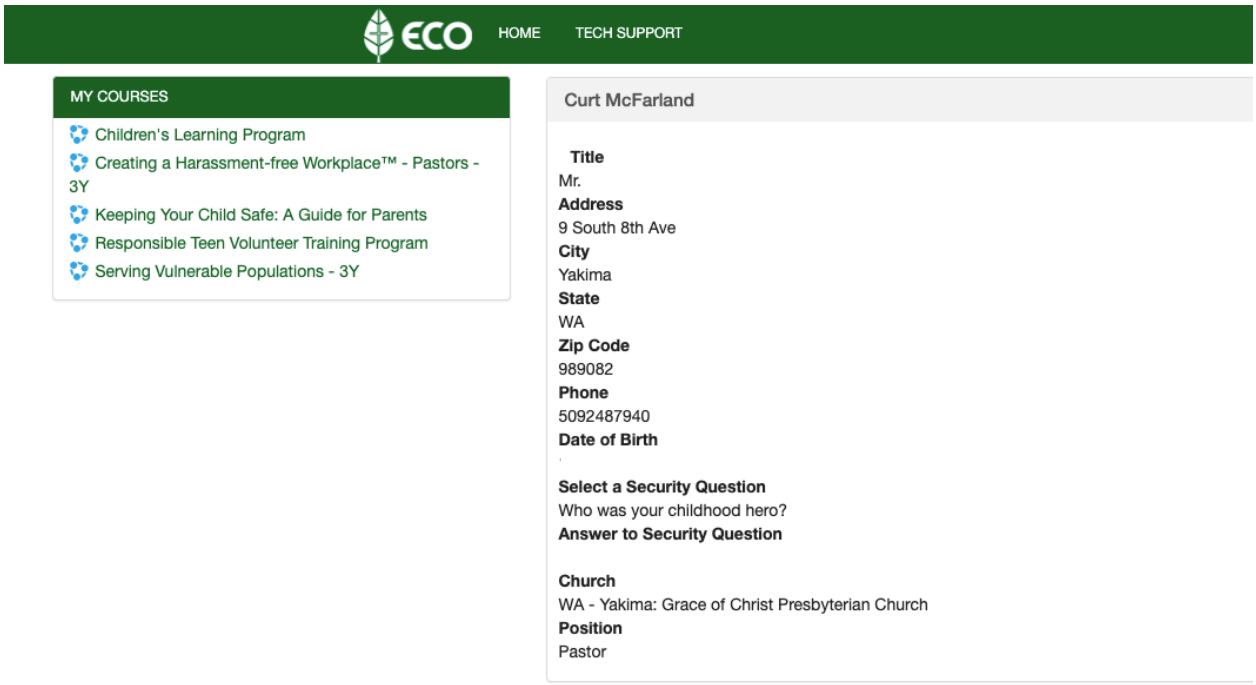


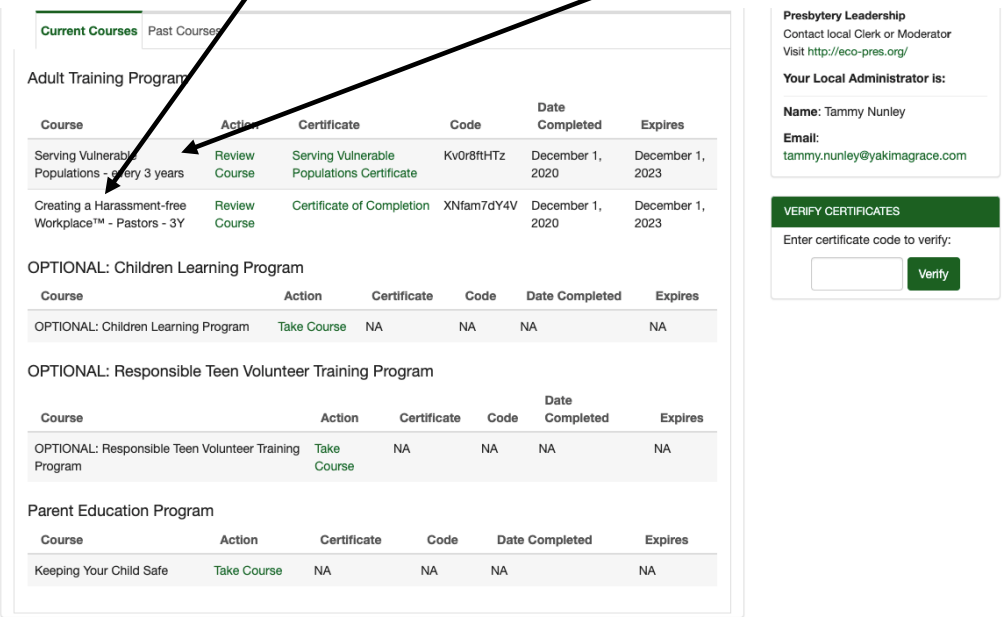
5. When you have completed all required fields click "Create my new account"



6. you will be directed to your "homepage"

7. On the top bar you can view your profile



8. On the top bar clicking "home" will take you back to your homepage

9. At the bottom of your homepage you will find the courses listed. Both "Serving Vulnerable Populations" and "Creating a Harassment-free Workplace" are required of all staff. Optional courses are available for you, and will also be useful, and required, for volunteers in your area.