



Share the Fun

Become a Buddy for a **PUMPKIN PATCH KID!**

Who are the Pumpkin Patch Kidz? Children ages 6 months to 12 years living in Garfield County who have special needs or are the sibling of a child with special needs.

Who does it mean to be a "Buddy"? Buddies are paired up with a particular child (either with or without some type of special need) and they spend 3 hours once a month playing with their child at Christ United Methodist Church where fun activities, games & toys will be provided.

Why is this important? Families raising children with special needs have extremely high rates of parental exhaustion and marital stress. The Pumpkin Patch Kidz program is a free service that provides not only 3 hours of fun for the kids, but 3 hours of vital free time for their parents to rest, reconnect, & recharge.

How do I get involved? Just complete the attached adult application and mail to the address at the end of the packet or drop it off at the Christ United Methodist Church office weekdays from 8:30 a.m. to noon (2418 W. Randolph, Enid). Volunteers are required to provide contact information for 2 personal references and consent to a background check.

What happens after I apply? Once your application packet has been processed, Carissa Rainey, Volunteer Coordinator, will contact you to match you up with a Pumpkin Patch Kid. Respite sessions will occur the 3rd Friday of each month from 6-9 p.m. beginning in April, 2012. No experience with special needs is required. Training will be provided. A volunteer meal will begin at 5:15 p.m.

I have more questions, who can I call? You can contact Carissa Rainey at 580-603-0754 or Lisa Simmons at 580-603-1580.

Pumpkin Patch Kidz Adult Volunteer Application

Date of Application: _____

Name: _____

Date of Birth: _____ Gender: _____

Home address: _____

City: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Employment: _____

Occupation or position: _____

Work Phone: _____ Work email address: _____

Have you previously authorized a background check by Christ United Methodist Church?

YES NO

Emergency contact name: _____

Phone number: _____

How did you hear about Pumpkin Patch Kidz?

T-shirt Size (circle size): S M L XL 1X 2X 3X

Donation: Pumpkin Patch Kidz is a completely free service for families, run by volunteers. If you would be willing to donate \$10 to assist with the cost of volunteer t-shirts and background checks, please include your cash or check donation (made out to CUMC) with your application. Thank you!

References: Please list those persons who are familiar with your character as it relates to working with youth and children.

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

VOLUNTEERING:

Most volunteers are buddies for the entire respite session for one child. But we have other needs as well. Please indicate which areas you are willing to help in:

- Buddy
- Back-up buddy (when regular buddies are absent)
- Room preparations and set-up
- Room clean-up at the end of the day
- Parent/Family Hospitality
- Activities:
 - Crafts
 - Music
 - Leading other group activities
- Rover
- Snacks Provider

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

- Medically fragile
- Unable to speak
- Emotionally or behaviorally challenging
- Hyperactive/Attention Deficit Disorder
- Infants (age 6 months – 1 year)

I am not comfortable working with children that are _____

Previous volunteer experience: _____

My strengths that I bring to children include: _____

I know CPR _____ Course Taken: _____ Date: _____

Statement of Covenant

This activity offers 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;
- _____ 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;
- _____ open myself to the spiritual growth possible for me as 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 _____

Consent for Background Check

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Trac One or its agent, to furnish the information relevant to a background inquiry. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the church and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

Please print your full name

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

Gender

Drivers License Number

State Issuing License

Name as it appears on license

Signature

Today's Date

Return application to:
Christ United Methodist Church
Attn: Pumpkin Patch Kidz
2418 W. Randolph
Enid, OK 73703