



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? If you are at least 15 years old, just complete the attached youth 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). Youth volunteers are required to have parental consent and provide at least 1 personal reference.

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 - Youth Volunteer Application

Please Print Neatly!

Date of Application: _____

Name: _____

Date of Birth: _____ Gender: _____

Social Security Number: _____

Home address: _____

City: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School: _____ Grade: _____

Work Phone: _____ Work email address: _____

When and where can we contact you?

____ Home phone Time: _____

____ Cell phone Time: _____

----- Text message

____ Email

____ Facebook message

____ Postal mail

Emergency contact name: _____

Phone number: _____

How did you hear about Pumpkin Patch Kidz? _____

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

VOLUNTEERING:

Most volunteers are buddies for the entire respite session for one child. Youth will initially be assigned to assist an adult buddy, and not asked to assume sole responsibility for a child. But we have other needs as well. Please indicate which areas you are willing to help in:

- Buddy
- Computer work (data entry) and filing
- Room preparations and set-up
- Room clean-up at the end of the day
- Parent/Family Hospitality
- Activities:
 - Crafts
 - Music
 - Leading other group activities
- Snacks Provider

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

- Medically fragile
- Unable to talk
- Emotionally or behaviorally challenging
- Hyperactive/Attention Deficit Disorder
- Infants (age 6 months – 1 year)
- Siblings without any special needs

I am not comfortable working with children that are _____

Previous volunteer experience: _____

My strengths that I bring to children include: _____

My experience with children with special needs includes: _____

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 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

Reference: Please list someone who is familiar with your character as it relates to working with youth and children.

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

I, the undersigned, understand that the information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Pumpkin Patch Kidz program. In signing this application, I swear or affirm that the information that I have given is true and correct.

Please print your full name

Signature of youth volunteer applicant

Today's Date

+++++

PARENTAL CONSENT:

I verify that I am the parent/legal guardian of _____
(youth applicant) and I agree that he/she can volunteer with Pumpkin Patch Kidz, and I affirm his/her commitment to this ministry. My name and signature are below:

Please print your full name

Signature of parent/legal guardian

Today's Date

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

+++++

For Pumpkin Patch Kidz Staff only:

Reviewed by:

Name: _____ Date: _____