



## Code Blue in Salem County

Thank You for your interest in volunteering for Code Blue of Salem County. We're excited that you want to make a difference in the lives of those we serve.

We take seriously our responsibility to shield our children/youth from sexual abuse, to protect our adult leaders from accusations of sexual abuse, protect our volunteers, and to limit the exposure of Code Blue of Salem County to legal risk and liability. To accomplish this, the organization requires an application process that all volunteers must complete. The application is in two parts: Volunteer Application & Waiver Form AND a Background Check form.

NOTE: The Background Check is a simple background check form that checks National Registries. It is NOT required for those who wish to donate meals. However, volunteer applications & waiver forms are still required.

You may mail the completed forms to Cathedral of Holiness Missionary Baptist Church, 76 Dolbow Avenue, Pennsville, NJ 08070.

***So, you might be asking....***

***What's involved in the volunteer application process?***

When you fill out the application, you authorize us to request a background check for criminal/sexual records. Please complete all forms thoroughly and honestly.

***Are underage children permitted to the Warming Center as Volunteers?***

Children under the age of 18 may be permitted to volunteer in the Warming Center until LIGHTS OUT, but they must be accompanied by a parent or legal guardian and a volunteer waiver form is to be filled out for the child (they do not need to fill out the background check form). Minor children need to remain under the supervision of the parent or legal guardian throughout their time in the warming center.

***On what basis will I be disqualified?***

Applicants with the following backgrounds are unable to participate as volunteers: sex offenders; anyone with an outstanding warrant; anyone who has a drug conviction within the last 18 months; anyone with a domestic or assault related conviction within the last 18 months; anyone with a robbery, burglary conviction within the last 7 years.

If background checks raise any questions, the individual will be asked to meet with a leader of the organization to clarify any questionable issues prior to being placed as a volunteer. In all such circumstances, priority will be given to ensuring the safety of clients and other volunteers and decisions on any single volunteer's eligibility to serve will be made accordingly.

***Who will see this application?***

The completed application and any subsequent information pertaining to you will be available to the Code Blue organization. Once the approval process has been completed, your application and reference will be maintained in a secure file and shall remain confidential.

***Will I be notified when the background check is complete?***

Yes. Volunteer applicants will be notified via e-mail or letter from the appropriate staff person when final clearance is given. You will then be instructed on how to get your Volunteer ID badge from the organization.

Thanks for understanding that this paperwork is about protecting you and those we serve. We appreciate your willingness to help us achieve our mission of providing a safe and warm center during the winter months! Please know our doors are always open to answer any questions you may have regarding the application process.

If you have any concerns, please contact us.

Thank You,

Bishop Dawn R. Brown  
President, Code Blue of Salem County



*Code Blue in Salem County*

**Volunteer Application and Waiver Form**

This form is to be completed by all applicants for any volunteer position with the Code Blue of Salem County organization. This is not an employment application form.

Date \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a member of a Host or Supporting Church/Organization? **Yes / No**

If YES, please indicate the name of the Host or Support Church/Organization (if none write none)

\_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_  
\_\_\_\_\_

**Personal Disclosure Information:** Please circle appropriate response

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

**Yes/No**

**If yes, explain** \_\_\_\_\_

Have you ever been convicted of possession, use, or sale of drugs within the last 18 months? **Yes/No**

If yes, explain \_\_\_\_\_

Have you ever been convicted of robbery-burglary related charges within the last 7 years?

**Yes/No**

If yes, explain \_\_\_\_\_

Is there any fact, circumstances, or pattern involving your background that would compromise the integrity of the program? **Yes/No**

If yes, explain \_\_\_\_\_

### Code Blue of Salem County Organization **Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. In consideration of the receipt and evaluation of this application by Code Blue of Salem County organization (CBSC), I hereby release CBSC and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization.

In consideration of my desire to serve as a volunteer for the CBSC, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary duties, referral to an individual in need of assistance, or other activity of any nature, including the use of equipment and facilities of the CBSC Warming Centers.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive, and discharge the Host Churches/Organizations and its officers, directors, employees, agents, and volunteers of and from any and all claims which I or my heirs, administrators and assign may have against any of the above for, on account of, by reason of, or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands, and causes of action.

Further, I acknowledge that the Cathedral of Holiness Missionary Baptist Church, Host Churches/Organizations and their staff, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the CBSC.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no know physical or mental condition that would impair my capability for full participation as intended or expected of me.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have and understand.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (if applicant is under 18): \_\_\_\_\_

Minor Medical Release (if applicant is under 18)

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment of the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Parent Signature (if applicant is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Code Blue of Salem County Organization**

**NOTICE/AUTHORIZATON AND RELEASE FOR THE PROCUREMENT  
OF AN INVESTIGATION REPORT**

I \_\_\_\_\_, hereby authorize the Code Blue of Salem County organization to have the following background checks for volunteer purpose: National Criminal Report and Sexual Abuse Registry.

I am aware that this is an application for a background check screening report and I consent to have it prepared. It may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I chose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to CBSC within a reasonable time after I execute this authorization.

I understand that a photocopy, scanned, or facsimile of this signed document shall be considered as valid as an original.

**PLEASE PRINT**

Full Name: \_\_\_\_\_  
(First, Middle and Last Name)

All other names that have been used (ex. Maiden Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street, City, Zip)

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Last four previous addresses (city/town and state):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

By submitting this application: You understand that if the background check identifies a pending adjudication or conviction for any proscribed offense(s), approval by CBSC will be withheld or revoked. You acknowledge that CBC may withhold, suspend, or revoke a credential if you have ever, as an adult or juvenile, been convicted, adjudicated or placed on term of probation or parole for any felony-level crime or offense. You hereby consent to the release by CBC of the fact of your approval or non-approval by CBC. You hereby release the contracted agency, as custodian of such records, and such agency employees or personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs or assigns, family or associates because of compliance with or release of information pursuant to this authorization, except in the case of gross negligence. You acknowledge that you have read and foregoing release, understand it and agree to the terms and conditions therein.

For Code Blue of Salem County Organization Staff Only:

Date of Background Check: \_\_\_\_\_

Pass/Fail/Follow-up

Notes:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_