



## NCO District

### Preteens in Action P.I.A.

July 16th 9:00-2:00pm Lunch provided

5th and 6th graders join us this year at Echoing Hills Village as we be the hands and feet of Jesus!

We will be helping the Echoing Hills Village camp ground prepare for their summer activities. Please wear old cloths.

Echoing Hills is located in Warsaw Ohio- just a 20 min. drive from Mt. Vernon. Echoing Hills is a residential center and camp ground for persons with physical disabilities. Its mission is to create opportunities for those with special needs to know and experience Christ!

*Please fill out both the emergency release form and the Echoing Hills Volunteer Form.*

**Registration must be turned in before June 12th**

**(we will not be accepting applications the day of event)**

Questions?

Contact Pastor Trevor Lanz  
pastortrevorlanz@gmail.com or  
(740) 622-1912

Send forms to:

1058 Orange Street  
Coshocton, OH 43812

**Emergency Medical Release Form and Permission Slip**

**NCO District Preteens in Action Day - P.I.A.**

In the event that our child \_\_\_\_\_ becomes ill or sustains an injury while on an authorized and chaperoned outing from: North Central Ohio District Church of the Nazarene:

602 Martinsburg Road                      Mount Vernon                      Ohio 43050                      (740)397-5740  
(Street)                                      (City)                                      (state) (zip)                      (phone)

I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I also consent to diagnosis, treatment and hospital care, or specialized supervision upon the advice of a dully licensed physician and or surgeon. I understand that this consent will apply to all emergency situations, and that a copy of this form is as valid as the original.

**With my signature, I hereby validate this form and do expressly waive any and all claims against NCO District Church of the Nazarene and/or any of its Boards and/or any of its representatives, because of illness, injury, or damage to the person or property of the above named in condition with, or incident to, the NCO District P.I.A. Day.**

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

(Signature of parent/guardian)

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Contact Numbers:

Parent Cell # \_\_\_\_\_ Parent Cell # \_\_\_\_\_

Alternative Emergency Contact Number: (In the event that a parent cannot be reached)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List of Allergies or medical concerns: \_\_\_\_\_

\*\*\*\*\*

**Child's Travel Permit**

\_\_\_\_\_ has my permission to travel by means of church van, bus, or other church-provided transportation at any time on Saturday July 16th 2016

\_\_\_\_\_  
(Signature of parent/guardian)

NCO District Church of the Nazarene  
602 Martinsburg Road  
Mount Vernon, OH 43050  
(740) 397-5740 [ncodistrict@mvnu.edu](mailto:ncodistrict@mvnu.edu)  
[www.ncodistrict.org](http://www.ncodistrict.org)

T-shirt Size	
YS <input type="checkbox"/>	AS <input type="checkbox"/>
YM <input type="checkbox"/>	AM <input type="checkbox"/>
YL <input type="checkbox"/>	AL <input type="checkbox"/>

## Echoing Hills Residential Center - Volunteer Information and Orientation

Thank you for volunteering at Echoing Hills Residential Center. Our residents and staff really appreciate your quality time. Every person adds something to our environment. Whether you're here one time or many times, we are grateful for your service. We ask that you bring your gifts and strengths to share (crafting, music, sports, games, reading) because someone here most likely shares a common interest.

When you arrive at the Residential Center, please sign-in at the Nurses' Station. There is a binder that says **VOLUNTEER sign-in/out**. When you are finished with your visit, please sign out. This helps us to track volunteer hours at the Residential Center, which can sometimes lead to additional grants or funding for future programs.

We will be sending a monthly calendar to our volunteers, so that you are aware of upcoming volunteer opportunities. The following information will help us to keep our database of volunteers up to date. We will not call or email to you unless you say it's ok. We will not solicit anything to you. We will not sell your information to anyone else.

\*\*\*\*\*

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CELL PHONE NUMBER: ( ) \_\_\_\_\_ HOME PHONE NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BEST CONTACT METHOD: phone email mail

EMERGENCY CONTACT NAME/RELATIONSHIP/PHONE: \_\_\_\_\_

Is this the first time you have volunteered at Echoing Hills? \_\_\_\_\_

If yes, how did you hear about us? \_\_\_\_\_

If no, how long have you volunteered here? \_\_\_\_\_

Are you interested in forming an on-going volunteer relationship with our residents? \_\_\_\_\_

If yes, when are you most likely to be available (days/times)? \_\_\_\_\_

Can we call you on short notice if we really need volunteers? \_\_\_\_\_

Please share some of your interests so that we can match you with appropriate residents and activities:

\_\_\_\_\_

Can you recommend someone who might like to be a volunteer (name, address, phone, email)? Yes or No

\_\_\_\_\_

Is it ok to use your photograph in our company's monthly newsletter or on our bulletin boards? Yes or No

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There are some important key points to remember during your volunteer visit(s) at Echoing Hills Residential Center. First and foremost, we are a Christian Ministry. Please consider this during your interactions with the residents. Our expectation is that you will be a positive role model for the individuals who live and work here. Kindly refrain from using swear words and slang. Please don't wear clothing that is too revealing (short shorts or dresses, mini skirts, low-cut or sleeveless tops) or contains suggestive content (obscene text, logos, or references to drugs and alcohol). Lastly, remember that this is home for 25 residents, so be respectful with regard to cell phone usage and unnecessarily loud conversations. Some residents may be sleeping, resting, or praying in private. Please initial that you understand our expectation and dress code: \_\_\_\_\_

During the course of your volunteer work with us, you may learn personal and confidential information about our residents, which is protected by HIPAA, the Health Insurance Portability and Accountability Act. This may include their name, background history, diagnosis, medications, and other personal information, which is treated as confidential by law. We ask that you are aware of this during your visit and after you leave our facility. It is ok to share general information about what you did here, but please do not share specific details about our residents. The goal is to protect the privacy of our residents. Please initial that you understand the HIPAA law: \_\_\_\_\_

Resident confidentiality also pertains to any photographic images of the residents. Cell phones or cameras are not permitted in private areas (bedrooms, etc) for the protection of the residents. It is a violation of resident rights for you to share pictures without a signed Media Release from the resident. Therefore, we ask that you refrain from taking pictures during your visit without the consent of the Program Director or Activity Coordinator. Please initial that you understand it is illegal to distribute images of our residents without consent: \_\_\_\_\_

It is our responsibility to keep everyone safe from danger and disease. If you notice a tripping hazard, wet floor, or anything that could likely cause harm, please report it to staff. If you notice blood or a bodily fluid on any surface, please notify a staff person immediately. Please take extra caution to wash your hands thoroughly before and after direct contact with residents. We encourage hand shakes, rather than hugs to prevent disease. Be sure to wear gloves when handling food items. Please initial that you understand basic safety precautions: \_\_\_\_\_

For your protection, eye wash stations can be found in the break room or in the kitchen. You would need to use this station in the unlikely event of a chemical splash in your face. There are Material Safety Data Sheets (MSDS) in the Nurses' Station. These books have information on all of the materials/chemicals that are used in the Residential Center and recommended treatment for exposure. Please initial that you understand that there is potential for chemical exposure from cleaning agents: \_\_\_\_\_

In case of an emergency (fire alarm is sounding) at the Residential Center, please report to the Nurses' Station. If you are on an outing, please follow directions from staff. Some of our residents are medically fragile and it is possible to harm them unintentionally if you act without direction from staff. You are not expected to provide first aid or other personal care in your capacity as a volunteer with us. Please initial that you understand what to do in an emergency situation: \_\_\_\_\_

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Residents at Echoing Hills may at times have behaviors that may be hurtful to self or others, such as name calling, hitting, kicking, biting, hair pulling, pinching, unwanted touching, theft of items not belonging to them (food, money, personal care items). They may have a history of seizures, which may cause them to fall to the ground. If you see any of these incidents, please notify the staff: \_\_\_\_\_

Residents may have individualized eating plans, or dietary requirements/restrictions (food consistency, thickened liquids, diabetic, etc). Please refrain from giving the residents any food or drinks without first asking staff or a Nurse. Please initial that you will follow the guidance of staff regarding food/drinks: \_\_\_\_\_

Here is a list of 24 Resident Rights, which are mandated by Section 5123.62 of the Revised Code, the governing law regarding services provided to Individuals living at an ICF/DD (Intermediate Care Facility for the Developmentally Disabled), such as Echoing Hills Residential Center:

1. The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
2. The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the person's need for privacy and independence;
3. The right to food adequate to meet accepted standards of nutrition;
4. The right to practice the religion of their choice or to abstain from the practice of religion;
5. The right of timely access to appropriate medical or dental treatment;
6. The right of access to necessary ancillary services including, but not limited to occupational therapy, physical, therapy, speech therapy, and behavior modification and other psychological services;
7. The right to receive appropriate care and treatment in the least intrusive manner;
8. The right to privacy, including both periods of privacy and places of privacy;
9. The right to communicate freely with persons of their choice in any reasonable manner they choose;
10. The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
11. The right to social interaction with members of either sex;
12. The right of access to opportunities that enable individuals to develop their full human potential;
13. The right to pursue vocational opportunities that will promote and enhance economic independence;
14. The right to be treated equally as citizens under the law;
15. The right to be free from emotional, psychological, and physical abuse or neglect;
  - a. NEGLECT – failure to provide goods or services necessary to avoid physical or psychological harm.
  - b. VERBAL ABUSE – any use of oral, written, or gestured language by which abuse occurs. This includes derogatory terms used to describe people with disabilities.
  - c. PHYSICAL ABUSE – any physical motion or action (hitting, kicking, or slapping) by which bodily harm or trauma occurs.
  - d. PSYCHOLOGICAL ABUSE – any humiliation, harassment, threats of punishment or deprivation, sexual coercion, or intimidation whereby individuals suffer psychological harm or trauma.
16. The right to participate in appropriate programs of education, training, social development, and habilitation, and in programs of reasonable recreation;
17. The right to participate in decisions that affect their lives;
18. The right to select a parent or advocate to act on their behalf;
19. The right to manage their personal financial affairs, based on individual ability to do so;
20. The right to confidential treatment of all information in their personal and medical records;
21. The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
22. The right to be free from unnecessary chemical or physical restraints;
23. The right to participate in the political process;
24. The right to refuse to participate in medical, psychological, or other research or experiments.

Please initial that you have read and understand the rights of the individuals we serve: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_