

Raising Arrows Academy enforces the following guidelines for all staff and volunteers

· Active participation by parent volunteers in Raising Arrows Academy is considered an integral part of your student's experience. There are many activities in which parent volunteers may participate: worship services, lunch/recess helpers, field trip drivers, etc.

· All volunteers are required to complete Safety Review Paperwork/Background Check paperwork in accordance with Raising Arrows Academy and the host church. You may request these forms from the Raising Arrows Academy Director or print forms below. All screened volunteers must have a background check and pay the \$25 background check fee.

· All volunteers must check in with the Director before beginning to volunteer and will be asked to wear a Raising Arrows Academy visitor badge.

1. If a child, youth, or adult comes to you with a personal issue please remember that it must remain confidential. HOWEVER, if the personal issue involves abuse of any type, neglect, or suicidal issues you are required by law to inform the Raising Arrows Director and/or Senior Pastor, immediately. By law we are required to report abuse or suspected abuse to the appropriate authorities. Here at Raising Arrows Academy, we have an open door policy. If it is not possible to have another person present when speaking with someone, please be in plain view of others.

2. In the event that a staff member feels that a background check or drug test is needed, you must cover all necessary costs to provide the requested information.

3. You must fill out an accident form when any situation arises that requires professional medical attention, and when any situation arises that could be potentially harmful to you or others in the situation.

4. In order to work/volunteer at Raising Arrows Academy, you must have a NC driver's license for at least two years and have lived in NC for at least two years- or provide alternate information.

Volunteers and Staff must have background checks and, if warranted, in drug testing as needed. We place the safety of all children youth, and adults at the highest priority. In order to protect all parties involved, we require two adults to attend every event occurring at Raising Arrows Academy. One adult must meet the requirements of a screened volunteer. The two adults, when possible should be unrelated. We acknowledge that there are situations where husband and wife, siblings, or parent and child chaperones are inevitable: however we will make every effort for the two adults to be unrelated.

Raising Arrows Academy enforces a no tolerance policy in the areas of drug use and alcohol use on campus. If you are caught using either of both of the substances on church premises, you will be asked to leave immediately.

Safety Policies Review For Volunteers

Initial Each Section

1. I understand that Raising Arrows Academy has a safety policy to provide a safe and secure environment. _____

2. I understand that my actions as a volunteer at Raising Arrows Academy must reflect the ministry and love of Christ to everyone I come in contact with. _____

3. I will not give a ride home to anyone of the opposite sex unless another party is with them or I have permission from the parent or legal guardian or it is an emergency situation. _____

4. I understand that hugs should be given from the side instead of both arms. _____

5. I understand that I must report any abuse or neglect or suspected abuse or neglect to the Director and Senior Pastor. _____

6. I understand that Raising Arrows Academy has a zero tolerance of illegal drugs and alcohol on the church property. If you are caught consuming either/both of these substances, you will be asked to leave the grounds immediately. _____

7. I understand that if I am counseling the opposite sex it must be in plain view of others or I need to have a third party in the room. _____

8. I understand the need to maintain strict confidentiality in all issues concerning safety policies and issues that may arise with students. I realize that these situations are highly emotional and need to be investigated to their fullest. I must protect everyone involved and will not discuss these issues outside of the Raising Arrows Academy offices with the proper administration. If I speak of the situations outside of the Raising Arrows Academy, then I understand that it may result in termination of volunteering status at Raising Arrows Academy.

My signature verifies that I have received, read and understood the Raising Arrows Academy Personnel Policies Handbook and will abide by the above policies.

Signature

Printed Name

Date

**Raising Arrows Academy
Request for Criminal Records Check and Authorization**

Printed Legal Name:

Printed Maiden Name (if applicable):

Print all aliases:

List all places of residence in the last 7 years

Date of Birth _____ County/State of Birth _____

Social Security Number: _____ NC Driver's Licence Number: _____

I hereby grant permission to Raising Arrows Academy to obtain any information on me regarding any criminal arrest or convictions maintained in the files of any law enforcement agency or database organization whether local, state, or national. I request any law enforcement agency or database organization contacted by Raising Arrows Academy to release any such information maintained on me to Raising Arrows Academy. I hereby release Raising Arrows Academy and any law enforcement agency or database organization responding to this request from any liability resulting from such disclosure.

Signature: _____

Printed Name: _____

Today's Date: _____

Please send all records to:
Tina Coble, Raising Arrows Academy Director
info@raisingarrowsacademy.com

Release of Liability

We at Raising Arrows Academy value and appreciate you as an employee. We understand the importance of education and make every conscious effort to put forth policies and protocols to keep students and staff safe and healthy. Raising Arrows Academy staff, volunteers, parents and students that attend here, have responsibilities to help us achieve this goal. Everyone must understand and accept that policies are intended to mitigate, not eliminate risk.

____ I release Raising Arrows Academy from liability if I acquire any infectious disease, including the COVID-19 virus, understanding that the Raising Arrows Academy is not the sole source of possible exposure.

____ I understand that the Raising Arrows Academy will try and maintain as much social distancing as possible within the confines of our facility.

____ I understand that when I work in close contact with children or other staff, one on one instruction, and in situations when social distancing is not possible - I will wear a mask or other face covering.

____ I understand that I will not come to Raising Arrows Academy if I have been exposed to a contagious disease, including COVID-19, have a fever over 100.4 (without the use of fever reducing medications), have had diarrhea or have been vomiting in the last 24 hours. I will notify the Director immediately if any of these occur.

____ I understand that I will work diligently to try and reduce the possibility of exposure to sickness by implementing practices that decrease person to person interaction, such as staggered lunches and recess, and less mingling with other students in the hall and restroom. I will clean and disinfect surfaces in between breaks, and when classes switch.

____ I accept that Raising Arrows Academy may have to make policy changes due to new guidelines throughout the year and I will be given notification of policy changes.

Volunteer Signature: _____

Date: _____