



Group Guidelines

We welcome group volunteer participation at Crossfire. **Please read through our guidelines ahead of time and share with your group and/or parents.** Thank You!

- Only one group may be scheduled at a time. At holidays there may be more groups scheduled.
- **No more than 15 participants** at any one time, except on special holiday distribution days.
- We ask that all children and youth be supervised at all times. We will have some leaders overseeing but we require groups to be supervised by their own adult leaders. **We require you to have at minimum one adult leader to every 5 children or youth, no exceptions.**
- We need a signed participation agreement and liability release for each volunteer which can be obtained on our web site, www.crossfireministries.org. Children under 18 must have their agreement signed by a parent or guardian.
- Our regular days of service are Tuesdays, Wednesdays and Thursdays. **We recommend groups with children plan to stay a MAX of one (1) shift per day.** Please pick one shift per day for any groups of children or youth. Our volunteer shifts are:
 - Tuesdays 9:00am-12:00pm, 1:00pm-3:00pm
 - Wednesdays & Thursdays 9:00am-12:00pm or 1:00pm-3:00pm
 - We have some Fridays and Saturdays available and holiday extensions. We may be able to honor other special requests. These need to be approved through Assistant Operations Director (Leslie 719-650-4336).
- **Photo Release:**
 - Please indicate and initial on the participation agreement permission for having your picture taken which we might use on social media or other ministry communication.
- It is recommended that you **bring water bottles** for each participant. Please write names of participant on each disposable drink bottles and make sure bottles and other trash are properly disposed of at the end of your service.
- Dress Code: Very Modest
 - A lot of activities require lifting and bending. It is best if you wear comfortable, loose fitting clothes. You will also be lifting and moving boxes that could have sharp edges, we recommend **wearing pants, and avoid wearing tank tops. Closed toe shoes are required.** The more skin covered means you are less likely to get cut or hurt. We also ask that you be considerate of others and dress modestly. No muscle shirts, short shorts, low tops, too tight clothes, pants hanging low, no bad words or worldly saying on shirts.
 - Please wear clothes that you don't mind getting dirty or ruined. Be sure to bring coats, hats, sun-screen, etc. to be prepared for Colorado weather conditions.
- We do not have secure storage for personal items. Purses, wallets, phones, etc. should not be left in the building. It would be better to lock them in the car. We are not responsible for lost or stolen items.
- We discourage texting and excessive phone use of our volunteers while serving. Please only use your phone in the case of an emergency.

Any questions can be addressed to
Leslie Miller 719-650-4336

ONE TIME ACTIVITY PARTICIPATION APPLICATION

CROSSFIRE MINISTRIES, INC.

Name _____ Phone _____ Can we text you? ___ Yes ___ No Birth Date _____

Address _____ City/State/Zip _____ Email: _____

Emergency Contact Person; Name: _____ Phone _____

Group or organization you are with _____ Date of participation _____

Do you understand that Crossfire Ministries Inc. is a Christian organization devoted to helping missionaries and people locally, and to spreading the message of Jesus Christ? _____

List any medical conditions or physical limitations that might affect your volunteerism at Crossfire:

Is the participant covered by personal/family medical insurance?

Please list name and policy number of the insurer:

I give permission to Crossfire to take my picture (or my child's picture) which may be used for publicity purposes: _____ Yes _____ No _____ Initials

I have read the Group Guidelines and agree to adhere to these policies. _____ Initials

PARTICIPATION AND HOLD HARMLESS AGREEMENT:

Crossfire Ministries does not have Worker's Compensation Insurance for volunteers. _____ Initials

Crossfire handles any accident incident in the following manner:

If you do not have personal insurance and you are hurt on a Crossfire project or activity, we highly recommend that you obtain medical treatment at a local hospital where you are able to seek help from the hospital's assistance program. Your personal health insurance or medical coverage is the first billed. If you do not have your own medical coverage, you must apply for help from the hospital's assistance program.

After all other avenues have been exhausted, Crossfire will apply to our insurer for assistance. Because of our situation, we ask each volunteer or participant to sign a hold harmless agreement before volunteering or participation in activities:

In consideration for being accepted by Crossfire Ministries Inc. for participation in volunteer service or participation in Crossfire ical release, forever discharge and agree to hold harmless Crossfire Ministries Inc., any other churches or involved organizations, the directors and workers thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the child that may occur while said child or person is participating in Crossfire volunteer service or Crossfire activities.

Furthermore, I (we) (and on behalf of our child if under the age of 18 years) hereby assume all risk of personal injury, sickness, death or damage as a result of participation in recreational and work activities involved therein.

The undersigned further hereby agree to indemnify said organizations, their directors, employees, and agents, for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant.

(If the participant has not attained the age of 18 years): We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in volunteer service and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any. (Only participants need sign if 18 years of age or older. If under 18, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Signature _____ Date _____

Minor Child Signature _____ Date _____