

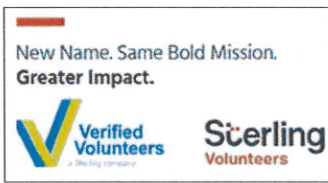
# OAKS Volunteer Information

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Dear Volunteers,

We are so glad you are interested in volunteering at OAKS! Volunteers play an important role in much of what we do, and there are many volunteer opportunities available throughout the school year. From chaperoning field trips and helping in the classroom to fixing hot lunches and helping at events, your skills can be a blessing in so many ways. Whether you are a veteran volunteer or this is your first time, we would love to welcome you on board. You make a difference!

If you would like to volunteer at OAKS, please complete the attached packet.



Please note that Verified Volunteers has recently changed their name to Sterling Volunteers, and our screening process is now called Adventist Screening Verification. The screening process is still the same, and there are no changes to eligibility, or the training.

For the safety of our kids, all volunteers must complete the Adventist Screening Verification online training and background check. This needs to be updated every four years. If you have completed the training before but are unsure of when yours expires, please check with the office.

If you are driving on field trips, please make sure to complete the Volunteer Driver Form. This form is only needed for those who will be driving. We will need a copy of your driver's license and insurance card as well.

Remember to record your volunteer hours on the sheet provided in the lobby. As well as helping us keep accurate records, one ticket for each hour you volunteer (including chaperoning on field trips) will be entered in a drawing at the end of the school year. The grand prize is free registration for next school year, which is worth \$375!

If you have any questions, please contact the office.

Sincerely,

Melissa Davis  
Secretary





**Step 1:** Go to <https://www.nadadventist.org/asv> and click on the first-time registrant button

**Step 2:** Select the state where your program is located and then select the conference

**Step 3:** Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name.



Please create a user id and password that you will use to access your account

Common names like Mary and John are not good choices as they are most likely already in use.  
Common abbreviations like 'jamesb' and 'james' are also likely to already be in use.  
We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:

Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long.  
Your password must be at least 8 characters long.

[Important note about selecting a password](#)

Already have an account?

**Step 4:** Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

**Step 5:** Select your primary location where you work or volunteer and click continue. If you work or volunteer in another location, please select 'Yes' and then select the location.



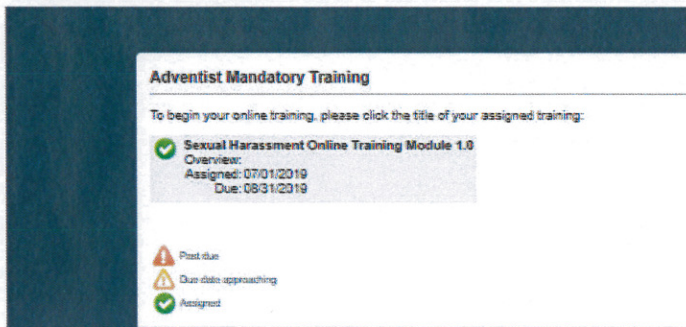
Please select the primary location where you work or volunteer.

Location:

If you are associated with multiple locations, please choose the primary (work) location first.  
Then click the continue button to select additional locations such as those where you volunteer

**Step 6:** Select your role(s) within the organization (multiple may be selected).

**Step 7:** Click on the green circle to begin the online training. Upon completion, the last screen will allow you to print a certificate.

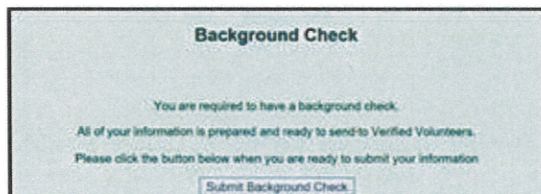


#### Additional Details:

Once the online training and the submission of your background check is completed, you can [login to your account](#) and click on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date. You can also access 'Update My Account' to update your personal information.

**Step 8:** Please read the instructions regarding the details of the online training and then proceed. Select 'Click Here' to begin the online training (Note: Training can take up to one hour)

**Step 9:** Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process





# MINISTRY VOLUNTEER Information



## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

SDA Church Member:  Yes  No Previous Church: \_\_\_\_\_

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

## Volunteer Administrator Section

Volunteer Position: \_\_\_\_\_ Department: \_\_\_\_\_

Ministry Leader: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Date Approved: \_\_\_\_\_

# VOLUNTEER STATUS ACKNOWLEDGEMENT

Ooltewah Adventist School (OAKS)

Name of Organization

\_\_\_\_\_ desires to serve as a volunteer at OAKS.  
Name Name of Organization

The activities as volunteer will be as follows:

1. Services are offered freely, without any form of pressure or coercion, and are performed solely for civic, religious, charitable, and humanitarian reasons, without promise, expectation or receipt of compensation for services provided.
2. Cannot be performed by an individual who is employed by the organization to perform the same type of services.
3. Reimbursement for certain out-of-pocket expenses incurred while performing volunteer services, including transportation mileage (at the IRS reimbursement rate) may be made. Reimbursable expenses must be documented on the volunteer expense reimbursement form with original receipts and submitted to the treasurer.
4. A nominal fee may be paid to those performing volunteer services. However, such a fee is not intended to be a substitute for compensation for services and is in no way tied to a volunteer's level of productivity.
5. May be discontinued by either the volunteer or the organization at any time without penalty.
6. Do not constitute employment and are not a prerequisite for employment in a non-volunteer capacity with the organization.
7. Will not cause any employees of the organization to be displaced.

I acknowledge that all of the activities and services in which I will engage as a volunteer are being offered freely and that I do not expect to receive any compensation or wages for such voluntary activities or services. I further acknowledge that I am not an employee of OAKS, and I shall not be entitled to participate in any employee benefit plans.  
Name of Organization

\_\_\_\_\_  
Print Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

# Driver Questionnaire

Georgia-Cumberland Conference  
Office of Education

**Directions:** Please have each volunteer driver used for school-related functions complete the questionnaire. **Keep the completed forms in the school files.**

Name: \_\_\_\_\_ Are you over 21 years of age? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State in which license is held: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a current auto insurance policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Medical/PIP Limit: \$ \_\_\_\_\_

Have you been involved in any fault accidents within the last three (3) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please describe below:

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Have you been cited for any moving violations within the last three (3) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please describe below:

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I understand that should I be involved in an accident while driving for the school, my insurance will be primary.

Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

**FOR LOCAL USE**

Georgia-Cumberland Conference and Risk Management no longer insures or permits the usage of school, church, or privately owned 15 passenger vans to transport students.

Students may only be transported to/from school and to school functions under the following conditions:

#### REQUIREMENTS FOR ALL DRIVERS

1. In an effort to alert volunteer, for hire, and employee drivers of their responsibilities, as well as to screen volunteers for good driving records, the Georgia-Cumberland Conference Office of Education has developed a "Driver Questionnaire." (See [www.gccsda.com](http://www.gccsda.com) education forms). ALL drivers must complete the questionnaire before being approved as a designated driver. The school has an obligation to know if a driver has a good driving record before they are allowed to drive students on school functions. The completed forms are to be kept on file. In the event of an accident that results in litigation, the school will then be able to prove that it did ask for driver information indicating the driver's safety record. Each driver must have an acceptable record of not more than two traffic citations and no fault accidents in the last three (3) years
2. Drivers must be at least twenty-one (21) years of age, have a properly credentialed driver's license, and be in good health.
3. No vehicle is to carry more than the officially rated passenger and load capacity.
4. Written parent consent must be obtained before students can be transported.
5. All students must wear appropriate seat belts as provided by the vehicle manufacturer. Under no circumstances shall students share restraints. Violations of this policy would result in insurance refusing to pay claims.

#### PRIVATELY OWNED VEHICLES

6. Per school policy students may be transported using insured privately owned and properly maintained passenger vehicles when authorized by local school administration.
7. Adventist Risk Management recommends that volunteers using privately owned vehicles have at least \$100/\$300 thousand liability coverage. Schools must satisfy themselves that drivers have at least state mandated minimum automobile liability and medical payment insurance. If an accident occurs, the volunteer's insurance will be considered the primary coverage and ARM will be secondary up to \$1 million. Schools should send a letter to parents who are interested in participating in driving students to activities requesting a copy of proof of insurance and a copy of their driver's license so at the time of the trip the paperwork is already completed and on file.

#### SCHOOL/CHURCH OWNED VEHICLES

8. All school/church owned vehicles must carry the appropriate insurance as required by NAD policy. Contact the conference treasury department for further details.
9. Vehicles, including a school **bus** or MFASB "**multi-function activity school bus**," rated with a total capacity of up to 15 passengers (including the driver) may be used to transport students. MFASB vehicles have the appearance of a shortened bus and are not referred to as a van. Use the chart below to reference driver license requirements for each state.