



## Family Friends Caregiver Information

Family Friends are volunteers who befriend children with special needs and their families to advance their social and emotional wellbeing. Volunteers help families by building life-affirming friendships with children and by providing opportunities for rest and encouragement to parents. Volunteers visit children nearly every week for several months and make a life-long impact. Together, they do things they both enjoy.

### Eligibility

Children, who are between the ages of 0 and 10, and their families are eligible to participate in the Family Friends project if they have special needs due to a chronic illness, physical or developmental disability and reside in Newberg, Dundee or Sherwood, Oregon and vicinity. Volunteers are active, caring adults, many of whom are older adults, age 55-forward.

### People First Language

Volunteers use words with dignity when referring to a child with special needs. Family Friends promotes the practice of referring to *the person first*, then the child's disability only if it is relevant to the conversation.

### Examples of what volunteers do

- Listen with undivided attention
- Read aloud or play a game
- Share an art, craft, or hobby
- Take a walk with a child, maybe go to the park
- Help with homework or other learning activities
- Encourage a child in new social settings
- Attend an outing with a child and his or her family
- Support the family as a whole
- Learn about the child's condition and how it impacts the family
- Respect the authority of the parent or guardian
- Respect cultural differences
- Have fun together!

### Things volunteers do not do

- Discipline or punish a child
- Be alone with a child without parent or guardian permission
- Perform household tasks
- Stay the night
- Serve as a babysitter, transportation service or respite care provider
- Bathe a child
- Administer medications, treatments, or give medical advice
- Engage in political or religious promotional activity
- Act as a professional counselor, case manager, or advisor even if they are one

## Volunteer Screening, Training and Supervision

Prior to placement, volunteers are screened for their availability, capabilities, and background. Screening includes an interview, reference check, and criminal background check. Volunteers and families agree to visit for a period of nine to twelve months.

The Family Friends program provides training to all volunteers. This training is a prerequisite to being matched with a child and family. The training provides volunteers with program and resource information. Family Friends child/volunteer matches will be monitored by the program coordinator to help facilitate communication and promote healthy relationships.

## Confidentiality

Volunteers are instructed to keep all information confidential. Background information may be given the volunteer before the initiation of your relationship with him or her. As you spend time together, you may develop a level of trust and might share your feelings and experiences with the volunteer. It is his or her obligation to respect your privacy and to keep your confidence. However, if a volunteer suspects abuse or neglect, he or she will discuss it with the program coordinator who will investigate the situation.

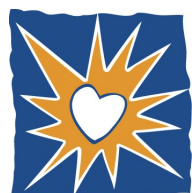
## A word about the wait

Waiting for just the right volunteer to come along is one of the hardest parts of the Family Friends program. Because children and volunteers are carefully matched based on compatibility it may take a while for your child to be matched. Extra care is given to make sure everyone's expectations for the match are similar and that personal preferences and individual schedules are considered to increase the likelihood that the match is successful. Special consideration is given to children who have been on the waiting list longest. If you ever have questions about your child's wait, please contact the program office.

While you are waiting, there are several other opportunities that the Family Friends program offers. *Family Friends Caregiver Support Group*, a family to family support group that meets one time a month throughout the school year and includes a free coffee drink. *Kid's Day Out* is a Saturday respite opportunity for families and is scheduled periodically throughout the school year. In the summer the *Family Friends Picnic* is an annual event for the whole family. Activities are provided for children (both with disabilities and without) and families have an opportunity to share a meal together.

## How do I enroll?

Please take a few minutes to fill out the following forms on pages 3-5 (for Family Friends) and 8-11 for Kid's Day Out). This will help us serve you and your child in the best possible way. Families are only asked to fill out these forms one time. No child will be allowed to participate in the program until these are completed and turned into the Family Friends/ Faith in Action staff at the address below. **Thank you!**



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Action

*Connecting volunteers with children who have special needs*

### Faith in Action

310 Villa Road, #110

Newberg, Oregon 97132

503-537-1471 Fax: 503-537-3545

[deana.vandenhoeck@providence.org](mailto:deana.vandenhoeck@providence.org)

[www.faithinactionnewberg.org](http://www.faithinactionnewberg.org)



# Kid's Day Out/Family Friends

## Family Application

Caregiver 1 name _____	Caregiver 2/Spouse _____
Relationship _____ DOB _____	Relationship _____ DOB _____
Address _____	Address _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Cell phone _____	Cell phone _____
e-mail _____	e-mail _____
Languages you speak _____	Languages you speak _____
Where did you hear about Family Friends? _____	
<i>Contributors often ask us to provide general information about who we serve. This section is optional.</i>	
Employment: Full time      Part time	Employment: Full time      Part time
Employer: _____	Employer: _____
Education: _____	Education: _____

### HELP US GET ACQUAINTED WITH YOUR CHILD AND FAMILY

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**School setting** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Special needs/diagnosis for enrolling him/her in Family Friends:**    ADHD    At Risk  
Autism Spectrum    Behavior Challenges    Cancer    Cerebral Palsy    Developmental Delay  
Down's Syndrome    Emotional Disturbance    Learning Disability    Intellectual Delay  
Mental Illness    Seizure Disorder    Other (please describe): \_\_\_\_\_

Describe your child's strengths and abilities:

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Extracurricular activities and programs that your child participates in:

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**PROVIDENCE**  
Newberg  
Medical Center

Your child's hobbies, interests, preferences for activities with others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child NOT like? \_\_\_\_\_  
\_\_\_\_\_

Are there restrictions on activities or care instructions that a volunteer should be aware of? \_\_\_\_\_  
\_\_\_\_\_

**Support Services you receive:** Counseling Support Group Medicaid SSI Housing Assistance  
Physical Therapy Occupational Therapy Speech Therapy Visiting nurse Case Management  
Behavior Specialist Parent Training Child protective services Respite Care \_\_\_\_\_ hours a month  
Mental Health/Psychiatric care \_\_\_\_\_(provider) Other: \_\_\_\_\_

**What other forms of social and emotional support are available to you:** Immediate family members  
Friends Disability associations, societies, support groups Pastor/Faith Community  
Other: \_\_\_\_\_

**Other children in your home:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Special Needs:  YES  NO If Yes, please describe: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Special Needs:  YES  NO If Yes, please describe: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Special Needs:  YES  NO If Yes, please describe: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Special Needs:  YES  NO If Yes, please describe: \_\_\_\_\_

**Other information you would like us to know that will help when matching your child with a volunteer. Are there other special needs not already mentioned that you would like us to know about:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*There are no annual income requirements to participate in the Family Friends program. However, contributors often ask who our program serves so we ask you to provide general income and education information. Please check the annual income bracket in which your household falls (optional):*

- Less than 10,000  10,000 – 19,999  20,000 – 29,999  30 – 39,999  40,000 – 49,999  
 50,000 – 59,999  60,000 – 69,999  70,000 +

# Family Friends Emergency Medical Plan

## Family Application

Child's Name: \_\_\_\_\_ (First Name, Last Name)

Mother & Father/Guardian's Name: \_\_\_\_\_

### Persons to contact in case of emergency:

Primary contact: \_\_\_\_\_ Alternate contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ Phone Number (home) \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ Phone Number (cell) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Frequency of physician visits \_\_\_\_\_ Frequency of Hospitalizations \_\_\_\_\_

Date of last exam: \_\_\_\_\_

List of allergies to medications, food, pets or cigarette smoke \_\_\_\_\_

List of prescription medications child is regularly taking including frequency \_\_\_\_\_

Does child have personal or family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Indicate Name of Insurance Co. \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Name of person insured \_\_\_\_\_

If my child requires emergency relocation or evaluation due to serious illness, injury or natural disaster, I prefer s/he be taken to (hospital name): \_\_\_\_\_

City: \_\_\_\_\_



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## Kid's Day Out

**Welcome to Kid's Day Out!** Kid's Day Out is a respite opportunity for parents/caregivers of children, ages 3 to 11, who experience a disability or chronic health condition and who live in the Providence Newberg Medical Center's service area. (*This includes Newberg, Sherwood, St. Paul, Dundee and the outlying communities in Yamhill County.*) Kid's Day Out is a part of the Family Friends program which is a program of Faith in Action, an outreach of Providence Newberg Medical Center.

In order to insure that your child is provided with the very highest level of care, we ask for your cooperation in the following areas:

1. We ask, that if you cannot attend Kid's Day Out after registering that you notify us **as soon as possible**. This gives us a chance to offer respite to other families who could use the service. We understand that families who have children with special needs often have extenuating circumstances that frequently require a change of plans. You will not be considered a "no show" if you have given us sufficient notice. **We prefer 24 hours notice; however, our minimum requirement is at least 2 hours before respite begins.** Our policy is that if your child is a "no call/no show" more than once, he/she will be removed from the Kid's Day Out program. We can be reached at: Deana VandenHoek [deana.vandenhoeck@providence.org](mailto:deana.vandenhoeck@providence.org) / 503.537.1471 or Kathy Watson [kathleen.watson2@providence.org](mailto:kathleen.watson2@providence.org) / 503.537.1548
2. Please bring a bag/backpack with the essential items listed below if necessary for your child. Please remember to label the bag/backpack and supplies clearly. Kid's Day Out is not responsible for personal property that is not clearly labeled with the child's name. **Please do not bring medications, electronics or toys.** Please bring:
  - A. A snack for your child in a labeled bag. Snacks will be served about half way through Kid's Day Out.
  - B. As needed: A change of clothes, diapers (if used) and wipes (if used) in a labeled bag.
  - C. As needed: Emergency Medication only. (Emergency medication would include an epinephrine filled syringe (epi-pen) for severe allergic reaction or inhalers for severe asthma. These medications would be for emergency situations only. We will not be able to administer regularly given medications.) This medication must be in its original package, including child's name and dosage information. Please place in bag with child's name.
3. Please pick up your child on time or early. It is important to respect the volunteers time.
4. No child with a communicable disease or having a temperature of 100 degrees or above will be allowed to stay.
5. **Please thank our volunteers when you pickup your child(ren)!** They are the only reason we are able to provide this service free of charge. Please make sure they know that they are appreciated.



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6. To ensure the success and safety of providing childcare for children with special needs, we have a three-month trial period for all new families. This is to assess our ability to care for and provide a safe place for each child.

*These policies will be strictly enforced so that we may help as many families as possible.*

## Our Promise to You...

Thank you for trusting us with your child! We take our job of providing a safe and fun place for your child seriously. Here are some of the things you can expect from us.

- We will respect your child and you by honoring confidentiality. This means that the information shared about your child at Kid's Day Out will only be shared with the purpose of providing safe and appropriate care. Volunteers and staff will not talk about this information outside of Kid's Day Out.
- Parents/Caregivers may visit their child while in respite care.
- Parents/Caregivers have the right to expect that their child will be cared for in a group environment and bathroom breaks will include two staff members and child. We will also do our best to insure a sense of bodily privacy while attending to your child's bathroom needs.
- Parents/Caregivers have the right to expect timely notification of significant incidents involving their child including serious illness, accident, etc.
- We will respect your child by treating him or her with respect and dignity. This includes using people first language and focusing on capabilities and adaptations rather than on the disability.
- Children have the right to be free from physical, verbal, sexual or psychological abuse. They also have the right to be free from neglect, exploitation and mistreatment. Toward this end no playroom doors will be closed. We will have staff and another volunteer "floating" from station to station observing volunteer/child interactions throughout the event and assisting with challenging behaviors.
- Punishment is never allowed. When a child needs correction volunteers have been trained to use praise, modeling, redirection, or removal of privileges. We will also have a "Spacious Place" where the child can be in a quiet, less stimulating space if necessary.
- Children have the right to be in a safe and sanitary environment.



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# Helpful Things to Know About Me

(besides the fact that I am cute!☺)

This page contains information about my child for the volunteers, staff and board of Faith in Action and the Kid's Day Out program, so they can safely and appropriately care for my child.

My name is \_\_\_\_\_ . (First Name, Last Name) I am \_\_\_\_\_ years old.

Mother & Father/Guardian's Name(s): \_\_\_\_\_

My parent(s) give permission to the following people to pick me up from Kid's Day Out:

Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

My medical diagnosis is \_\_\_\_\_

I have these allergies \_\_\_\_\_

List of prescription and over the counter medications I am currently taking \_\_\_\_\_

I like \_\_\_\_\_

I do not like \_\_\_\_\_

I (circle one) **will or will not** need some help eating.

I will let you know I am hungry by \_\_\_\_\_

I (circle one) **will or will not** need some help getting a drink.

I will let you know I am thirsty by \_\_\_\_\_

*Turn page over for more.*



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**PROVIDENCE**

Newberg  
Medical Center



I (circle one) **will or will not** need some help using the toilet.

I will let you know I need to use the restroom by \_\_\_\_\_

When I am upset, angry, tired or stressed I will let you know by \_\_\_\_\_

\_\_\_\_\_

This is what I like to help me calm down \_\_\_\_\_

My positive sensory triggers are \_\_\_\_\_

My negative sensory triggers are \_\_\_\_\_

This is how I respond in a group of more than three other people \_\_\_\_\_

\_\_\_\_\_

I communicate by \_\_\_\_\_

Other things you should know about me are \_\_\_\_\_

\_\_\_\_\_

**Notes:**


# Release of Liability

The Faith in Action program is in full charge of my child(ren) during my absence.

I give Faith in Action/Family Friends program staff and volunteers permission to request or approve emergency medical attention needed by my child(ren).

Faith in Action staff and volunteers will not be held responsible or liable in any way for any accident or illness. I maintain responsibility for all medical expenses for my child(ren). \_\_\_\_\_ (Please initial)

Consent is hereby given to Faith in Action, its contractors, employees and trained volunteers to provide respite care and other limited health care interventions to my child(ren), and to administer health care intervention as necessary and as determined by the emergency medical plan. It is understood that there is a risk of substantial and serious harm involved in such a service, and such risk is accepted in the hope of obtaining beneficial results from such services. It is understood that now and in the future, my child(ren) and his/her legally authorized representatives have the right to ask questions and receive answers to such questions about the services being provided. \_\_\_\_\_ (Please initial)

I understand that Faith in Action is not responsible for personal property that is not clearly labeled with my child's name. \_\_\_\_\_ (Please initial)

I understand and agree that I shall hold Faith in Action harmless, and indemnify them against any and all causes of action, and shall agree not to hold Faith in Action liable for any acts or omissions, or for any injuries or damages sustained, and shall agree to accept any and all risks associated with any activity herein. \_\_\_\_\_ (Please initial)

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## Photography and/or Story Release

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_

I (circle one) **do / do not** authorize Faith in Action to use my and/or my child's image and/or words in print, video, photographic, internet, and other electronic mediums to advance the mission of the Family Friends program as the Faith in Action staff, in their sole discretion, see fit.

I hereby release and hold harmless Faith in Action, its Board of Directors, volunteers and employees, and publication producers from any all liability in connection with the production, distribution, and marketing in whatever form and through whatever media.

I agree to make no claim for compensation for the uses of my and/or my child's image and/or story in the production, distribution, marketing and/or other activities related to the materials. \_\_\_\_\_ (Please initial)

I have read this waiver and release form and accept the terms and conditions set forth herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faith in Action Representative

Please indicate, between 1 and 10 (1 being extremely low and 10 being extremely high) the average stress level on your family as a whole \_\_\_\_\_

Please explain how utilizing Kid's Day Out might strengthen your family?

How would you like to use your free time during Kid's Day Out?

**Please explain what unpaid resources are currently available to you and your family.**

Do you have family/friends/neighbors/church groups who regularly provide aid or assistance to your family? (Circle one) Yes or No

How often do you receive unpaid respite care? \_\_\_\_\_

Whom do you trust to care for your child? \_\_\_\_\_

**Please explain what paid resources are currently available to you and your family.**

Do you receive paid respite care? (Circle one) Yes or No

What type of paid respite care do you receive? \_\_\_\_\_

How often do you receive paid respite care? \_\_\_\_\_



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