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817-861-5000

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Thank you for joining Green Oaks Education and Support, Inc. in our mission to serve students with Down syndrome and similar intellectual disabilities. Interaction with a variety of people from our community is vital as we assist each person in finding and living out their God-given purpose. We are grateful for the opportunity your involvement provides.

Green Oaks School is a private Christian school for students ages five and older who have Down syndrome or similar intellectual disabilities. Green Oaks Adult Learning (GOAL) is the adult component of our program. Students at Green Oaks School live at home with their families and come to us from all around the Metroplex area. In addition to academics, our program places an emphasis on learning and using appropriate skills, which will serve them as they seek a variety of opportunities in their communities.

People working with our students may find the following information helpful. Please allow a few seconds to receive an answer to a request or question that is asked. If necessary, it is perfectly fine to ask our students to speak more slowly or to repeat what they said. As with all people, it is important to them that they be understood. People with intellectual disabilities can usually comprehend what is said to them much better than they can verbalize their thoughts. Our staff will be happy to answer any questions you may have or assist in any way necessary to assure that this is a positive experience for both our students and you.

We encourage you to interact with our students. The objectives for such interaction may vary for each individual. However, our primary purposes are:

- To learn and practice appropriate social skills.
- To generalize skills previously taught in new settings and with a variety of people
- To practice conversational skills

In order to generalize the social skills we are working on, please feel free to set appropriate boundaries. We request that you limit physical interactions with our students. Instead of hugging, give handshakes, high-fives or knuckle bumps. Keep in mind that you are a role model and they are learning what to do from you. Please be sure to tell a Green Oaks staff member if you have any problems or questions.

Green Oaks Education and Support, Inc.

**Volunteer Guidelines and Agreement**

Thank you so much for giving your time to the students and staff at Green Oaks. We appreciate your help and the contribution that you are making to our program.

To ensure the best possible environment for our programs, students, and staff, it is important everyone be aware of some simple guidelines. Below are some expectations we have for volunteers. Please feel free to ask questions or get clarification for anything you see here.

1. We always appreciate any time you have to offer. We ask that you let us know before coming to volunteer, so we can plan a specific job or task for you to do. We will put your name, scheduled time and job on a volunteer calendar that will be accessible in the front office. We also ask that you let us know in advance if you will be coming in late or will be absent, so we can make the needed changes to the schedule. There is a volunteer notebook located in the front office where you are required to sign in and out and get a volunteer badge to wear.
2. Volunteers may not pass out information or wear nametags with any other organization's name while on Green Oaks campus or while attending a Green Oaks sponsored event.
3. We must have an application on file for all volunteers before your job can begin. If you are working with any students, we require your permission for a background check.
4. Even as a volunteer, you will have access to confidential information. We have a strict confidentiality policy and expect that volunteers will adhere to this policy. Please be careful not to share information about students at Green Oaks. We ask that you also not share any information in or outside our facility which may be confidential regarding employees, other volunteers, or our establishment. If someone approaches you with or about confidential information, please direct him or her to the Green Oaks principal.
5. Remember that all information pertaining to students is confidential. Do not post images that include students to your personal social media sites. The term "social media" includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal, or diary, personal web site, social networking or affinity web site, web bulletin board, or a chat room, whether or not associated or affiliated with GOES, as well as any other form of electronic communication.
6. Volunteers are expected to conduct themselves appropriately at all times. It is our goal to model good work habits for our employees, volunteers, and students. For this reason, we ask that volunteers follow the same personnel guidelines as our staff.
7. Please refrain from using cell phones in front of students. We ask that you use your cell phone, in an emergency case only, out of sight from our students. This includes sending or receiving text messages. Please set the ringer on cell phones to "silent" or "vibrate" mode to avoid interrupting class or jobs being performed.
8. Expected attire of volunteers is the same as that of employees. Clothing is to be neat, modest and appropriate for the workplace. In order to ensure proper coverage, clothing should be long enough and loose enough to not reveal the upper chest, abdomen, or lower back of the wearer. Undergarments must be covered. Jeans are okay, but should not have holes. If wearing tights or leggings, the top should be no shorter than three inches above the knee. No shirts with printing, other than relating to Green Oaks, Down syndrome, the volunteer's school, or church may be worn when volunteering. No clothing referencing alcohol products, bars, tobacco products, inappropriate gestures or words is allowed. Shorts may be worn with prior administrative approval only for special circumstance and must be no shorter than three inches above the knee.

9. Personal conversation with employees or other volunteers must be appropriate in front of students. Please also be aware that conversation with students can be distracting so please try to limit social interaction to appropriate break times. Students may need some additional processing time for spoken language. If you do not understand something said, it is appropriate for you to ask the person to speak slower and repeat what was said.
10. If you are required to obtain hours for school, an organization or any other agency we require you to discuss all terms with our principal before starting your job. **Unfortunately, due to the nature of our business, Green Oaks Education and Support, Inc. is unable to place volunteers who are completing Community Service Restitution hours.**
11. Volunteers are never to be left alone with an individual or group of students. If you find yourself in such a circumstance, please notify a supervisor or employee. Volunteers should direct students to employees if they request assistance that is personal in nature.
12. Volunteers are not permitted to drive students to or from Green Oaks at any time.
13. We will always endeavor to give the best instructions possible for your volunteer position. However, please understand the primary obligation of our staff is their job and our students.
14. Volunteers who work all day (or even through lunch time) are certainly welcome to eat lunch at Green Oaks with students, employees and/or other volunteers. In addition, students may have other food allergies, so no food should be given to students.
15. Please limit physical interactions. Instead of hugging, give handshakes, high-fives or knuckle bumps. Our students love praise. They want to hear they are doing a good job. They also welcome direction to improve.
16. If a student does something that might be inappropriate, say so. Tell them it is not okay. Refrain from laughing about inappropriate actions or behaviors. Keep in mind you are a role model and our students are learning from you.
17. It is important that volunteers follow specific directions given by the principal or staff member when working. If you have any questions about the purpose of your job, please schedule a time and meet with the principal, volunteer coordinator or administrative assistant.

We attempt to match volunteers to tasks that will be agreeable to them. If this is not the case, or you would prefer to do something else, please notify the volunteer coordinator or administrative assistant immediately and we will attempt to change your placement.

# About Down Syndrome . . .

- ♥ About 3,000 to 5,000 children in the U.S. are born with Down syndrome every year. Down syndrome is the most frequently occurring chromosomal abnormality. About 250,000 American families include a person with Down syndrome.
- ♥ Down syndrome is caused by the presence of an extra chromosome 21. Instead of having 46 chromosomes in each cell, most persons with Down syndrome have 47.
- ♥ We don't really know what causes Down syndrome. In about 5% of cases, DS seems to be inherited from a gene carried by the mother or father. But in most cases (about 95%), DS is not inherited; it is a "random" error in cell division. In the future, we may find direct causes.
- ♥ We do know that the likelihood of having a child with DS increases with the age of the mother. Under age 30, the chance is about 1 in 1400 births. By age 35, the chance is 1 in 350 births.
- ♥ You may think children and teens with DS all "look alike." In fact, you are partly correct. Kids with DS look like their families, but they also share some physical characteristics. They often are shorter than their other brothers and sisters, have smaller facial features, shorter arms, and eyes that seem "slanted." Many babies with DS are born with heart or digestive system problems that require surgery.
- ♥ None of these special physical characteristics or physical problems keep these children from being REAL KIDS, with REAL FEELINGS, who give back lots of love to their families.
- ♥ Children and teens with Down syndrome can do great things when they have a loving home and school situation. Years ago, most people didn't think persons with Down syndrome could be educated or trained for jobs. Many doctors told parents they should not bring "these babies" home at all. They were left in institutions, and often died during childhood.
- ♥ Now we know that many of our kids can and will learn to read, write, work and become contributing members of the community.
- ♥ Children and teens with Down syndrome are more LIKE YOU than they are different from you. They take dance classes, play soccer and baseball, sing along to their favorite music, and love hanging out with friends.
- ♥ One day, as a neighbor, a teacher, an employer, a health care worker, or as a member of a church, you may meet one of our kids. Please give them a chance to show you who they are, and what they can do!

# People First Language

## What do you call a person with a disability? *A person.*

What words define who you are?

The color of your skin or hair? Your age? Your weight? Of course not.

When words alone define a person, the result is a label—a label that often reinforces barriers created by negative and stereotypical attitudes. Every individual deserves to be treated with dignity and respect—regardless of gender, ethnicity, religion, sexual orientation, hair color, or anything else.

### People First Language

People First Language is an objective and respectful way to speak about people with disabilities by emphasizing the person first, rather than the disability. It acknowledges what a person *has*, and recognizes that a person *is not* the disability. In putting the person before the disability, People First Language highlights a person's value, individuality and capabilities.

### What should you say?

When referring to individuals with disabilities, be considerate when choosing your words. Focus on the person—and never use terms that label, generalize, stereotype, devalue or discriminate. Unless it is relevant to the conversation, you don't even need to refer to or mention the disability.

The following chart has some examples of People First Language.

| Say This  | Not This   |
|---|--|
| people with disabilities  | the handicapped, the disabled  |
| people without disabilities   | normal, healthy, whole or typical people                             |
| person who has a congenital disability  | person with a birth defect   |
| person who has (or has been diagnosed with)...  | person afflicted with, suffers from, a victim of...                  |
| person who has Down syndrome  | Downs person, mongoloid, mongol                                      |
| person who has (or has been diagnosed with) autism  | the autistic   |
| person with quadriplegia, person with paraplegia, person diagnosed with a physical disability     | a quadriplegic, a paraplegic   |
| person with a physical disability   | a cripple  |
| person of short stature, little person  | a dwarf, a midget  |
| person who is unable to speak, person who uses a communication device                             | dumb, mute   |
| people who are blind, person who is visually impaired   | the blind  |
| person with a learning disability   | learning disabled  |
| person diagnosed with a mental health condition   | crazy, insane, psycho, mentally ill, emotionally disturbed, demented |
| person diagnosed with a cognitive disability or with an intellectual and developmental disability | mentally retarded, retarded, slow, idiot, moron                      |
| student who receives special education services   | special ed student, special education student                        |
| person who uses a wheelchair or a mobility chair  | confined to a wheelchair; wheelchair bound                           |
| accessible parking, bathrooms, etc.   | handicapped parking, bathrooms, etc.                                 |

# Idioma de las Personas Primero

## ¿Cómo se le llama a una persona con una discapacidad? *Una persona.*

¿Cuáles son las palabras que lo definen a usted cómo es? ¿El color de su piel o de su cabello? ¿Su edad? ¿Su peso? Claro que no. Cuando sólo se usan palabras para definir a una persona, el resultado es una etiqueta (una etiqueta refuerza las barreras que se crean por actitudes negativas y estereotípicas). Cada individuo merece ser tratado con dignidad y respeto, sin importar su sexo, origen étnico, religión, orientación sexual, color de su cabello, o ninguna otra cosa.

### Idioma de las Personas

**Primero** El Idioma de las Personas Primero es una forma objetiva y respetuosa de hablar acerca de las personas con discapacidades al hacer énfasis en la persona primero, en vez de su discapacidad. Reconoce lo que la persona tiene, y reconoce que una persona no es la discapacidad. Al poner a la persona antes de la discapacidad, el Idioma de las Personas Primero destaca el valor, la individualidad y las capacidades de una persona.

### ¿Qué debe decir?

Cuando se dirige a individuos con discapacidades sea cuidadoso con las palabras que selecciona. Enfóquese en la persona (y nunca use palabras que etiquetan, generalizan, encasillan o discriminan). No necesita hacer referencia o mencionar la discapacidad, salvo que sea relevante para la conversación.

La siguiente tabla muestra algunos ejemplos del Idioma de las Personas Primero.

| Diga esto  | No esto  |
|--|--|
| personas con discapacidades  | los discapacitados, los inválidos  |
| personas sin discapacidades  | personas normales, sanas, enteras o típicas                                |
| personas que tienen una discapacidad congénita   | personas con un defecto de nacimiento                                      |
| persona que tiene (o ha sido diagnosticada con)...   | persona aquejada con, sufre de, una víctima de...                          |
| persona que tiene síndrome de Down   | persona Down, mongólico  |
| persona que tiene (o ha sido diagnosticada con) autismo  | el autista   |
| persona con tetraplejia, persona con paraplejia, persona diagnosticada con una discapacidad física         | una tetrapléjico, un parapléjico   |
| persona con una discapacidad física  | un tullido   |
| persona de estatura corta, persona pequeña   | un enano   |
| persona incapaz de hablar, persona que usa un dispositivo de comunicación                                  | tonto, mudo  |
| personas que están ciegas, personas con problemas de la vista  | los ciegos   |
| persona con una discapacidad del aprendizaje   | discapacitado en el aprendizaje  |
| persona diagnosticada con una condición de salud mental  | loco, psicópata, enfermo mental, trastornado emocional, demente            |
| persona diagnosticada con una discapacidad cognitiva o con una discapacidad intelectual o en el desarrollo | retardado mental, retardado, lento, idiota, tarado                         |
| estudiante que recibe servicios educativos especiales  | estudiante de educación especial, estudiante "special ed"                  |
| persona que usa una silla de ruedas o silla para la movilidad  | limitado a una silla de ruedas, constreñido a una silla de ruedas          |
| estacionamiento, servicios sanitarios accesibles, etc.   | estacionamiento, servicios sanitarios accesibles, etc. para discapacitados |

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

T-shirt size: \_\_\_\_\_

**VOLUNTEER INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

My three main interests are:

My three top skills are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hours Needed:** \_\_\_\_\_ **Complete by:** \_\_\_\_\_ **School/Organization:** \_\_\_\_\_

**Time Commitment: (we ask volunteers to be dependable & to commit to consistency)**

I can volunteer \_\_\_\_\_ hours a day.

I can volunteer \_\_\_\_\_ hour a week.

I can volunteer \_\_\_\_\_ hours a month.

I can volunteer for special events. \_\_\_\_\_

Days/Evenings/Weekends & TIMES that works best for me: \_\_\_\_\_

**Circle all areas that interest you:**

Working one on one with a student

Supervising others

Working in groups

Leading an activity

Cleaning and/or Organizing

Coordinating Events

Teaching others

After school care (3pm-5pm)

Making copies

Other classroom support

Special Events (outside of school hours)

Building/Outside maintenance

Helping with Bible Study

P.E. activity

Help with Club 321 (Weekend Adult Social Club)

Is there anything else about yourself you would like to share? (i.e. hobbies or special skills)

\_\_\_\_\_  
\_\_\_\_\_

# **Green Oaks Education and Support, Inc.**

## **Waiver and Release of Liability**

Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Please  **Add**  **Do Not Add** me to the Green Oaks Education and Support, Inc. mailing list.

**THIS VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM MUST BE COMPLETED ANNUALLY BY THE VOLUNTEER OR PARENT OR GUARDIAN OF A MINOR. PLEASE PROVIDE THE INFORMATION REQUESTED, SIGN, AND RETURN THIS FORM TO THE GREEN OAKS OFFICE. YOU WILL NOT BE ALLOWED TO VOLUNTEER OR START EMPLOYMENT UNTIL THIS FORM IS COMPLETED, SIGNED, AND ON FILE IN THE GREEN OAKS OFFICE.**

This Release and Waiver of Liability (the "release") executed on (date) \_\_\_\_\_ by (name of volunteer candidate) \_\_\_\_\_ ("Volunteer") releases Green Oaks Education and Support, Inc., ("Nonprofit") a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services
2. **Insurance:** Further I acknowledge that Nonprofit does not assume responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **Assumption of Risk:** I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to those caused by the facility, temperature, weather, condition of individual, merchandise, vehicular traffic, construction work, and maintenance involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release Nonprofit from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer occurring while I am providing volunteer services.



5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Confidentiality: I acknowledge that all information pertaining to students is confidential. I agree not to post images that include students to my personal social media sites. The term "social media" includes all means of communicating or posting information or content of any sort on the Internet, including to my own or someone else's web log or blog, journal, or diary, personal web site, social networking or affinity web site, web bulletin board, or a chat room, whether or not associated or affiliated with GOES, as well as any other form of electronic communication. Pictures and posts from Green Oaks' social media sites may be "shared" by volunteers. If serving/volunteering with an approved community organization, the group may use pictures on the group's social media sites. Then, individual volunteers may "share". A list of approved community organizations is kept in the Green Oaks office.
7. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by laws of the State of Texas and that this Release shall be governed by/and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below:

I express my acknowledgement and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

In addition, I have received, read, and acknowledge the terms of the *Volunteer Agreement* and agree to its entirety.

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Volunteer Signature

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Date

---

Parent or Guardian Signature (if under 18)

---

Date

**Emergency Contact Information**

---

Name

---

Phone Number



Background Verification Release Form

AGENCY INFORMATION

Agency Name: Green Oaks School
Agency's Main Phone Number: 817-861-5000
Agency's Fax Number: 817-861-4000

APPLICANT INFORMATION:

Applicant Full Name, Maiden or Other Name(s) Used, Current Address, City, State, Zip Code, County, Social Security Number, Date of Birth, Driver's License Number, State Issued, Position Applied For, Gender, Race

I hereby authorize VERIFI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.

I further release and discharge VERIFI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VerIFI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature, Date, Applicant's Printed Name, Parent/Guardian's Signature (if under 18 years of age)