

Adult Volunteer Medical and Release of Liability Form

Prescott Evangelical Free Church

3000 Prescott Road, Modesto CA 95350 (209) 529-7200

In effect from January 1, 2013 to December 31, 2013

VOLUNTEER INFO

Name: _____ Birth date _____ Male Female

Address _____ City _____ State _____ Zip _____

Cell: _____ Home: _____

Medical insurance company _____ Phone _____

Policy # _____ Group # _____

Emergency Contact _____ Relation to Volunteer _____

Cell: _____ Home: _____

MEDICAL HISTORY

Please describe the nature and severity of any physical and/or psychological ailment, weakness, limitation, disability, or condition to which you may be subject to and of which the staff should be aware, and what, if any action of protection is required. Attach this notification in writing to this form. Include medications and dosages that must be taken.

Check the following areas of concern for this volunteer. If necessary, add another page with details:

1. Are you: good swimmer fair swimmer non-swimmer
2. Are you allergic to: pollens medications food insect bites
3. Do you suffer from, have ever experienced, or are being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
4. Date of last tetanus shot:
5. Does you wear: glasses contact lenses
6. Please list and explain any major illnesses the you have experienced during the last year:

Additional comments:

Should your activities be restricted for any reason? Please explain:

For your information, we expect each participant at Prescott events to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No volunteers can drive
- No weapons, fireworks, lighters, lasers or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No fighting with or harassment of other participants
- Participation with the group is expected
- Respect property, one another, staff, and adult leaders
- Respect and comply with event schedules

Volunteers who fail to comply with these expectations may be sent home at their parents' expense.

READ AND SIGN BELOW

I, the volunteer, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your participation in any event, please submit your wishes in writing to the church youth staff prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named person.

I the undersigned give consent to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. I consent to any reasonable first aid treatment for me as deemed necessary by the Church in the event of minor injury.

In the event injuries require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I understand that every reasonable effort will be made to contact me before any treatment is authorized. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the volunteer named above.

Volunteer signature: _____ Date: _____

Volunteer Application

In an effort to help our church provide a safe and secure environment for those students who participate in our ministries and use our facilities, we are asking that this application be completed by all volunteer and/or compensated workers involved in working with or supervising minors. All information will be kept confidential.

Name _____
Phone _____
Email _____
Address _____
Street _____
City, State, Zip _____

How long have you been attending Prescott Evangelical Free Church? _____

Are you a member of P.E.F.C.? _____

Do you plan to become a member? _____

Place of employment _____

Employment Phone Number (if okay to give you a brief call) _____

Marital Status: Single Engaged Married Widowed Divorced
 Remarried Separated It's Complicated

Your area of preference in ministry: Middle School, 6-8 High School, 9-12 College Age

In what capacity of ministry are you willing to work, or provide leadership (e.g., lead teacher, team teacher, helper, small group, music, drama, activities & games, crafts, special events, etc.)?

List all previous church experience you have had working with children or youth.

List gifts, skills, training, education or other factors that have prepared you for children's or youth work.

What times are you willing to work? Mid-week, Wednesdays, 6.45-8.45p Sundays, 10.45-12.15 p
 Mid-week and Sundays Events only

Would you attend occasional planning meetings? Yes No

Are you willing to spend time in preparation? Yes No

How much time, on an average, per week do you plan to commit to this ministry? _____

What date would you be available to begin? _____

Minimum length of commitment _____

Do you have any physical handicaps or conditions that we need to be aware of? Yes No

If yes, please explain _____

Have you ever been accused or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? If so, please explain (or make an appointment to discuss with the Senior Pastor). No Yes

List (name, phone) other churches you have attended regularly during the past 10 years.

Personal References (not former employers or relatives)

Name _____

Name _____

Phone _____

Phone _____

Email _____

Email _____

Give a detailed account of the process in how you became a Christian (use extra paper if needed).

How would you share the Gospel of Jesus to an unChristian?

Describe what you actively do to maintain your relationship with Christ (use extra paper if needed).

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's or youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the Constitution and By Laws and Policies of the Prescott Evangelical Free Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature: _____ Date _____

Application Received By: _____ Date _____