

Start
Here

Participant and Volunteer Registration

Date / /

☐ Register for Friendship Group Church Location _____ **DATE MUST BE FILLED IN**

☐ Register for Summer Friendship Gathering Church Location _____

Indicate if Applicant is a;

☐ Volunteer ☐ Participant w/disability ☐ Direct Care Staff ☐ Family Member

Name _____ Gender _____ Birthdate _____
Mrs./Ms./Mr. First Middle Last (Month Day Year)

Nick Name for Nametag _____

Mailing Address _____ Home Phone _____

City _____ Mobile Phone _____

State _____ Zip _____ Email _____

Sign language capabilities? _____

Emergency contact information

Name _____
Mrs. Ms. Mr. First and Last Name

Home Phone _____ Mobile Phone _____ Email _____

Mailing Address _____
(If different from above)

City _____ State _____ Zip _____

Relationship to participant: _____

Everyone must fill out this section:

In the event food or snacks are served please list any and all dietary precautions:

☐ Diabetic (NO Sugar) ☐ Gluten free Food Allergies: _____

☐ Choking ☐ Food cut up Other: _____

No dietary restrictions ☐ Other Special Instructions _____

Participant with disability:

Please list your living arrangement: Service Provider: _____

☐ Private Residence ☐ Supportive Living ☐ Group Home ☐ Host Home

Diagnosis of applicant's disability: _____

Applicant has a history of seizures ☐ Describe: _____

Seizure frequency: _____ ☐ Controlled by medication

List behavior issues, and any recommendations on dealing with these issues:

Applicant is ☐ verbal ☐ does not use words

Describe information that would be helpful to know about this applicant

(Over)

PLEASE CONTINUE ON REVERSE SIDE

This Form MUST be signed



CONSENT AND RELEASE OF LIABILITY

The undersigned hereby release and forever discharge Connection Ministries and the congregation(s) named on this application from any and all liabilities claims, losses and damages, as set forth herein. I, the undersigned, the person named on this application or the duly authorized representative hereby consent to participation in all ministry events and activities of Connection Ministries and the congregation(s) named, including but not limited to Bible Studies, worship services, respite programs, retreats, and fellowship gatherings, that may include: group games, craft activities, meals or snacks, and transportation to and from such events and activities.

I give my consent for a review of the applicable online sexual offender registry that is available to the public. Any negative information discovered may be confidentially released to the respective congregation, Connection Ministries' leaders of the event or activity, and applicable governmental authorities.

I hereby consent to the use of my first name, unless otherwise agreed in publications describing such events and activities, and the right to use my image, voice recordings and video recordings taken at such events and activities. Such uses may include any form of publication such as radio, television, social media and/or printed materials. At no time will information about the named person be used for any reason other than to promote the event and ministries. At no time will addresses, emails, phone numbers, or other personal information be released without the named person's consent for such disclosure.

I release and forever discharge Connection Ministries and the congregation(s) named, their successors and assigns, as well as employees, agents, independent contractors, directors, trustees, elders, officers, from any and all losses, claims damages and causes of action at law or in equity, that the person named or his/her authorized representative may have, as a result of participation, travel to and from such events or activities. This Release of Liability shall include any and all present or future claims, losses and damages, demands or actions in law, or in equity that may hereafter be made or brought by me or my authorized representative as to any personal injury, illness, physical condition, inconvenience or loss sustained by the person named on this application.

I understand that this consent and liability release is valid for five years.

THIS FORM MUST BE SIGNED TO PARTICIPATE IN EVENTS OR ACTIVITIES

P R I N T NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

(APPLICANT OR LEGAL GUARDIAN)
RELATIONSHIP TO APPLICANT: _____

MUST BE SIGNED TO BE A VALID APPLICATION

A criminal background screen is required for volunteers 18 years of age or older. Family members of individuals with disabilities participating in programs, caregiving staff, or anyone under 18 are **not** required to complete a background screen. To have Connection Ministries complete a background screen for you requires an Authorization of Background Investigation be completed with use of your Social Security number. Please complete the **Authorization of Background Investigation** form that is attached. **If you are under 18, or a residential staff person, or a participant with an intellectual disability, do not complete the attached form or fill out the information below.**

OR, if you do not want to give Connection Ministries your Social Security number, but have an active email address with internet connection, you may privately submit your information (at no cost to you,) by accessing our background screen provider directly through an email invitation link that Trusted Employees/Volunteers will send you. The results of your screen will be sent to Connection Ministries. Please initial the appropriate box.

☐ Connection Ministries will complete a background screen through Trusted Employees/Volunteers with the information I have provided on the attached Background Screen Authorization form

OR

☐ Connection Ministries will provide me with an emailed invitation link to complete my background screen online through Trusted Employees/Volunteers

Email Address _____