

Start Here

Participant and Volunteer Registration

Date

____/____/____

(You can apply for both programs using this single application)

DATE MUST BE FILLED IN

Register for Friendship Group Church Location _____

Register for Summer Friendship Gathering Church Location _____

Indicate if Applicant is a;

Participant w/disability

Family Member

Volunteer Companion

Volunteer Leader

Volunteer Other _____

Direct Care Staff

Name _____
Mrs./Ms./Mr. First Middle Last

Gender _____ Birthdate _____
(Month Day Year)

Nick Name for Nametag _____

Sign Language? _____

Mailing Address _____

Home Phone _____

City _____

Mobile Phone _____

State _____ Zip _____

Email _____

Emergency contact information

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

Best Contact # _____ Other _____ 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:

No dietary restrictions

Diabetic (NO Sugar)

Choking

Lactose Intolerant

Gluten free

Food cut up

Food Allergies (describe): _____

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

over

CONSENT AND RELEASE OF LIABILITY

The undersigned hereby release and forever discharge Connection Ministries and congregations hosting activities associated with Connection Ministries 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 congregations, 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 appropriate 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 congregations hosting activities associated with Connection Ministries 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 AUTHORIZED REPRESENTATIVE)

RELATIONSHIP TO APPLICANT: _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED TO BE A VALID APPLICATION

Connection Ministries and partnering congregations have a duty to insure the safety of individuals with disabilities participating in these programs. For this reason, criminal background screens are required for adult volunteers, 18 years of age or older. Background screens will not be completed for family members of individuals with disabilities, service provider staff, or anyone under age 18.

Adult volunteers can complete the required criminal background screen electronically with an active email address. **By checking the first box below, Trusted Employees, our background screen provider, will send you a specific email invitation link** to an online form to privately submit your information at no cost to you. The results of your screen will be sent to Connection Ministries.

OR; Adult volunteers can complete the attached Authorization of Background Investigation Form and returning it to Connection Ministries with the Participant and Volunteer Registration Form. You will be required to include your Social Security Number on this form.

Trusted Employees may send me an email invitation to my email address below and I will complete my authorization for a background screen online;

Email Address _____

OR;

I will complete the attached Authorization of Background Investigation Form and return it to Connection Ministries.