

Start Here

# Participant and Volunteer Registration

Date

DATE MUST BE FILLED IN

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

Register for Friendship Group Church Location \_\_\_\_\_

Register for Summer Friendship Gathering Church Location \_\_\_\_\_

Indicate if Applicant is;  Participant w/disability  Volunteer Companion  Volunteer Other \_\_\_\_\_  
 Family Member  Volunteer Leader  Direct Care Staff

Please Print all Information on this Form

Congregation Affiliation \_\_\_\_\_ City/State \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mrs./Ms./Mr. First Middle Last MM / DD / YYYY

Nick Name for Nametag \_\_\_\_\_ Sign Language Capability? \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Mobile Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Emergency contact information

Name \_\_\_\_\_  
Mrs./Ms./Mr. First Last

Best Phone \_\_\_\_\_  Landline  Mobile Alternate Phone \_\_\_\_\_  Landline  Mobile

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
(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. (If you choose this option, you will not need to complete the attached Authorization of Background Investigation Form.)

**OR;** Email Address \_\_\_\_\_

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

## VOLUNTEERS ONLY

This document is for volunteers working one-on-one with a person with an intellectual disability, to have a background screen performed by Trusted Employees and Volunteers. **You do not need to complete this form if you are a paid provider staff, a family member, or a volunteer not working in a one-on-one situation such as a meal group provider, kitchen crew, music/worship team, etc.**

### DISCLOSURE OF BACKGROUND INVESTIGATION

In considering your request to volunteer, Connection Ministries may request, obtain, and rely upon one or more consumer reports or investigative consumer reports about you from a consumer reporting agency. For explanation purposes: a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a volunteer decision about you. Connection Ministries will only collect information from US, National Criminal Multistate Super Search, Nationwide Sex Offender Registry and Social Security Number verification. Such information may include, criminal history information, listings on sexual offender registries, previous addresses and other types of background information. Under the Fair Credit Reporting Act, before Connection Ministries can obtain a consumer report or investigative information about you, it must have your written authorization. If Connection Ministries considers adverse action based, in whole or in part, on information in a report on you, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. Consumer and/or investigative consumer report(s) about you will be obtained from the following consumer reporting agency: Trusted Employees, 701 5th Street South, Minneapolis, MN 55343, (888) 389-4023. Trusted Employees' information and privacy policy can be found at [www.trustedemployees.com](http://www.trustedemployees.com).

### AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand The Disclosure of Background Investigation. I am aware that a summary of my rights under the fair Credit Reporting Act is available on the Connection Ministries website; <http://connection-ministries.org/summary-of-your-rights-under-the-fair-credit-reporting-act/>

My signature below indicates my authorization for Connection Ministries to obtain consumer and/or investigative consumer reports about me from a consumer reporting agency in considering me for a volunteer assignment, to only include information from US, National Criminal Multistate SuperSearch, Nationwide Sex Offender Registry and Social Security Number verification. By signing below, I also acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed as a volunteer with Connection Ministries, this authorization will remain in effect throughout the term of my service, or to the extent allowed by law.

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

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

### PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

FOLLOWING THE SCREEN, THE DATA BELOW WILL BE REMOVED FROM THIS AUTHORIZATION AND DESTROYED

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Current Street Address		City	State	Zip Code
Previous Street Address (if less than 1 yr)		City	State	Zip Code