

Volunteer Application & Annual Permission Form for Adults

_____ (adult's full name) will attend any church activity, except out of town overnights, at United Fellowship Lutheran Church, Easton, PA, valid July 1, 20____, through June 30, 20____. Out of town overnight events require a different individual permission form.

Please print legibly. If we can't read it, we may not be able to contact you.

Volunteer Name		Home Phone	
Cell Phone		Work Phone	
Street Address		Date of Birth	
City, State, Zip		Gender	
Email Address			
Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	I st Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	

In an emergency, please contact:

Name _____ Relationship _____

Emergency Contact Phone _____

References:

Please provide the name and phone number for two persons that may be used as references and contacted by United Fellowship Lutheran Church. These references should be of an institutional nature as opposed to personal or family references, preferably from organizations where the applicant has worked with minors in the past.

Name		Relationship	
Phone		No. of Yrs. Known	
Name		Relationship	
Phone		No. of Yrs. Known	
Name		Relationship	
Phone		No. of Yrs. Known	

Christian Conduct

- Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically.

Safety & Health

- I will not use any kind of illegal drugs, alcohol, weapons, knives, firearms, laser pointers, or fireworks, as they are strictly prohibited.

Electronic Devices

- All electronic devices will be permitted for emergency use only and free time, unless otherwise stated. If I bring any electronic devices, I release United Fellowship Lutheran Church, Easton, PA from all responsibility or damage of said electronic devices.

Photos of Event (check all that apply)

- I give permission to United Fellowship Lutheran Church to display on United Fellowship Lutheran Church’s website or church facility, print in flyer, church newsletter, or a church CD/DVD any photo taken of myself at a church event.
- I give permission to the news media (usually local newspapers) to take photographs or film of an event at the church or church related event. I also give consent for the use of my first name in connection with print or electronic media.
- No, with these exceptions: _____
- No, I do not give permission for United Fellowship Lutheran Church to use any photographs or video of myself in connection with print or electronic media.

Protection of Minors Policy and Procedures

- I have received a copy of the UFLC Protection of Minors Policy and Procedures and understand and agree with its contents.

Signature of Adult

Date

Medical Information

I recognize that there may be risks involved in participating in any activity. I hereby assume all risk of injury, harm, damage, or death to myself, _____, (*Adult’s Full Name*) in connection with my participation in an activity at or through United Fellowship Lutheran Church.

To the fullest extent permitted by law, I release United Fellowship Lutheran Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to myself while participating in the activity and agree to save and hold harmless United Fellowship Lutheran Church, its trustees, officers, directors, employees, agents, representatives from any claims arising out of my participation in an activity.

Further, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for me. I understand that efforts will be made to contact my emergency contact prior to treatment but, in the event they cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I understand that I am responsible for the health care decisions of myself and agree that the attached insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to me.

The taking of prescription medication is the responsibility of the individual taking the medication. A leader, after obtaining all the necessary information, may agree to accept responsibility to be sure an adult takes the necessary medication at the appropriate time, but United Fellowship Lutheran Church does not mandate or encourage a leader to do so.

I also understand that it is my responsibility to notify United Fellowship Lutheran Church of any changes in my medication and/or medical conditions throughout the year.

Signature of Adult

Date

Participation

Does participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, sensory issues? If yes, explain:

Insurance Information

A copy of both sides of your medical insurance card is required for participation. If your insurance information changes, it is your responsibility to submit a new copy of your medical insurance card. If there is no medical insurance, check 'None'.

Primary Insured's Name: _____ None

Medication and Allergy Information

Condition(s): _____

Precautions to Take: _____

Known Allergies: _____

Medication Names (<i>Print Legibly</i>)	Dosage	Frequency	Directions/Reaction	Reason for Medication

Attach additional sheet of paper if needed.

I self-carry (check all that apply): inhaler epi-pen glucagon kit.

ANNUAL PERMISSION FORM FOR ADULTS – ADDENDUM

I, _____, have reviewed the current United Fellowship Lutheran Church “on file” version of the Annual Permission Form for Adults for myself. Having confirmed that all the information is still correct, I give permission for its use to be extended through the end of the next school year, by my signature below. If any information changes before that time, I understand it is my responsibility to provide the updated information to the Christian Education Chairperson by filling out a new form in its entirety.

<u>School Year</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____