Adult Leader Application, Medical, Consent, and Release Form

Zion Lutheran Church– Stratford, WI

Zion’s youth are in need of responsible adults leaders for youth events such as the *Experience Faith*! activities (mission trips, youth gatherings, etc…). If you are interested in participating as an adult leader for an *Experience Faith!* activity, please complete the below form and submit it to the Director of Congregational Ministry.

*Experience Faith!* event title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are you hoping to gain from this experience?
2. Have you ever been an adult leader before? If so, please describe your duties:
3. Some trips may require adult leaders to provide transportation. Are you capable and comfortable transporting up to five individuals and luggage to their destination?
4. Do you have a vehicle that may be used to transport youth to and from the event? Do you have insurance coverage on the vehicle?
5. Connecting and engaging with the youth is important, but sometimes as an adult leader you may have to address inappropriate behavior. Are you comfortable doing so in a professional and effective manner?
6. Is there any fact or circumstance about you, your driving record or your background that would call into question your ability to supervise and care for our youth?
7. Have you been ever been convicted of any a felony, a DUI, a sex crime or any other criminal act that would disqualify you from being an adult leader?
8. A background check is required for all extended trips (3+ days). Please provide the following identifying information:

Middle Name

Other names used (please include all maiden or married names if different from above, any alias, or

 nicknames)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Address (including street, city, state, zip and dates):

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone number

Drivers License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ State of Issuance:

Date of Birth: Gender

1. Please check the appropriate boxes below (none are a prerequisite to becoming an adult leader):

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **SOMETIMES** |
| I don’t mind sleeping in close quarters with other people. |  |  |  |
| I can be flexible and act quickly if the need arises. |  |  |  |
| I’m in good health. |  |  |  |
| I’m certified in First aid/CPR. |  |  |  |
| I can follow a pre-determined schedule. |  |  |  |
| I am comfortable working with youth I don’t know much about.. |  |  |  |
| I understand youth events may involve reduced sleep and I’m comfortable with that. |  |  |  |
|  |  |  |  |

By completing this application and providing my signature below, I understand that:

 I’m expected to participate in all planning meetings, fundraisers and activities related to the event I will be chaperoning. I understand that I am to serve as a role model adhering to all of the rules and expectations the same as the youth.

 In the interest of safety and security, I authorize Zion Lutheran Church through its independent contractor, to procure background information about me, prior to, and at any time during my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Zion Lutheran Church, if such is made within a reasonable time from the date it was procured. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT AND RELEASE OF LIABILITY**

* I understand that I am charged with the supervision, safety, and care of the youth participating in the event or events which I am participating.
* I hereby release Zion Lutheran Church, Zion Lutheran Church employees, the sponsors, and the owner/driver of the car furnishing transportation to and/or from an event from any and all liability and claims arising from or in any way connected with an activity/event.
* I further agree to conform to the fullest with the directions and instructions of the sponsors in charge.
* I also realize that I may be in photographs or videos taken during activities. I waive the right to inspect or approve the photo or video if used for publications or publicity.
* This consent and release is in effect until August 31, 2017, or until I give Zion Lutheran Church written notice to the contrary.

By signing below I acknowledge that I have read, understand, and agree to the terms and conditions of this Consent and Release of Liability.

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL CARE PERMIT**

I hereby authorize emergency medical care or first-aid treatment as needed in the event of illness or injury during any sponsored activity of Zion Lutheran Church. This permit is in effect until August 31, 2017, or until I give Zion Lutheran Church written notice to the contrary.

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | Nearest Relative (emergency contact #1) | Emergency contact #2 |
| Name |  |  |
| Address |  |  |
| Phone |  |  |

Please print (use the back of form if necessary)

Have you had any surgery or serious illness within the last 3 years? \_\_\_ Yes \_\_\_No If yes, explain:

Are you required to take any medication? \_\_\_ Yes \_\_\_ No If yes, for what reason and how often?

Do you have any allergies to any medication? \_\_\_ Yes \_\_\_No If yes, explain:

Are you presently under a doctor’s care? \_\_\_ Yes \_\_\_No If yes, explain: