



A LOCAL MISSION WORK EXPERIENCE

ADULT

REGISTRATION PAPERWORK

Reading, PA ~ Saturday, September 25, 2010

Individual Cost: \$50 per individual
(includes \$25.00 non-refundable deposit per person
to cover the cost of materials)

FULL PAYMENT POSTMARKED BY SEPTEMBER 10, 2010
(\$10 ADDED TO COST AFTER THIS DATE)

Please print your information clearly in black or blue ink

I am registering as: ___ an individual ___ a leader of the following youth group_____

PARTICIPANT'S NAME: _____

Gender: M or F Birth Date _____ E-Mail _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Occupation (optional): _____

CHURCH _____ Pastor _____

Street Address _____ Youth Leader _____

City _____ State _____ Zip _____ Phone (____) _____

GENERAL HEALTH INFORMATION:

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. CE-Life Builders is not responsible for the purchase of medicine or special foods.

_____ Date of last tetanus shot _____

Your health insurance card information is necessary.

Medical Insurance Carrier _____

Group # _____ Policy # _____

EMERGENCY CONTACT PERSON: Who can we call in case of an emergency?

Name _____ Relation _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

PARTICIPANT AGREEMENT

By signing below, you agree to participate in the entire Word In Action Day, with enthusiasm and will conduct yourself in a Christian manner.

Signature of Participant _____ Date _____

Carpooling may be necessary because of parking in a city, thus might you be bringing a van or mini van to help transport other people to the work site: ___Yes ___ No

Make checks payable to "CE-Life Builders" and return with your form to the address below.



Coordinated by:

CE - Life Builders

P.O. Box 190

Gilbertsville PA 19525

610-369-0207

theworkcamppeople.org

Office use only: Rcvd: _____ RE: _____ Other notes: _____

CHRISTIAN ENDEAVOR – Mid Atlantic
ADULT LIABILITY AND MEDICAL RELEASE FORM

In the event that I am deemed unconscious, incoherent or unable to make an intelligent decision, and my spouse is unavailable I, _____, hereby authorize and empower The Pennsylvania Christian Endeavor Union (Christian Endeavor), and any adult authorized to act on behalf of Christian Endeavor to order or approve medical treatment for myself as fully as I could do if I were able. In absence of my spouse Christian Endeavor and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit myself to any form or type of medical treatment, including surgery or anesthesia or transfusions or medications or other medical procedures, by any licensed health care provider. In the absence of my spouse I hereby grant Christian Endeavor and its authorized adult representatives, a medical power of attorney as to myself and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions, in the absence of my spouse.

I understand and agree that I am responsible for my own medical insurance. I agree to reimburse Christian Endeavor for any medical bills or other expenses incurred regarding any medical treatment for myself. I have provided Christian Endeavor with an accurate health history on the registration form.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Christian Endeavor and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death, or other loss of any nature involving or related in any way to myself even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Christian Endeavor or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney's fees and all litigation costs.

I understand that Christian Endeavor is not responsible or liable for my personal effects and property and that Christian Endeavor will not provide security for or lock up any items. I will hold Christian Endeavor harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations are in effect at the time of the event.

Christian Endeavor is not responsible for the purchase of medicine or special foods.

Attending permits your image to be used for print and video promotion by CE.

Participant's name (print) _____

Street address _____

City _____ State _____ Zip _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Signature _____ Date _____

FOUR RIVERS COMMUNITY BROADCASTING CORPORATION
T/A THE WORD FM
P.O. Box 186, Sellersville, Pennsylvania 18960

SHORT TERM MISSIONS ADULTS OVER 18 CONSENT, RELEASE AND MEDICAL AUTHORIZATION

I, the undersigned Participant (the "**Participant**") have carefully read this Consent, Release and Medical Authorization (the "**Consent**"). I have provided all information requested by this Consent. I hereby represent and agree as follows, intending to be legally bound:

1. **Blanket Consent.** I hereby agree to participate fully in the trip, project and/or activity described below, including but not limited to all preparation, travel and work and recreational activities associated therewith and all other related Ministry sponsored activities occurring during the six month period commencing with the date of this Consent (all of the foregoing referred to herein as the "**Activity**"), and I agree to be bound and abide by the rules of conduct and other directives given by the Ministry and its leaders related to the Activity.

2. **Release.** I understand that the Ministry staff and adult supervisors will endeavor to provide individual care and safety for each participant in each aspect of the Activity. I am aware that neither the Ministry nor any member of its staff or adult supervisors can assume responsibility for any injury or damage which may occur in connection with the Activity. Therefore, by signing below I am agreeing to the Legal Release of Liability which is set forth below by which I am releasing the Ministry, its staff, and volunteers from liability for any Loss arising out of the Activity.

3. **Medical.** I give my complete and unconditional consent, authorization and permission to the Ministry and its staff and/or other adult supervisors to provide medical care, treatment and/or medication to me and/or to take me to a doctor, hospital, emergency room, trauma center or other health care facility, clinic or other health care provider; and I further authorize any such health care provider to provide to me all medical care, treatment and/or medication deemed necessary or advisable by any such provider; and I further assume full personal responsibility and liability for all medical bills and expenses incurred in connection with any such treatment, care, or medication. My Medical Information is on the page two (2).

BRIEF DESCRIPTION OF ACTIVITY:

Work project at Freedom Gate Ministries in Reading, Pa

LEGAL RELEASE OF LIABILITY

Intending to be legally bound, I hereby:

(a) Agree to review all the information provided by the Ministry concerning the Activity, and agree to the precautions planned for the safety and care of the participants;

(b) Acknowledge that, notwithstanding the exercise of reasonable safety precautions, participation in the Activity involves certain actual and potential risk(s) of Loss, including but not limited to hostage taking, terrorist attack, travel accident, health problems, and possibly even death;

(c) Agree that should I be asked to return home due to disciplinary action, medical reasons or otherwise, it shall be my responsibility to provide transportation home and to cover all associated and related expenses;

(d) Release the Ministry from all liability for any Loss incurred by me arising out of or related to the Activity, except for Loss due to the Ministry's willful misconduct or recklessness; and

(e) Agree to indemnify and hold the Ministry harmless from any liability for Loss incurred by the Ministry due to my actions occurring in the context of the Activity.

As used herein, the term "Loss" means personal injury, sickness, loss of life, or damage to or loss of property, real or personal; and "Ministry" means **FOUR RIVERS COMMUNITY BROADCASTING CORPORATION**, trading as "THE WORD FM" and their ministry partner, **Life Builders, Christian Endeavor** and their following staff members: **DAVID W. BAKER, TIM CARDASCIA and ALLAN M. GLASS, LORI BOESCH, MELANIE BAKER** and all other staff, leadership supervisors, volunteers and members, and/or their successors and assigns.

<p><u>MEDICAL INFORMATION:</u> (Please also provide a copy of your medical card)</p> <p>Insurance Company: _____</p> <p>I am allergic to: _____</p> <p>I am presently taking the following medications: _____</p> <p style="text-align: center;">If needed for minor pain or fever, I may be given: (circle all that apply)</p> <p style="text-align: center;">TYLENOL ASPIRIN ADVIL MOTRIN ACETAMINOPHEN IBUPROFEN</p>

Print Name: _____

Signature: X _____

Home Phone#: () _____

Home Address: _____

Work Phone#: () _____

A PHOTOCOPY OF THIS FORM SHALL BE VALID AND LEGALLY BINDING AND MAY BE UTILIZED IN PLACE OF AN ORIGINAL. THE ORIGINAL WILL BE MAINTAINED IN THE MINISTRY OFFICES. (08/04/2010)

Christian Endeavor-Mid Atlantic

2010 Word In Action

Skills Inventory

Reading, PA ~ September 25, 2010		
If attending with a Church or Group please list the name:		
Your Name:		Under 21? List age:
Phone Day ()	Phone Eve. ()	Email:
If attending with a Church or Group what is your relationship with whom you are attending? ___ Youth Group member ___ Year-round staff/volunteer ___ Parent ___ Other: _____		
If you have any first aid or emergency medical treatment experience, please explain:		
The section below assists us to do our best to match your skills to work. There's a chance you may be over-skilled for the work assigned to you. Thank you for your willingness to serve wherever we place you. Please circle <i>all</i> the numbers in <i>every</i> category that BEST describe you.		
<i>PAINTING</i> 1. I've helped others paint inside 2. I've done low exterior painting 3. I've painted a two-story house 4. I have a lot of painting experience 5. I am a professional painter	<i>LANDSCAPING</i> 1. I can run a lawn mower 2. I've run power clippers and weed eaters 3. I'm experienced with a chain saw 4. I have installed retaining walls 5. I am a professional landscaper	
<i>DRY WALLING</i> 1. I've spackled small holes in walls 2. I've done taping and spackling 3. I've measured, cut, & hung drywall sheets 4. I have a lot of dry wall experience 5. I am a professional dry-waller	<i>MASONRY</i> 1. I've helped patch a sidewalk 2. I've poured sections of concrete 3. I have moderate masonry experience 4. I have a lot of masonry experience 5. I am a professional mason	
<i>CARPENTRY</i> 1. I've done small repairs around the house 2. I've measured, cut, nailed lumber 3. I have moderate carpentry experience 4. I have a lot of finish carpentry experience 5. I am a professional carpenter	<i>PLUMBING</i> 1. I've fixed sink/toilet leaks 2. I've installed fixtures 3. I have moderate plumbing experience 4. I have a lot of plumbing experience 5. I am a professional plumber	
<i>ROOFING</i> 1. I've used tar to patch a leak 2. I've replaced sections of a roof ___ shingle ___ metal 3. I have moderate roofing experience 4. I have a lot of roofing experience 5. I am a professional roofer	<i>ELECTRICAL</i> 1. I've changed switches and outlets 2. I've installed new light fixtures 3. I have some rewiring experience 4. I have a lot of electrical experience 5. I am a professional electrician	
<i>FLOORING / CARPETING</i> 1. I've torn out carpeting and/or linoleum 2. I have helped others lay flooring 3. I have moderate experience ___tile ___carpet 4. I have a lot of experience ___tile ___carpet 5. I'm a professional installer ___tile ___carpet	<i>FOUNDATIONS</i> 1. I've helped with footers and back filling 2. I'm experienced in foundation coating 3. I helped jack up & sure a foundation 4. I have moderate experience laying foundations 5. I have professionally built & repaired foundations	
<i>SIDING</i> <i>let us know if you have a break</i> 1. I've worked with others to apply siding 2. I have moderate experience with vinyl & aluminum 3. I've wrapped window casings and sills 4. I am very experienced with an aluminum break 5. I've applied siding/aluminum professionally	<i>HVAC</i> 5. I am a professional <i>WELDING</i> 5. I am a professional	

Please use the back of this sheet to give details about your skills and special tools you can bring. Also, please add and explain any other areas where you think we could use your abilities such as: delivery, kitchen, etc.