

**Please print your information  
clearly in black or blue ink**

Your Name: \_\_\_\_\_

If attending as a group, provide  
College/Group Name: \_\_\_\_\_

Gender: **M** or **F** Birth Date \_\_\_\_\_

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# L I F E B U I L D E R S

A ministry of CHRISTIAN ENDEAVOR – MidAtlantic  
SPRING SERVICE TRIP

**YOUNG ADULT REGISTRATION/MEDICAL INFORMATION**  
(Must be Between 18 and 24 Years of Age)

Circle the week you plan to attend:

**FEB 26-MARCH 5 • MARCH 6-12 • MARCH 13-19**

## YOUR HOME INFORMATION

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## YOUR COLLEGE/GROUP ADDRESS

Street/Box Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ College/Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## 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 is not responsible for the purchase of medicine or special foods. \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

## HEALTH INSURANCE INFORMATION:

**Your insurance card information is necessary. Please make certain a photocopy of the front and back of your insurance card is attached to the registration form.**

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## 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 Life Builders, a Christian Endeavor - MidAtlantic Ministry Event, with enthusiasm. "I will conduct myself in a Christian manner and agree to follow the Guidelines and all other rules as outlined."

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**Cost: \$210** -- Register no later than **February 5, 2010**. Make checks payable to your group so one check can be mailed to CE- Life Builders.

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 \_\_\_\_\_

## 2011 Life Builders Young Adult Spring Service Trip A Ministry of Christian Endeavor – Mid Atlantic Skills Inventory

Name:		
College/Group Name:		
Phone Day (    )	Cell Phone(    )	Email:
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. <b>There's a chance</b> you may be over-skilled for the work assigned to you. Thank you for <b>your willingness to serve</b> wherever we place you. Please circle <i>all</i> the numbers in <i>every</i> category that BEST describe you.		
<p><b><i>PAINTING</i></b></p> <ol style="list-style-type: none"> <li>1. I've helped others paint inside</li> <li>2. I've done low exterior painting</li> <li>3. I've painted a two-story house</li> <li>4. I have a lot of painting experience</li> <li>5. I am a professional painter</li> </ol>	<p><b><i>LANDSCAPING</i></b></p> <ol style="list-style-type: none"> <li>1. I can run a lawn mower</li> <li>2. I've run power clippers and weed eaters</li> <li>3. I'm experienced with a chain saw</li> <li>4. I have installed retaining walls</li> <li>5. I am a professional landscaper</li> </ol>	
<p><b><i>DRY WALLING</i></b></p> <ol style="list-style-type: none"> <li>1. I've spackled small holes in walls</li> <li>2. I've done taping and spackling</li> <li>3. I've measured, cut, &amp; hung drywall sheets</li> <li>4. I have a lot of dry wall experience</li> <li>5. I am a professional dry-waller</li> </ol>	<p><b><i>MASONRY</i></b></p> <ol style="list-style-type: none"> <li>1. I've helped patch a sidewalk</li> <li>2. I've poured sections of concrete</li> <li>3. I have moderate masonry experience</li> <li>4. I have a lot of masonry experience</li> <li>5. I am a professional mason</li> </ol>	
<p><b><i>CARPENTRY</i></b></p> <ol style="list-style-type: none"> <li>1. I've done small repairs around the house</li> <li>2. I've measured, cut, nailed lumber</li> <li>3. I have moderate carpentry experience</li> <li>4. I have a lot of finish carpentry experience</li> <li>5. I am a professional carpenter</li> </ol>	<p><b><i>PLUMBING</i></b></p> <ol style="list-style-type: none"> <li>1. I've fixed sink/toilet leaks</li> <li>2. I've installed fixtures</li> <li>3. I have moderate plumbing experience</li> <li>4. I have a lot of plumbing experience</li> <li>5. I am a professional plumber</li> </ol>	
<p><b><i>ROOFING</i></b></p> <ol style="list-style-type: none"> <li>1. I've used tar to patch a leak</li> <li>2. I've replaced sections of a roof ___ shingle ___ metal</li> <li>3. I have moderate roofing experience</li> <li>4. I have a lot of roofing experience</li> <li>5. I am a professional roofer</li> </ol>	<p><b><i>ELECTRICAL</i></b></p> <ol style="list-style-type: none"> <li>1. I've changed switches and outlets</li> <li>2. I've installed new light fixtures</li> <li>3. I have some rewiring experience</li> <li>4. I have a lot of electrical experience</li> <li>5. I am a professional electrician</li> </ol>	
<p><b><i>FLOORING / CARPETING</i></b></p> <ol style="list-style-type: none"> <li>1. I've torn out carpeting and/or linoleum</li> <li>2. I have helped others lay flooring</li> <li>3. I have moderate experience     ___tile ___carpet</li> <li>4. I have a lot of experience       ___tile ___carpet</li> <li>5. I'm a professional installer     ___tile ___carpet</li> </ol>	<p><b><i>FOUNDATIONS</i></b></p> <ol style="list-style-type: none"> <li>1. I've helped with footers and back filling</li> <li>2. I'm experienced in foundation coating</li> <li>3. I helped jack up &amp; sure a foundation</li> <li>4. I have moderate experience laying foundations</li> <li>5. I have professionally built &amp; repaired foundations</li> </ol>	
<p><b><i>SIDING</i></b>     <i>let us know if you have a break</i></p> <ol style="list-style-type: none"> <li>1. I've worked with others to apply siding</li> <li>2. I have moderate experience with vinyl &amp; aluminum</li> <li>3. I've wrapped window casings and sills</li> <li>4. I am very experienced with an aluminum break</li> <li>5. I've applied siding/aluminum professionally</li> </ol>	<p><b><i>HVAC</i></b></p> <ol style="list-style-type: none"> <li>5. I am a professional</li> </ol>	
	<p><b><i>WELDING</i></b></p> <ol style="list-style-type: none"> <li>5. I am a professional</li> </ol>	

*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 or music.*