

Application and \$25 Deposit Due June 7th

June 20-25, 2010 _____

June 27-July 2, 2010 _____

1. ADULT PARTICIPANT CONTACT INFORMATION

Participant Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Gender: Male/Female
E-mail _____ Age _____

2. CHURCH/ORGANIZATION CONTACT INFORMATION

Church/Organization Name _____
Pastor Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

GENERAL INFORMATION

❖ Have you participated in Project Shine in the past? Yes [] No []

❖ Please indicate if you are "Skilled" (somewhat experienced or trained or "Unskilled" (little or no experience in the following using 1, 2, or 3 (3 being Skilled, 2 being Somewhat Skilled, and 1 being Unskilled):

_____ Carpentry _____ Electrical _____ Painting
_____ Landscaping _____ Roofing _____ Drywall
_____ Windows _____ Siding _____ Other
_____ Share Testimony _____ Evangelism

T-SHIRT SIZE: SMALL _____ MED. _____ LARGE _____ XL _____ XXL _____

VOLUNTEER ACTIVITY
[CHECK ALL THAT APPLY]

_____ FULL TIME, AROUND THE CLOCK ALL WEEK
_____ DAY WORK CREW 7:30 AM - 4:30 PM (M T Th F)
_____ EVENING SUPERVISION 4:00 PM - 10:00 PM (S M T W TH)
_____ OVERNIGHT SUPERVISION 10:00 PM - 7:30 AM (M T W TH F)

MEDICAL INFORMATION

- ❖ Do you have health insurance? Yes ____ No ____
- ❖ If Yes, please provide a copy of your insurance card with this application.
- ❖ Date of last tetanus _____ Date of last physical exam _____
- ❖ Please list any known allergies _____
- ❖ Please list any and all health (physical/emotional) conditions for which you currently take medication(s) _____
- ❖ Please list any and all medications for the above-listed condition(s) _____
- ❖ Please bring only enough medication needed for use during the project week.
- ❖ Name of physician _____ Phone No. _____
- ❖ Name of dentist/orthodontist _____ Phone No. _____

EMERGENCY CONTACTS

Name _____
Relationship _____
Home Phone _____ Work Phone _____
Cell Phone _____

Name _____
Relationship _____
Home Phone _____ Work Phone _____
Cell Phone _____

**NOTICE: MANDATORY MEETING FOR ALL ADULT
CREW WORKERS ON THE SUNDAY PRIOR TO WORK
WEEK ~ JUNE 20 AND/OR JUNE 27 AT 6:00 PM**

ACKNOWLEDGEMENT AND RELEASE

I have read and approve that the information contained in this application is true to the best of my knowledge. I also understand and approve the use of my photo/digital image for promotional purposes and release Project Shine and the sponsoring churches from responsibility of any injuries sustained during Project Shine or its activities. Further, I have read, understand, and will comply with the "Expectations" outlined in a separate document.

Signature _____ Date _____

Name Printed _____