

Application and \$25 Deposit Due April 1st  
June 17-22, 2012

**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      | _____ Share Testimony |
| _____ Evangelism  | _____ Photo/Video | _____ Other           |

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)

Project Shine, P O Box 3895, Akron, OH 44314  
www.projectshineakron.org

PROJECT SHINE ADULT 2012 REGISTRATION

## 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 17 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 \_\_\_\_\_