

MOTOWN MISSION EXPERIENCE - A PROGRAM OF YOUNG LEADERS INITIATIVE
PARTICIPANT INFORMATION FORM



Give to Motown Staff upon arrival.

Must be received by staff prior to volunteer participation in Motown Mission activity.

Name

Date of Birth

Group Name

Have you attended Motown Mission before?

Yes No

Sex*:

Parent/Guardian Name

Age (During trip)

Age level / Grade in Fall

Street Address

City

State

Zip Code

Contact Phone Number

E-mail Address

T-Shirt Size

Occupation

Nickname

Personal Commitment:

I agree to participate in all preparation activities with my group, which will help me gain knowledge on the work we will do at Motown Mission. I also agree to participate fully in the Motown Mission program, including work projects and planned programs. I understand that this will be a Christian environment, and my attitude should reflect the hope, understanding, and peace made known by Jesus Christ. I will be a good steward of the resources of Motown Mission, including the job site, host-church, and in the community as a representative of Motown Mission. I agree to conduct myself in such a manner and abide by the rules and regulations of the Motown Mission leadership. (Please check box below to indicate your willingness to participate in this way.)

I agree!

MOTOWN MISSION MEDICAL RELEASE FORM

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD TO THIS FORM.

Participant Name

Date of Last Tetanus Shot

Medical Insurance Company Name

Insurance Company Phone Number

Insurance Company Street Address

City

State

Zip Code

Policy Holder ID Number

Group Number

Relationship to Policy Holder

Emergency Contact #1 Name & Relationship

Phone: home, work, cell (circle)

Emergency Contact #2 Name & Relationship

Phone: home, work, cell (circle)

Medications you are CURRENTLY taking (prescribed, over-the-counter — please list all)

Medications you CANNOT take

Allergies, Dietary Restrictions, and/or Other Health Problems or Concerns

Medical Release:

I (we) am (are) the parent(s) and legal guardian(s) of this participant, and hereby grant my (our) permission for participant to be transported to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all costs.

I agree

Media Release:

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the participant above by Motown Mission staff and affiliates. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Motown Mission and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I agree

Signature of Parent or Legal Guardian (if under 18)

Date

Signature of Participant (Adults, youth, etc. — each participant must sign even if a minor)

Date