

PROJECT GO ADULT APPLICATION

REVISED 2/23/2017

TO BE COMPLETED BY ADULT APPLICANTS FOR ANY POSITION IN PROJECT GO INVOLVING SUPERVISION AND CUSTODY OF MINORS

MINISTRY DATES: JULY 17-22, 2017

APPLICATION DEADLINE: MAY 15

TRIP FEE: \$245 - \$20 DEPOSIT DUE WITH APPLICATION—BALANCE DUE BY JULY 1

Thank you for your willingness to be an adult leader for Project Go. This application is used to help Discipleship Ministries of the Wisconsin/No. Michigan Assemblies of God to provide a safe and secure environment for children who participate in Project Go. Current criminal background checks are required for all adult sponsors. We reserve the right to confirm identification with your valid driver's license. Please complete this application and assumption of risk, and give the reference form to your pastor. Application is not considered complete until both application and reference form are received. *FINANCE NOTE: IF SPONSOR IS NOT APPROVED THE DEPOSIT WILL BE REFUNDED. IF SPONSOR IS APPROVED THE DEPOSIT WILL BE APPLIED TO THE TRIP COST. CHECKS MUST BE MADE TO WNMMD-PROJECT GO AND ARE TAX DEDUCTIBLE. FOR MORE INFORMATION ON THE FINANCIAL POLICY PLEASE CONTACT DORIS AT 715-258-8118 OR EMAIL DORIS@WNMMDAG.ORG.*

FORMS SHOULD BE MAILED TO: PROJECT GO — P.O. BOX 309 — WAUPACA, WI 54981

PLEASE PRINT CLEARLY

LAST NAME _____ FIRST NAME _____ MID INITIAL _____ NICKNAME? _____
ADDRESS _____ AGE _____ BIRTHDATE _____ / _____ / _____
CITY _____ STATE _____ ZIP _____ HOME PHONE (_____) _____
EMAIL _____ CELL PHONE (_____) _____
CURRENT OCCUPATION _____ CHECK: MALE FEMALE SINGLE MARRIED
T-SHIRT SIZE: AD-S AD-M AD-L XL 2XL 3XL
EMERGENCY CONTACT _____ DAYTIME PHONE (_____) _____
RELATIONSHIP _____ EVENING PHONE (_____) _____
EMAIL _____ CELL PHONE (_____) _____

GENERAL INFORMATION

Why do you want to be an adult leader for Project Go? _____

Are you willing to help equip kids for ministry and ministry/missions back at your home church following Project Go?
In what way? _____

How well do you know the kids from your church that you will be leading at this retreat?

(CHECK ANY/ALL) By sight By name Very well My own child is attending retreat

Are you certified in/as : CPR EMT LPN RN License/State: _____

PLEASE TAPE
A PICTURE OF
YOURSELF HERE.
SNAPSHOT IS FINE.

[FOR IDENTIFICATION
PURPOSES ONLY.]

SPIRITUAL LIFE

Salvation Water Baptism Baptism in the Holy Spirit

Home Church _____ Home Church City _____

How long have you attended this church? _____ Regularly? Yes No

When & where were you saved? _____

Yes No Are you comfortable praying with children?

Yes No Are you prepared emotionally/spiritually for six days with kids?

Yes No Can you be flexible without getting flustered with kids?

Yes No Can you correct children without yelling or losing your temper?

List children's ministry experience for past 5 years (use separate page if needed): _____

What is your "area of expertise" with children? _____

PARTICIPANT'S NAME: Last _____ First _____ Date of Birth _____

FAMILY PHYSICIAN

Name _____

Phone _____

INSURANCE INFORMATION Please check if you do not have insurance.

Camp insurance is accident-only coverage, secondary to personal insurance.

Insurance Company _____

Subscriber Number _____

HEALTH HISTORY

*Add a page with more detail if necessary.

NO CHRONIC HEALTH ISSUES

Does the Participant have any of the health conditions on the chart to the right?

Yes No If yes check all that apply.

Date of Last Tetanus _____

Immunizations current? Yes No

Does the Participant sleep walk? Yes No

Can the Participant swim? Yes No

NO DIET RESTRICTIONS

Is the Participant presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No If yes, please explain:

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had: _____

Does the Participant have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes No

If yes, please explain: _____

NO ACTIVITY RESTRICTIONS

MEDICATIONS

Does the Participant require any medications to be administered? Yes No

If yes, please list all medications with dosage, frequency/time and reason for dispensing.

NOT TAKING ANY PRESCRIPTION MEDICATIONS.

All meds must be in original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage/frequency.

OTC MEDS:

Permission is given for the following over-the-counter medications to be given to Participant as directed per age/weight—check box(es).

- Yes No Acetaminophen Yes No Pepto Bismal
- Yes No Tylenol Yes No Calamine Lotion
- Yes No Benadryl Yes No Antibiotic Ointment
- Yes No Robitussin DM Yes No Antacid(Tums,etc.)

	CONDITION	YES	NO		CONDITION	YES	NO
1	Asthma			Inhaler? Yes No	7	Bleeding	
2	Diabetes				8	Bee Sting Allergy	Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy	Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy	Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy	Epi Pen? Yes No

List medications, foods, or environmental allergens not listed above that Participant is allergic to and allergy

reaction. _____

MEDICATION	DOSAGE	FREQUENCY	REASON

MEDICAL TREATMENT AUTHORIZATION

I, the Participant, understand that my emergency contact will be notified in the case of a medical emergency involving myself as a Participant. I authorize the calling of a doctor and the providing of necessary medical services in the event I, the Participant, am injured or become ill. I authorize any one or more of the following persons to make emergency medical care decisions on behalf of myself, the Participant, if required by law or a health care provider: Project Go director or his/her authorized designee.

I, the Participant, understand that the Wisconsin and Northern Michigan Assemblies of God and Project Go or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. I hereby agree to hold harmless, defend and indemnify the Wisconsin and Northern Michigan Assemblies of God, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of Wisconsin and Northern Michigan Assemblies of God (collectively "claims") that may be asserted by anyone and that has any relation to the Participant. It is my express intention to defend, indemnify and hold harmless the Wisconsin and Northern Michigan Assemblies of God from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant.

I agree to notify Project Go in the event of any health changes which would restrict the Participant's participation in any activities. I also understand that Project Go representative(s) reserve the right to restrict the Participant from any activity for any reason.

A photocopy or facsimile of this authorization shall be as valid as the original.

Signature: _____ Printed Name: _____ Date: _____

PARTICIPANT'S NAME: Last _____ First _____ **Date of Birth** _____

AGREEMENT FOR ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the Project Go director at 715-258-8118.

Signature: _____ Printed Name: _____ Date: _____

IN CONSIDERATION of participation in the above activity on the date and location above (herein the "Activity") I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that (i) I am in good health and in proper physical condition to participate in the Activity; and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks and dangers which include outdoor activities in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitos, and spiders. Other activities may include swimming, bowling, relay games and team games. 2017 Project Go team members will be transported from the training location at Camp Wilderness on the grounds of Spencer Lake Christian Center to activity locations and the ministry site at Coulee Community Church in Whitehall, Wisconsin. I hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, I certify that Participant is physically able and adequately trained to participate in such events, specifically swimming, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of 2017 Project Go; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity.

I also accept sole responsibility for my own conduct and actions while participating in the Activity, and the condition and adequacy of my equipment.

I understand and agree that if, during my participation in the Activity, 2017 Project Go becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, 2017 Project Go has my permission to contact my provided "emergency contact".

A photocopy or facsimile of this consent and release shall be as valid as the original.

Signature: _____ Printed Name: _____ Date: _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING MY PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY 2017 PROJECT GO AND WISCONSIN AND NORTHERN MICHIGAN DISTRICT ASSEMBLIES OF GOD AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, and acknowledge that I am giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I **HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.**

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

I HEREBY ACCEPT THE ABOVE TERMS.

A photocopy or facsimile of this consent and release shall be as valid as the original.

Signature: _____ Printed Name: _____ Date: _____

PROJECT GO

JULY 17-22, 2017

REVISED 2/23/2017

PASTOR REFERENCE FOR ADULT SPONSOR

APPLICANT: Last _____ First _____ M.I. _____ Date of Birth _____

The above applicant has given written authorization to obtain from you any information you might have regarding the applicant's character and fitness for working with children. The applicant has further released you from liability for any damage that may result from you furnishing us with such an evaluation. We would appreciate your complete and confidential answers to the following questions. This application CANNOT be processed further unless this section is completed by you. THANK YOU!

PLEASE MAIL COMPLETED FORM TO:
PROJECT GO — P.O. Box 309 — WAUPACA, WI 54981

I have been personally acquainted with this applicant for _____ years.

Project Go requires the local church to have a current background check and references on file in church records for all Project Go participants who are 18 years of age or older.

Background report and references are on file in church records [required]: Yes No

In what capacity is applicant currently serving:

Limitations/Weaknesses we should be aware of:

I am personally acquainted with applicant and in my opinion declare that applicant is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.

Based on my knowledge of applicant I do NOT recommend him/her to work with minors.

ADDITIONAL COMMENTS:

A photocopy or facsimile of this form shall be as valid as the original.

PLEASE COMPLETE:

Person providing reference may not be related to applicant—in that case another staff pastor or church board member may complete the form.

Name _____ Lead Pastor Staff Pastor Other _____

Church Name _____

Address _____ Office Phone _____

City/State/Zip _____ Email _____

Signature _____ Date Signed _____

THANK YOU!

Questions? Call Doris at the Discipleship Ministries office 715-258-8118 or email doris@wnmdag.org

PLEASE MAIL COMPLETED FORM TO: PROJECT GO . P.O. Box 309 . WAUPACA, WI 54981

INFORMATION AUTHORIZATION AND RELEASE

TO BE COMPLETED BY ALL PROJECT GO APPLICANTS 18 YEARS & OLDER

PLEASE PRINT

NAME (FIRST, MIDDLE, LAST): _____

MAIDEN NAME OR OTHER NAMES USED: _____

ADDRESS _____ CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

In completing the PROJECT GO application, I _____ of _____ understand, represent and agree that:

1. As part of the Project Go procedure for verifying the information provided by me on the Project Go application form or evaluating me as an adult team member or volunteer leader, Project Go and Wisconsin and Northern Michigan Assemblies of God may contact persons, employers and/or organizations named by me in this form; conduct a national criminal background check; conduct a sex offender registry check; a social security trace or other appropriate background investigative reports which may include information gathered through personal interviews with third parties, family members, and persons, with whom I am acquainted. I consent to Project Go and Wisconsin and Northern Michigan Assemblies of God making such checks and understand that this may include information regarding my character, general reputation, and personal characteristics. I further agree to sign any and all documents, consents and/or agreements which may be necessary for Project Go and Wisconsin and Northern Michigan Assemblies of God and its authorized representatives and/or designees to complete the above. By signing this form, I authorize Project Go and Wisconsin and Northern Michigan Assemblies of God to request and obtain the information described above. Further, I release Project Go and Wisconsin and Northern Michigan Assemblies of God and its denominational agency, affiliates, related entities, agents, employees, and officers (collectively "Organization") and all references from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree to hold the Organization and all references harmless and will not to bring any action or assert any claim against the Organization or any reference on account thereof.
2. I understand that my providing of false or misleading material information or my failure to state material facts either in this form or in any interview will result in the immediate rejection of my application as a Project Go volunteer team member or immediate dismissal if such false or misleading information is discovered after any Project Go application is accepted by Project Go and Wisconsin and Northern Michigan Assemblies of God.

I have read and understand the above and affirm that the information I have provided on the application is true and correct.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE

A PHOTOCOPY OR FACSIMILE OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.