**Rocket City Missions**

**Adult Volunteer Application**

Note: All adult participants must complete this form. All sections of this application must be completed. Return this form to your group leader. Group leaders are responsible for submitting all applicable forms to the Rocket City Missions Event Director for registration purposes.

**Shirt Size: \_\_\_\_\_\_\_**

Position you are applying for: □Crew Chief □Crew Encourager □Kitchen □ Clean Up □ Nurse □ Bus Driver □ Runner □ other\_\_\_\_\_\_\_\_\_\_

Name: (Last) (First) Date of birth:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Home Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

General Health: (check one) \_\_\_\_\_\_Poor \_\_\_\_Fair \_\_\_\_\_Good \_\_\_\_\_\_Excellent

Do you have any physical limitations? \_\_\_\_\_\_Yes \_\_\_\_\_No If yes, please explain:

**\***List any medical conditions for which you are currently being treated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*List any medication you are currently taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*List any medications / substances / food in which you are allergic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Tetanus Immunization:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Physician’s address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy or Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work number:(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

What experience do you have that may qualify you for the position you are applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended a mission project? \_\_\_\_\_Yes \_\_\_\_\_No

List the mission projects where you have served:

Please rate your experience working with teenagers: □ Poor □ Fair □Good □ Excellent

Which age group would you prefer to work with: □ Jr. High □ Sr. High □ either

How long have you been a Christian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No

If yes, please explain:

**\*Please list any additional medical conditions and medications on the back of this form as space is needed.**

Have you ever been legally charged or convicted of child abuse or a sexual crime? Yes \_\_\_No \_\_\_

If yes, please explain:

My Church has done a background check on me in the past two years? Yes\_\_\_No\_\_\_ If no, it needs to be done to work with students.

**REFERENCES**:

List two people other than family members you have known at least one year. One of these should be a staff member at your church.

|  |  |
| --- | --- |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |
| Email: | Email: |
| Fax: | Fax: |

**FOR CREW CHIEF / SUPERVISOR ONLY**

**SKILLS / ABILITY**

Rate your area of ability using the following rating system: Amateur Skilled Professional

0 1 2 3 4 5 6 7 8 9 10

Carpentry 0 1 2 3 4 5 6 7 8 9 10 Drywall 0 1 2 3 4 5 6 7 8 9 10

Finish carpentry 0 1 2 3 4 5 6 7 8 9 10 Roofing 0 1 2 3 4 5 6 7 8 9 10

Painting 0 1 2 3 4 5 6 7 8 9 10 Vinyl Siding 0 1 2 3 4 5 6 7 8 9 10

Window / door replacement 0 1 2 3 4 5 6 7 8 9 10

Other (Please specify: )

What equipment could you bring to your job site?

**Participant Model Release**

By signing this document, the participant hereby gives Rocket City Missions of the Madison Baptist Association legal representatives and assigns, the absolute and irrevocable right and

permission to use the participant’s name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/ or moving pictures and / or video-taped images

of the participant with or without the participant’s voice, or in which the participant may be included in whole or in part, advertising, trade, competition of every description and / or any

other lawful purpose whatsoever. The participant also concerns to the use of any printed matter in copy, or sound track that may be used in connection therewith. The participant also

waives any right to inspect and / or approve the finished product or products or the editorial, promotional, or printed copy, or sound track that may be used in connection therewith and any

right that I may have to control the use to which said product, products, copy and / or sound track may be applied. The participant discharges and agrees to save harmless Rocket City

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whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting, or displaying of said images, and from the liability

for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Applicant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_