

APPLICATION FOR ADULT (OVER AGE 24) VOLUNTEER

2024 Volunteers-in-Mission Summer Service Program July 20 – 27, 2024 at Mission-at-the-Eastward (MATE) North New Portland, Maine

FLEMINGTON PRESBYTERIAN CHURCH 10 East Main Street, Flemington, NJ 08822 (908) 782-3227

	` '
NAME:	E-MAIL:
ADDRESS:	
HOME PHONE: ()_	MOBILE PHONE: (DOB:
EMERGENCY CONTAC	CTS: (Optional for adults)
NAME:	RELATIONSHIP:
HOME PHONE: ()_	CELL PHONE: ()
Alternate Contact:	PREFERRED PHONE: ()

	nay consist of new construction and/or finishing, repairing, painting, ting, etc. on existing structures for elderly, handicapped, and low-income families. *****
Please describe your perso program. (This section M	nal motivation and expectations for participating in this VIM summer service UST be completed.)

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2024 VIM ADULT APPLICATION	First Name:	Last Name:	

(Your comments, all or in part, may be part of the group introductory meeting in Maine!)

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2024 VIM ADULT APPLICATION	First Name:	Last Name:
EMERGENCY MEDICAL INFOR	RMATION:	
information will be held in confidence ahead of time about dietary concerns	ee but may be necessar, allergies, any history we had many stings ov	ns? If so, please tell us below what they are. This ry in an emergency. It is important that we know of reactions to medicines, poison ivy, bee stings were the years. If you are at any risk of anaphylactions with you on the trip.
My last tetanus shot was received	(must be within 10 years!)

Please provide the name of your health insurance company and the coverage ID number:

Company: _____ ID# ____

Company: _____ ID# ____

Family physician: Phone: (____)

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Acknowledgements:

- 1. I understand that, as a member of the Volunteers-in-Mission team, I will be representing the Congregation of the Flemington Presbyterian Church as well as Mission at the Eastward. I will abide by the ground rules set by the team, its leaders, the host coordinator, and MATE. I also understand that I am responsible for conducting myself in a safe, ethical, and Christian manner at all times while on the VIM summer service programs. I fully understand that responsibility for my conduct and consequences thereof are mine alone.
- 2. I understand that my personal insurance is the primary coverage for medical treatment in the event of any accident or cause for medical services.
- 3. I consent to the taking and use of photographs and audio/video recordings of me during this activity for use by the Church to remember and promote this program.
- 4. I have read and accept the 6-page Volunteers in Mission Briefing Document and Activity Plan.
- 5. I hereby release Flemington Presbyterian Church (FPC) and its employees and agents from all claims and actions that I or my successors may have against FPC and its employees and agents arising out of my involvement in the VIM Summer Service Program. I understand the consequence of this release, and assume full responsibility for my participation in the VIM Summer Service Program.
- 6. I acknowledge that a fingerprint background check may be necessary in order to attend as an adult leader and
- 7. that it must be in hand before I am able to depart with the team. Information to be made available on the church website.

Signed:	 	 	
Date: _			

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Date application received by VIM_____

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(CIRCLE SIZE)

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PHOTO CONSENT FORM

l,	grant permission and give my consent to Mission at the
East	ward for the use of the photograph(s) or electronic media images taken during my
trip to	o MATE for presentation under any legal use:

Revocation

□ I understand that I may revoke this authorization at any time by notifying Mission at the Eastward in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

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