

# <u>APPLICATION FOR ADULT LEADER IN TRAINING (AGES 18-24)</u> <u>VOLUNTEER</u>

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: ()MC	DBILE PHONE: ( DOB:	-
EMERGENCY CONTACT(S):		
NAME:	RELATIONSHIP:	
HOME PHONE: ()	CELL PHONE (	
Alternate Contact:	PHONE:	
	provide hands-on assistance working their housing ministry consisting of sor olumbing, roofing, insulating, etc. on existing structures for elderly, handicapp	
Please describe your personal motivation and ex be completed.	spectations for participating in this VIM summer service program. This section	on MUST

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

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Last Name:	First Name:	

VIT's will have been out of high school for at least one year (or completed first year of college) and 24 years or younger. VIT responsibilities include but not limited to:

- 1) Lead the crew by ensuring all youth members are participating in the shared work
- 2) Responsible for final check and ensuring all youth participate in the morning routine and end of day clean-up of work site and vehicles
- 3) Ensuring each work site day begins and ends with a youth member leading in prayer
- 4) Organizing the youth to lead assigned evening devotions
- 5) Support the adult site leader at all times.

#### Covenant

As a member of the Volunteers-in-Mission team, I am representing Flemington Presbyterian Church and Mission-at-the-Eastward. I will:

- Engage and participate in the life of this Christian community in mission
- Lead by example in promoting safe, ethical, Christ like behavior
- Support the Coordinating team by following through with my assigned tasks, ask how I can be helpful and exercise self-care.
- I will abide by the ground rules set by the team, its leaders, the host coordinator, and MATE.
- While I intend to encourage youth to be careful and diligent with safety measures, I will report to the coordinating team any behavior that is unsafe or anyone who refuses to comply upon request.
- I fully understand that responsibility for my conduct and consequences thereof are mine alone.

Signature of Applicant:	Date:
EMERGENCY MEDICAL INFORMATION:	
confidence but may be necessary in an emergency. It is in history of reactions to medicines, poison ivy, bee stings, e	ons? If so, please tell us below what they are. This information will be held in important that we know ahead of time about dietary concerns, allergies, any tc. Maine has lots of wasps and we've had many stings over the years. If you out it and have a supply of Epi-pens with you on the trip.
My last tetanus shot was received	
Please provide the name of your health insurance compar	y and the coverage ID number:
Company:	ID#
Company:	ID#
Family physician:	Phone: (

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Last Name:	First Name:	

#### Additional adult acknowledgements:

- 1. I understand that my personal insurance is the primary coverage for medical treatment in the event of any accident or cause for medical services, and
- 2. 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, and
- 3. I have read and accept the 6-page Volunteers in Mission Briefing Document and Activity Plan, and
- 4. 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.
- 5. I acknowledge that a fingerprint background check may be necessary in order to attend as an adult leader and

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6.	that it must be in hand before I am able to de	epart with the team. Information t	to made available on the church website

b. that it must be in hand before I am abl	le to depart with the team. Information to made available on	the church website.
	Date:	
Signature of adult leader in training ap	plicant)	
Are you willing to drive during the trip	if necessary? (circle one) YES NO	
regarding out trip including our safe a	eople at home (parents/siblings/partners/spouses, etc.) of entrival at camp, our expected time of return, non-routine evolast, please list their name and cell phone number:	
Name:	Cell #	

### APPLICATIONS DUE BY April 30, 2024

The team member individual fee is **§150.00** and is due with the application.

Please make check out to "Flemington Presbyterian Church – VIM".

Every team member will receive a tee shirt. Please circle your size below based on adult men's tee-shirts sizes.

S M L XL XXL (CIRCLE SIZE)

Date application received by VIM\_\_\_\_\_

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Last Name:	First Nam	e:

## **PHOTO CONSENT FORM**

	grant permission and give my consent to Mission at the photograph(s) or electronic media images taken during metation under any legal use:
	Describe Photo(s)
Revocation	
the Eastward in writing receipt of this written	ay revoke this authorization at any time by notifying Mission at The revocation will not affect any actions taken before the notification. Images will be stored in a secure location and only e access to them. They will be kept as long as they are relevant or oyed or archived.
Signature	Date

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