

**Jamaica VBS 2008
Preliminary Application**

(PLEASE PRINT)

DUE 12/17/07

Please check one box:

Site Team Leader

Team Member

Interests and/or experience:
(Please check all applicable boxes)

Bible Teaching Drama

Crafts Music

NAME: _____

ADDRESS: _____

PHONE: _____ (HOME) _____ (WORK)

E-MAIL: _____

MEETING/CHURCH: _____

DATE OF BIRTH: _____
(month) (day) (year)

Health and Medical Information

Insurance Company _____

Policy # _____

Phone # _____

Policyholder's Name _____

Phone # _____

Doctor's Name _____

Phone # _____

Date of last Tetanus Shot _____

Medications Participant is using under doctor's orders _____

Allergies or other health problems _____

Emergency Contacts: Names & Numbers

In the event it becomes necessary to seek medical attention for _____ during the period she/he is a participant in this event, I hereby authorize the leaders to execute the proper treatment for the above participant.

Signed _____ Date _____

ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE

Activities/Christian Service
(Please list your participation in the following areas)

DUE 12/17/07

Monthly Meeting: _____

Quarterly Meeting: _____

Yearly Meeting: _____

School, work, community, etc.: _____

References

Name: _____ Relationship _____
Address: _____
Phone: _____

Name: _____ Relationship _____
Address: _____
Phone: _____

Name: _____ Relationship _____
Address: _____
Phone: _____

Background Check

I give permission for North Carolina Yearly Meeting of Friends to perform a criminal background check on _____ for the purpose of application for the Jamaica VBS team.

(Signature of applicant)

(Date)

(Signature of parent or guardian-applicants under 18 yrs. old)

(Date)