

Servant Information (Please Print)

Today's Date ___/___/2015 Name _____

Address _____ City _____ Zip Code _____

Birthdate ___/___/___

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____ Do you text ___No ___Yes

Facebook ___No ___Yes Twitter ___No ___Yes

Emergency Contact

Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____

2nd Emergency Contact (only used when necessary)

Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____

List ALL health concerns, physical activity restrictions + other information you want us to know

Allergies _____

Prescription Drugs currently taking, including dosages

Journey Servant Form.page2

Doctor's Name _____ Phone (_____) _____ - _____

I hereby release the United Methodist Church of LeMars, it's Staff + Adult Servants from responsibility + liability for any injury I may sustain during *Journey* events. In the event of an emergency, I hereby authorize the Adult Leader of any given activity, or the Pastor, as an agent for me, to consent to first aid, emergency treatment, x-ray examination, medical, dental, and/or surgical diagnosis: treatment and/or hospital care advised + supervised by a physician, surgeon or dentist (as appropriate) licensed to practice in the state where services are rendered; either at a doctor's office or in any hospital.

I have health insurance coverage ___No ___Yes (copy of insurance card is required)

Name of Policyholder _____ Relationship _____

Name of Insurance Company _____

Group/Policy Number _____

Your Signature _____

Emergency Contact _____ Phone (_____) _____ - _____

I have been convicted of a felony ___No ___Yes

For those desiring to drive youth to *Journey* events: this comes from UMCL's insurance provider. **1.**Minimum age of 21 for driver's. **2.**Familiar with UMCL's "Child Abuse Prevention Policy". No youth are left 1 on 1 with an adult in a vehicle - i.e. need 2 adults if only 1 youth in the vehicle. **3.**Servant drivers need to understand that the vehicle owners insurance policy will always be "primary" coverage. If an individual uses their vehicle to transport youth and causes an accident - i.e. the vehicle owners insurance policy will pay other parties bodily injury and property damage costs, as well as pay their own vehicles damage/deductible. UMCL's policy comes into play if the individual vehicle owners limits are inadequate to cover a loss and the claim falls within policy guidelines. **4.**Provide proof the vehicle being used has insurance in place - i.e. certificate of insurance from vehicle owner. **5.**Obey state laws - i.e. speed limits, hand held devices, etc.

I have a valid driver's license ___No ___Yes (copy both sides of license is required)

Name of Insurance Company _____

Group/Policy Number _____

Print Name _____

Signature _____

Today's date ___/___/2015

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