

ADULT LEADER APPLICATION FOR Re:lease 201

I, _____, hereby express my desire to participate in the **Re:lease 2018** youth mission event from June 25-June 29.

Address: _____ Email _____

I can be reached at the following phone numbers: Cell _____ Home _____

Age: (circle one) 18-20 21-24 25+ Church: _____

Emergency Contact Person _____ Number _____

Student(s) attending Re:lease 2018 with you: _____

DRIVING INFORMATION

Can you provide a vehicle for use during the week? If yes, please circle the size of vehicle.

5-passenger 7-passenger 12-passenger 15-passenger No, I cannot

Are you 25 years or older and are willing to be a driver for the week? (circle one) yes no

What is your availability for the week? It would be ideal for you to participate every day, but we can be flexible as necessary. (please circle the days you are available)

Monday 8-6 pm Tuesday 8-9 pm Wednesday 8-6 pm Thursday 8-6 pm Friday 8-11 pm

GENERAL HEALTH INFORMATION

Allergies or illnesses: _____

Taking any medication: _____

Wearing glasses? _____ Contact Lenses? _____ Approximate time of last tetanus injection: _____

Insurance Company: _____ Policy #: _____

To the best of my knowledge, the above health information is correct. In the event of an emergency in which I cannot communicate, I hereby give permission to the physician selected by the event director to secure proper treatment.

Signature _____ Date _____

Please send this form to: LEROY COMMUNITY CHAPEL 12920 SR 86 Painesville, OH 44077 440/254-4747

Please contact Tucker Barlow with any questions: tbarlow@leroychapel.org THANKS!!!