Christian Community Service
Projects
1861 Road 10 South
Alamosa, CO 81101
719-589-2330

Participant_____ Sponsor _____ Age _____

Church Name: _____

Name of Participant: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone:_____ Work Phone: _____

Church/group coming with:_____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone:_____ Other Phone: _____

For your benefit and the safety of others, we need to be aware of any medical conditions you may have.

♦ Do you wear: Contact Lenses? _____

        Glasses? _____

        Hearing Aid? _____

♦ Do you take any medications? _____

     If so, what are you taking? _____

♦ Do you have any allergies? (Please list what kind)

_____

♦ Please indicate if you have any of the following conditions:

_____Asthma	_____Back Problems
_____High Blood Pressure	_____Kidney Problems
_____Low Blood Pressure	_____Bone/Joint Problems
_____Cardiac Condition	_____Respiratory Problems
_____Seizures	_____Diabetes
_____Other	

♦ What should we know about any of the medical conditions checked?

Insurance

Participants must understand that, except as otherwise agreed by the Christian Community Service Projects in writing; Christian Community Service Projects do not carry or maintain health, medical, or disability insurance coverage for any participant. Participants are expected and encouraged to obtain their own medical or health insurance coverage.

♦ Name of Insurance Plan: _____

♦ Policy and/or Group Number: _____

Participants 18 & Under: Parent/Guardian Medical Release

I hereby give permission for _____ to receive medical services, if needed. In an emergency, I give permission to X-Ray, anesthetic, medical or surgical diagnosis and treatment, and hospital admission that may be rendered to said patient under the general or specific instructions of any licensed medical doctor, I understand that every reasonable effort will be made to contact me before these actions are taken, but that this is given in advance of any specific diagnosis or treatment being requires. This consent shall remain in effect from _____ to _____.

Signature: _____ Date: _____

Relationship to Participant: _____

Previous Experience:

Have you ever participated in any previous service projects or mission trips, including trips to the San Luis

Valley? Please list the sites and describe the types of work you have done.

What experiences do you have, skills, abilities? (examples: painting, sheet rocking walls, raking leaves, shingling a house, dry wall repairs, fence repairs, etc.)

Expectations

Please describe some of your hopes and expectations for your volunteer experience.