

# GROUP LEADER/ VOLUNTEER APPLICATION 2016



Please fill out the following application. (All sections must be filled out.)

## I. GROUP LEADER/ VOLUNTEER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

T-Shirt size (Adult sizes):  XS  S  M  L  XL  XXL  XXXL

Citizenship: Are you a US citizen?  Yes  No

Primary Language:  English  Ukrainian  Russian  Other: \_\_\_\_\_

Do you have a valid driver's License?  No  Yes If so, License #: \_\_\_\_\_

## II. MEDICAL DISCLOSURE FORM (All medical and personal information will be kept confidential)

Primary Care Physician: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Office phone: \_\_\_\_\_

Do you have any Allergies?  No  Yes If so, please list: \_\_\_\_\_

Do you take medication(s) for your allergies:  No  Yes If so, please list: \_\_\_\_\_

Do you have Asthma?  No  Yes

If YES, will you carry a rescue inhaler during school session? \_\_\_\_\_

If YES, do you need staff help to use that rescue inhaler? \_\_\_\_\_

If YES, what triggers the asthma? \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_ Physical Handicaps: \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

**Medical History:**

Health History (check conditions and describe below, list the year for each illness)

- |                               |                                |                                |
|-------------------------------|--------------------------------|--------------------------------|
| ___ ADD/ADHD                  | ___ Anemia                     | ___ Appendicitis               |
| ___ Asthma                    | ___ Autism                     | ___ Bleeding/Clotting Disorder |
| ___ Blood Pressure (high/low) | ___ Bronchitis                 | ___ Chickenpox                 |
| ___ Colitis                   | ___ Concussion                 | ___ Corrective Lenses          |
| ___ Cramps, severe            | ___ Cystitis                   | ___ Dental Appliances          |
| ___ Diabetes                  | ___ Diarrhea/Constipation      | ___ Dislocations               |
| ___ Eating Disorder           | ___ Emotional/Behavioral Issue | ___ Epilepsy or Convulsions    |
| ___ Fainting or Dizziness     | ___ Fractures (broken bones)   | ___ Frequent Ear Infections    |
| ___ Heat Exhaustion           | ___ Hepatitis A, B or C        | ___ Heart Disease or Defect    |
| ___ Hernias                   | ___ Joint or Muscle Pain       | ___ Knee Injury or trouble     |
| ___ Measles                   | ___ Migraine Headaches         | ___ Mononucleosis              |
| ___ Motion Sickness           | ___ Pneumonia                  | ___ Skin Conditions or rashes  |
| ___ Sleepwalking              | ___ Sprains or strains         | ___ Tumor or Growth            |
| ___ Ulcer                     | ___ Urinary Difficulties       | ___ Venereal Disease           |

**Name any injuries, illness or disabilities not mentioned and the year of occurrence:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

Please list all medications (including over-the-counter or nonprescription drugs) being taken regularly.

- I take **no** medications regularly
- I do take medications regularly

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times taken daily: \_\_\_\_\_  
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**Medical Insurance:**

Do you have medical insurance?  Yes  No

Insurance Carrier: Policy Number: \_\_\_\_\_

Insurance Carrier's Phone Number: \_\_\_\_\_

**Teen Bible School Participation:**

Do you have any physical, emotional, mental, or physiological limitations that would affect your participation in any of our scheduled activities?  Yes  No

If yes, please fully describe such conditions or limitations below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By signing below, I acknowledge that I have completed this Medical Disclosure form accurately, truthfully, and to the best of my knowledge. I further warrant and represent that if any of the information contained in this form changes at any time, I will immediately provide EPC Teen Bible School with such updated information. I acknowledge that the information on this form will be**

shared with administration on a need-to-know basis. All medical and personal information will be kept confidential to the extent required by law.

Group Leader/ Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2016

**III. FAMILY INFORMATION/ EMERGENCY CONTACT**

Father's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact #1:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Emergency Contact #2:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**IV: SPIRITUAL INFORMATION:**

Name of Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_  
What denomination do you belong to? \_\_\_\_\_

Have you accepted Jesus Christ as your personal savior?  Yes  No  
Are you baptized by the Holy Spirit?  Yes  No

In what language do you read the Bible?  
 English  Ukrainian  Russian  Other: \_\_\_\_\_

What version of the Bible do you read?  
 NIV  NKJV  KJV  NRSV  Other: \_\_\_\_\_

Rate your knowledge of the Bible:  Below Average  Average  Above Average  
Have you ever read the ENTIRE Bible at least once?  Yes  No

Are you currently involved in your local church?  Yes  No

Do you have musical abilities?  Sing  Play Instrument (s): \_\_\_\_\_

Do you have experience in the following?  
Preaching  Yes  No If so, how often: \_\_\_\_\_  
Leadership  Yes  No If so, specify: \_\_\_\_\_  
Worship Group Singing  Yes  No  
Solo Singing  Yes  No  
Choir Singing  Yes  No  
Tech Set-up in the Church  Yes  No  
Sunday School Teacher  Yes  No  
Other: \_\_\_\_\_

## V. BACKGROUND INFORMATION:

Have you ever been:

Arrested?  Yes  No  
Convicted?  Yes  No

Do you use or have you ever used:

Tobacco/Weed?  Yes  No  
Alcoholic Beverages?  Yes  No  
Drugs?  Yes  No

Have you completed the PA Child Abuse History Clearances? \*

*\*If you have not completed the PA clearances, please begin that process immediately.*

Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>

Is there anything we may need to know in regards to you legally?

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## VI. PERMISSION/ SIGNATURE:

I certify that all of the information and statements on this application are complete and accurate to the best of my knowledge. I will conduct myself in a sound Christian manner and follow all policies and expectations of EPC Teen Bible School group leaders/ volunteers and Evangelical Pentecostal Church.

In my consideration to participate in the EPC Teen Bible School of Evangelical Pentecostal Church to be held July 10– 24th, 2016, I affirm and agree with the following statements:

- I agree to become familiar with all EPC Teen Bible School rules and instructions and to abide by them. I understand that EPC retains the right to suspend my participation in EPC Teen School in the event that I disregard the Gospel, its Christian principles, Christian behavior, EPC policies, regulations and schedule.
- I am physically sound and suffering from no condition, impairment, disease, or other illness that would hinder me or others from safely participating in EPC Teen Bible School.
- I recognize and fully understand and agree that in the event it becomes necessary for me to receive medical treatment during my participation in EPC Teen Bible School, reasonable efforts will be made to contact the persons listed on my Medical Disclosure form to obtain directions and authorization for such treatment. However, if the person(s) listed cannot be reached, I hereby authorize, direct, and give my full and complete permission to one or more authorized representatives of EPC and/or any advisors, directors, volunteers, or representatives to seek medical treatment on my behalf, including selecting and authorizing medical professional(s) (including, but not limited to nurses, LPNs, PAs, paramedics, doctors, or dentists) to take such action as is deemed necessary by any attending medical professional. I further give my full and complete authorization to such medical professional to hospitalize, order injections, administer anesthesia, perform surgery, or secure additional necessary medical treatment for my child as necessary and/or appropriate under the circumstances as determined by the medical professional. I further certify that I am willing to assume the risk of any medical or physical condition that I may have. I further understand and acknowledge that it is my duty to provide accurate and current information of such conditions on my Medical Disclosure Form (*listed above*).
- I recognize and fully understand that the insurance coverage listed on my Medical Disclosure form will be used as the sole insurance coverage for me in the event medical treatment is needed, and that I (or the responsible party for my insurance coverage) am solely and personally responsible for any payments or charge(s) not covered by such insurance. I further understand, acknowledge, and agree that no such insurance coverage is or will be provided for me by EPC. I understand and agree that if I do not

currently have valid health insurance coverage, none will be provided for me by EPC, and that I (or the responsible party for my insurance coverage) am responsible for any and all costs associated with medical treatment that may be required as a result of my participation in EPC Teen Bible School.

- I, do hereby grant permission to EPC Teen Bible School to use the image/voice recording of me as marked by the selection(s) below. Such use includes the display, distribution, broadcast, publication, transmission, or otherwise use of photographs, images, audio recordings, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, blogs, videos, and digital images such as those on the teenschool.epcphila.org website. No personal information will be distributed or published without my permission.
- Except where such an exception is prohibited or limited by applicable law, except for any claims, actions, liability, and/or demands ("Claims") that arise from, are caused by, or result from the gross negligence or willful misconduct of EPC and its affiliates, directors, volunteers, independent contractors, representatives and successors in interest (collectively, "Affiliates"), I hereby release, forever discharge, and agree to hold harmless EPC from any and all claims for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise out of the my participation in EPC or which may arise out of my travel to or participation in and returning from any activity associated with EPC, which may hereafter accrue to me. This Release/Waiver is understood to also be in effect with respect to, and to include any persons who may be engaged in, the transportation, hosting, treatment or attending to, or accompanying me to any facility for Medical Treatment on or off of EPC property, on the same basis and terms as stated above. I further agree to hold harmless and indemnify EPC from any Claims resulting in any way from my acts or omissions.

**Group Leader/ Volunteer Name Printed:** \_\_\_\_\_

**Group Leader/ Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 2016

**VII. LEADER TRAINING SEMINAR**

I will attend the mandatory EPC Training Seminar meeting on **June 25-26th, 2016.**

Yes     No

If you cannot attend the training, please explain why:

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## SENDING YOUR APPLICATION

Before you send please check for:

- Fully completed Application
- Copy of Driver's license (if you have one)
- PA Child Abuse Clearance
- Copy of Medical Insurance Card (if you have insurance)

Please attach application and all required parts and E-mail to [rvoshchilo@epcphila.org](mailto:rvoshchilo@epcphila.org)

**Or** mail to:

*SFG Teen Bible School  
3330 Davisville Road  
Hatboro, PA, 19040*