

GROUP LEADER/ VOLUNTEER APPLICATION

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



I. GROUP LEADER/ VOLUNTEER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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)

Do you have any medical conditions that the administration needs to be aware of in case of an emergency?

No Yes If so, please list: _____

Do you have any allergies? No Yes If so, please list: _____

Please list any:

Activity restrictions: _____ Physical restrictions: _____

Dietary Restrictions: _____

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 administration 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: ____/____/20__

III. EMERGENCY CONTACT

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

What ministries do you lead (or have led in the past) in your church? _____

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

V. BACKGROUND INFORMATION:

Have you ever been:

Arrested? Yes No

Convicted? Yes No

Have you completed the PA Child Abuse History Clearances? * Yes No

**If you have not completed the PA clearances, please begin that process:*

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

Please keep in mind, that we will not allow you to serve directly with teens without this clearance.

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 set by the administrative team and Evangelical Pentecostal Church (EPC).

In my consideration to participate in the EPC Teen Bible School of Evangelical Pentecostal Church, I affirm and agree with the following statements:

- I agree to become familiar with all EPC Teen Bible School policies, 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/or schedule set in place.
- 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, volunteer, or representative 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. In case of emergency, 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 me 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 me 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 church and EPC Teen Bible School 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 and EPC Teen Bible School from any claims resulting in any way from my acts or omissions.

Group Leader/ Volunteer signature: _____ Date: ____/____/20__

VII. OTHER

Please keep in mind that you will be requested to attend the Leader's Training Seminar in June. More information will be provided directly upon approval of your application.

Prior to application submission, please include:

- Fully completed application
- Copy of your driver's license
- PA Child Abuse Clearance

If you have any questions or concerns, please contact: Vladimir Soroka at (267) 262- 3342.