

Friendship Bible Class Volunteer Registration

Volunteer Information:

Name: _____ Gender: _____ Birthdate: _____
Preferred Name: _____ Home Phone: (_____) _____
Mailing Address: _____ (optional) Cell Phone: (_____) _____
City: _____ Email: _____
State: _____ Zip Code: _____ SSN: _____
(required for background checks for all volunteers 18 and older)

Do you know sign language? Yes No Do you have First Aid/CPR training? Yes No

How did you learn about the Friendship Bible Study? _____

What is the Volunteer's Christian background?

- Attends church regularly at _____
 Currently does NOT attend church Has no Christian background

Personal References (1st time volunteers only):

Your Pastor's Name: _____ 2nd Reference: _____
Your Church: _____ Position: _____
Church Phone: (_____) _____ Phone: (_____) _____

Emergency Contact Information:

Name: _____ Address: _____
Home Phone: (_____) _____ City: _____
Cell Phone: (_____) _____ State: _____ Zip Code: _____
Email: _____ Relationship to Volunteer: _____

(OVER)

Friendship Bible Study Liability Release

VOLUNTEER FULL NAME (printed): _____

I understand that this consent and liability release is being given to Hope Lutheran Church for the purpose of this congregation's Friendship Bible Study.

I hereby consent to participation of myself or the person named above in the described Friendship Bible study events. Participation includes activities for all Friendship Bible Studies attended during the 2013-14 Friendship Bible Study season. I have read the informational material related to Friendship Bible Study and understand the risks involved in the planned activities. I am aware that the applicant may participate in Friendship Bible Study activities such as Bible study, worship, group games, craft activities, snacks, and transportation.

I RELEASE AND FOREVER DISCHARGE, HOPE LUTHERAN CHURCH, THEIR AGENTS, THEIR SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND THEIR REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION, OR THE PARTICIPATION OF THE PERSON NAMED ABOVE, IN ATTENDANCE AT, AND TRAVEL TO AND FROM THIS EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS HOPE LUTHERAN CHURCH, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR THE PERSON NAMED ABOVE, BY ANYONE ON BEHALF OF ME OR THE PERSON NAMED ABOVE, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR THE PERSON NAMED ABOVE DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

I understand, agree and authorize, that if the person named above is 18 years of age or older, a criminal records/sexual abuse check will be conducted by the congregation for the protection of the students and volunteers. Volunteers must be registered with the Family Care Safety Registry (FCSR) through the Missouri Department of Health and Senior Services (DHSS). Any information regarding a conviction may be released to Hope Lutheran Church. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or releases information.

I hereby grant Hope Lutheran Church the right to use my name, stories of events, image and likeness, and sound recordings taken of me while at Friendship Bible Study for publicity purposes for a period of 5 years. The right to use these images and recordings are understood to include the right to make and use reproductions and to copyright and distribute the materials as a whole or in part.

I, the undersigned, hereby acknowledge that the information provided on this form is complete and accurate to the best of my knowledge and that I have read the foregoing, understand its content, and have signed the same as my own free act and deed.

Signature required below.

Volunteer / age 18 and over NOT requiring a Guardian Signature

Volunteer Signature: _____ Date: _____

Volunteers / under age 18 requiring a Parent / Guardian Signature

Parent / Guardian Signature: _____ Date: _____

Mail completed application to:

Hope Lutheran Church
ATTN: Friendship Bible Study
2308 Gravois Rd.
High Ridge, MO 63049

If you have any questions, feel free to contact us at hlcfriendshipbiblestudy@gmail.com or find us online at www.hopehighridge.org/disabilities-ministry.