

Volunteer Application

Have you ever attended an Unshackled event? Yes/No
 If yes, which one?

Have you ever served on a ministry team or as a volunteer? Yes/No
 If yes, what area did you serve?

CRITERIA FOR VOLUNTEERS

- High school age or older
- Prior participation in Unshackled events
- Active in their home congregation

First Name	Last Name	
Age	Grade	
Address	City	State/ZIP
Home Phone	Email	
Work Phone	Cell Phone	

Church/Congregation		
Address	City	State/ZIP
Pastor	Pastor's Phone	

Medical & Insurance Information

Medication			
Allergies			
Special Needs			
Insurance Company:		Phone #:	
Policy Holder's Name:		Phone #:	

Emergency Information

Name:	Day Phone	Evening Phone	Cell Phone
Mother:			
Father:			
Other:			

Choose one ministry team:

<input type="checkbox"/> Welcoming Ministry	<input type="checkbox"/> Media & Communications Ministry	<input type="checkbox"/> Helping Ministry
Ushers Greeters Coffee Shop Media tables	Photography Power point presentations Distributing flyers Videotaping Mailings Web site design Email	Setup stage equipment Setup event area (signs, lights, etc.) Serve food for volunteers Setup media (screen, projectors etc.)

Select Event dates you would be available:

	Location	
February 19	HBU Student Center	
March 19	HBU Student Center	
April 16	HBU Auditorium	
May 21	HBU Student Center	
June 18	HBU Student Center	
July 16	Stafford Centre	
August 20	HBU Student Center	
September 17	HBU Student Center	
October 15	Stafford Centre	
November 19	HBU Student Center	

AUTHORIZATION AND RELEASE FOR MINORS (UNDER 18)

I give permission for my child to participate in youth activities sponsored by Unshackled Ministries, including travel to and from locations by private or rental vehicle, for the period of January 1, 2005-January 31, 2005.

MEDIA RELEASE (Under 18)

I, hereby give permission for Unshackled Ministries, Houston, TX to use, publish, or disclose in media materials such as web sites, newsletters and brochures any photographs, videos or audios in which my child may have appeared, spoken or written.

Medical Release

In the event of acute illness or any other medical emergency, I grant permission to the staff of the event to secure medical aid for this participant. I also grant permission to give this person whatever medical treatment is required. I understand that I am responsible for any costs incurred.

Volunteer's Signature _____

Date _____

Parent's Signature _____

Date _____