

# 2016-18 LifePoint Ministry Registration Form

Date \_\_\_\_\_

## Participants and Volunteers:

Please indicate if you are a

Volunteer

Participant w/disability

Direct Care Staff

Family Member

Name \_\_\_\_\_  
Mrs./Ms./Mr. First Middle Last

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Month Day Year)

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_

Mobile Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Sign language capabilities? \_\_\_\_\_

## Emergency contact information

Name \_\_\_\_\_  
Mrs. Ms. Mr. First and Last Name

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

## Everyone must fill out this section:

In the event food or snacks are served please list any and all dietary precautions:

Diabetic  Gluten free  Food Allergies \_\_\_\_\_

Choking  Food cut up  Other: \_\_\_\_\_

No dietary restrictions  Other Special Instructions \_\_\_\_\_

## Participant with disability:

Please list your living arrangement: Service Provider: \_\_\_\_\_

Private Residence

Supportive Living

Group Home

Diagnosis of applicant's disability: \_\_\_\_\_

Applicant has a history of seizures  Describe: \_\_\_\_\_

Seizure frequency: \_\_\_\_\_  Controlled by medication

List behavior issues, and any recommendations on dealing with these issues:

Applicant is  verbal  does not use words

Describe information that would be helpful to know about this applicant

## CONSENT AND RELEASE OF LIABILITY

The undersigned hereby release and forever discharge LifePoint Church and Connection Ministries from any and all liabilities claims, losses and damages, as set forth herein. I, the undersigned, the person named on this application or the duly authorized representative hereby consent to participation in all ministry events and activities of LifePoint Church and Connection Ministries including but not limited to Bible Studies, worship services, respite programs, retreats, and fellowship gatherings, that may include: group games, craft activities, meals or snacks, and transportation to and from such events and activities.

I give my consent for a review of the applicable online sexual offender registry that is available to the public. Any negative information discovered may be confidentially released to the respective congregation, and Connection Ministries leaders of the event or activity.

I hereby consent to the use of my first name, unless otherwise agreed in publications describing such events and activities, and the right to use my image, voice recordings and video recordings taken at such events and activities. Such uses may include any form of publication such as radio, television, social media and/or printed materials. At no time will information about the named person be used for any reason other than to promote the event and ministries. At no time will addresses, emails, phone numbers, or other personal information be released without additional consent for such disclosure.

I release and forever discharge LifePoint Church, Connection Ministries, their successors and assigns, as well as employees, agents, independent contractors, directors, trustees, elders, officers, from any and all losses, claims damages and causes of action at law or in equity, that the person named or his/her authorized representative may have, as a result of participation, travel to and from such events or activities. This Release of Liability shall include 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 my authorized representative as to any injury, illness, physical condition, inconvenience or loss sustained by the person named on this application.

I understand that this consent and liability release is valid for five years.

THIS FORM MUST BE SIGNED TO PARTICIPATE IN EVENTS OR ACTIVITIES

PRINT NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(APPLICANT OR LEGAL GUARDIAN)

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

**A criminal background screen is only required for volunteers 18 years of age or older.** To complete a background screen requires an **Authorization of Background Investigation** be completed with your Social Security number. Please complete the **Authorization of Background Investigation** form that is attached. If you are under 18, or a participant with an intellectual disability, **do not complete the attached form** or fill out the information below.

If you do not want to give Connection Ministries your Social Security number, but have an active email address with internet connection, you may access our background screen provider directly with an email invitation link that we will send you. The results of your screen will be sent to Connection Ministries.

I will access the background screen provider with an invitation link

Email Address \_\_\_\_\_

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