

# Venture Missions 2017• July 10-17

## Participant Application

### Applicant Information

Full Name(first, middle and last) \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone(indicate home or mobile) \_\_\_\_\_

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

Date of Birth(include year) \_\_\_\_\_

Entering School Year \_\_\_\_\_

Adult Shirt Size(XS, S, M, L, XL) \_\_\_\_\_

On the back side of this sheet, Please provide answers to the following three questions:

1. List any past experience working with kids.
2. Describe your relationship with Christ.
3. Why do you want to serve on Venture Missions?

Have you made a public profession of faith? Yes \_\_\_\_\_ No \_\_\_\_\_ (A public profession of faith means you have gone through membership classes at your church and have become a member by answering the questions found on page 158 of the Directory for Worship IV:B:2; 2011 ed.)

### Applicant's Church and Pastor

Church Name and City \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Phone \_\_\_\_\_

Pastor's EmailAddress \_\_\_\_\_

### Applicant's Parentor Legal Guardian

Full Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone (indicate home or mobile) \_\_\_\_\_

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

### Applicant's Statement

I certify that the answers given are true and complete to the best of my knowledge and ability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Venture Missions 2017• July 10-17**  
**Permission & Medical Release Form**

**Participant Information**

Full Name(first, middle and last) \_\_\_\_\_

Date of Birth(include year) \_\_\_\_\_

Allergies \_\_\_\_\_

Medications Being Taken \_\_\_\_\_

Handicaps or Limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

**Parent or Legal Guardian Information**

Full Name \_\_\_\_\_

Phone (indicate home or mobile) \_\_\_\_\_

Postal Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Participation and Emergency Medical Release and Consent Permission**

I give permission for \_\_\_\_\_ (*Child*) to participate in Venture Missions on July 10-17, 2017.

I understand that an adult leader, adult participant, or adult designee of the Venture Missions (*Venture Missions Adult*) will attempt to contact me at the phone number provided should emergency medical care for the Child be necessary between July 10-17, 2017. If the Child's immediate medical care is deemed necessary and such contact is not possible, is unsuccessful, or if critical medical care would be hindered by any delay, I hereby authorize a Venture Missions Adult to consent to the Child's medical care on my behalf.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

**WHAT TO BRING:**

Air mattress

Bedding

Cell phone if you have one.

Enough clothes for a week including church clothes for Sunday

Shower stuff

Bible

Reusable water bottle

Sun screen

Bug spray

Swimsuit

Money for go kart mini golf fast food for Wednesday night

Christ-like behavior

**WHAT TO LEAVE BEHIND:**

Bad attitude

Knives and/or weapons of any kind