

<u>APPLICATION FOR ADULT LEADER IN TRAINING (AGES 18-24)</u> VOLUNTEER

2024 Volunteers-in-Mission Summer Service Program July 20 – 27, 2024 at Mission-at-the-Eastward (MATE) North New Portland, Maine

> FLEMINGTON PRESBYTERIAN CHURCH 10 East Main Street, Flemington, NJ 08822 (908) 782-3227

NAME:	E-MAIL:	
ADDRESS:		
HOME PHONE: ()	MOBILE PHONE: ()	DOB:
EMERGENCY CONTACT(S):		
NAME:	RELATIONSHIP:	
HOME PHONE: ()	CELL PHONE (
Alternate Contact:	PHONE:	
Our VIM team has been requested by MATE t construction, plus finishing, repairing, painting low-income families.		
Please describe your personal motivation and obe completed.	expectations for participating in this VIM	1 summer service program. This section MUST

(Your comments, all or in part, may be part of the group introductory meeting in Maine!)

03/19/2024 Page 1 of 4

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Last Name:	:First Name:	

VIT's will have been out of high school for at least one year (or completed first year of college) and 24 years or younger. VIT responsibilities include but not limited to:

- 1) Lead the crew by ensuring all youth members are participating in the shared work
- 2) Responsible for final check and ensuring all youth participate in the morning routine and end of day clean-up of work site and vehicles
- 3) Ensuring each work site day begins and ends with a youth member leading in prayer
- 4) Organizing the youth to lead assigned evening devotions
- 5) Support the adult site leader at all times.

Covenant

As a member of the Volunteers-in-Mission team, I am representing Flemington Presbyterian Church and Mission-at-the-Eastward. I will:

- Engage and participate in the life of this Christian community in mission
- Lead by example in promoting safe, ethical, Christ like behavior
- Support the Coordinating team by following through with my assigned tasks, ask how I can be helpful and exercise self-care.
- I will abide by the ground rules set by the team, its leaders, the host coordinator, and MATE.
- While I intend to encourage youth to be careful and diligent with safety measures, I will report to the coordinating team any behavior that is unsafe or anyone who refuses to comply upon request.
- I fully understand that responsibility for my conduct and consequences thereof are mine alone.

Signature of Applicant:	Date:
EMERGENCY MEDICAL INFORMATION:	
confidence but may be necessary in an emergency. It is imp	? If so, please tell us below what they are. This information will be held in cortant that we know ahead of time about dietary concerns, allergies, any Maine has lots of wasps and we've had many stings over the years. If you t it and have a supply of Epi-pens with you on the trip.
My last tetanus shot was received	
Please provide the name of your health insurance company a	and the coverage ID number:
Company:	ID#
Company:	ID#
Family physician:	Phone: (

03/19/2024 Page 2 of 4

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Additional adult acknowledgements:

- 1. I understand that my personal insurance is the primary coverage for medical treatment in the event of any accident or cause for medical services, and
- 2. I consent to the taking and use of photographs and audio/video recordings of me during this activity for use by the Church
- 3
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							to attend as an c		
6.	that it must b	e in hand b	efore I am ab	ole to depart	with the team.	Information to	made available	on the church websit	e.

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Every team member will receive a tee shirt. Please circle your size below based on adult men's tee-shirts sizes.

S M L XLXXL (CIRCLE SIZE)

Date application received by VIM_____

03/19/2024 Page 3 of 4

Last Name:	First Name	. .

PHOTO CONSENT FORM

grant permission and give my consent to Mission at the Eastward for the use of the photograph(s) or electronic media images taken during my rip to MATE for presentation under any legal use:								
	Describe Photo(s)							
Revocation								
the Eastward in writing receipt of this written	ay revoke this authorization at any time by notifying Mission a The revocation will not affect any actions taken before the otification. Images will be stored in a secure location and onle access to them. They will be kept as long as they are relevatoryed or archived.	y						
Signature	Date							

03/19/2024 Page 4 of 4