

# Adult Volunteer Registration Form

**In order for background checks to be completed prior to the Journey you must have completed this form and either mailed or faxed (605-996-1766) to the office prior to August 31, 2011. No background check/clear background check, you DO NOT attend the event. Sorry.**

Please use blue or black ink to complete. All information must be complete before the background check can be submitted.

Event Name THE JOURNEY, SPIRIT LAKE NATION Event Dates: Sept. 9 – 11, 2011

Name \_\_\_\_\_ T-Shirt Size (Adult sizes only)(not all events provide T-shirts) \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_ Male  Female

City, State & Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Home Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Authorization Form

During the application process and at any time during the tenure of my Volunteer Status with the Dakotas Annual Conference of the United Methodist Church, I hereby authorize LexisNexis Services, Inc., on behalf of the Dakotas Annual Conference of the United Methodist Church to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Dakotas Conference of the United Methodist Church shall search the following.

1. Social Security Screen
2. National Criminal Search
3. Motor Vehicle Record Search

Applicant Volunteer Signature \* \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*Required Fields**

**To complete your registration:  
Fill out the Health and Release form on the reverse side, and mail to:  
Dakotas Conference Office  
Attn: Camping/Youth Ministry  
P.O. Box 460  
Mitchell SD 57301**

Dakotas Conference Council of Youth Ministry of the United Methodist Church  
**Adult Volunteer Health and Release form**

\_\_\_\_\_  
 Participants Name

\_\_\_\_\_  
 Participant's Insurance company

\_\_\_\_\_  
 Policy #

\_\_\_\_\_  
 Family Physician

\_\_\_\_\_  
 Physician's Phone #

Dakotas United Methodist Camps provide a secondary accident insurance policy for all campers.

**Health History**

Please indicate which of the following conditions you have/or have had. Give dates if appropriate.

Medical Conditions	Allergies
Ear infections:	Insect Stings: Treatment:
Seizures:	Medications:
Diabetes:	Asthma:
Fainting:	Food:
	Other:
Operations/Serious Injuries	
Chronic/reoccurring Illness	
Tetanus: (give date of last booster)	
Other pertinent Health Information	

**Other Information**

Are there any activities which need to be monitored/avoided? \_\_\_\_\_

Are there routine treatments or medication required during the event? Yes      No

If yes, please specify.

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Phone      Work Phone      Cell Phone

**RELEASE**

I authorize the use of my photographs by the youth ministry. The conference youth ministries may contact me by email. In case of emergency and I am unable to respond, I hereby give the event staff permission to seek emergency treatment for me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- I do not want photographs of me to be used by the youth ministry.
- I do not want to be contacted by the conference youth ministries by email.

Yes, I wish to ride the Conference Bus:

I will board the bus at \_\_\_\_\_

Bus payment enclosed: \_\_\_\_\_

<b>Office Use Only:</b>	Date Registered: _____
	Event No: _____
	Amount Enclosed: _____