

Questionnaire (so the leadership team can know more about you and so we can find the right place for you to serve) Please be detailed in your response.

What motivated you to volunteer for this mission project?

Describe your relationship with North Church. *(Are you a confirmed member? How involved are you? Be detailed and be honest.)*

Describe a task that you consider yourself gifted in and/or would enjoy doing? (i.e. painting, construction, working with children, organizing materials, etc.)

Covenant of Conduct

Youth Participant:

I understand that I am a representative of North Presbyterian Church and will conduct myself in a manner appropriate as such.

I recognize that all designated adult leaders on this trip are my supervisors, and they are in a position of authority over me for the duration of this project.

I will honor the covenant of conduct including schedule and curfew of the institution where we are spending the week.

I will only use my ipod, cell phone, and any other portable electronic device during the times designated by the schedule and the adult leaders.

I will use appropriate language at all times, being particularly mindful on a mission site.

I will be respectful to the adult leaders and other youth and will always treat others as I would want to be treated.

If I have any objections or concerns I will approach a leader about it privately and discuss it in a respectful and constructive manner.

I will dress according to the specified guidelines.

I understand that I could be dismissed from this work project at any time if my behavior was considered by the leadership team to be out of line with the mission trip covenant and/or disruptive to the work of the mission project as a whole.

Parent/Guardian:

I give my child permission to participate in this Mission Project in Buffalo, New York from July 3-9, 2011 and understand that transportation will be provided by the appropriate youth leaders and parents unless otherwise noted.

I understand that my child has agreed to this covenant, and I will support the mission project leadership team and the project as a whole.

I understand that in the event of my child's dismissal from the mission project, it is my responsibility to pick up and transport my child back home.

Youth Participant Signature_____

Parent Signature_____

NPC'S WEBSITE-PICTURE PERMISSION FORM

[For the parents/guardians of individuals under 18 years of age.]

Please fill in and sign only **ONE** of the appropriate statements below to either grant or refuse permission to North Presbyterian Church, Williamsville to use photographs of your child (or children) on the church's website. ***This form applies specifically and only to the photo of the _____ that was taken on June 24-30 on the Youth Mission Project and submitted for posting on the church's website.*** Please return this form to the church office or mail it to the address below by **March 18**. Thank you.

(1) CONSENT AND RELEASE

I _____ (Please print your name) hereby give consent

to and authorize North Presbyterian Church, Williamsville (hereafter, NPC, Williamsville) to take and/or use photographs of my child (ren) _____ (Please print the child's or children's names) and/or include my child (ren) in any photographs of other persons, to own the copyright in the same, in its name, to use and re-use, publish and republish

the same in whole or in part, individually or in conjunction with any printed matter or use on the Internet, in any and all media now or hereafter known, for business and promotional purposes without restriction, including for advertising or for purposes of proselytizing.

Moreover, I give NPC Williamsville the perpetual, royalty-free right to use these photos on the church's website.

I understand that the church's website will likely have a large audience and that my child's (children's) photo(s) will be available to the general public through Internet access. I further understand that NPC, Williamsville assumes no liability or responsibility whatsoever concerning any consequences of such use. I also understand that these photos of children under 18 that are

posted on the webpage will NOT include first or last names of individuals for identification purposes. Moreover, if I give written notice to the CyberMinistry Team at NPC, Williamsville that I wish to change this decision, or if I object to any particular photo of my child (children) that is on the Church's website, then that picture will be removed as soon as possible.

Finally, I state that I have the right to give this permission because I am the child's (children's) parent or legal guardian. Given all of the above, I hereby release and discharge NPC, Williamsville from any and all claims or causes of action arising out of or in connection with its use of the photographs, including without limitation any and all claims under N.Y. Civil Rights Law #50.

NAME: _____ DATED: ____/____/____

(Signature)

(2) REFUSAL

I _____ (Please print your name), hereby REFUSE to consent to have photographs of my child (ren) _____

(Please print the name/s of your child/ren) used in conjunction with any printed materials, including the North Presbyterian Church, Williamsville website. I further state that I have the right to refuse this permission as I am the child's (children's) parent or legal guardian.

NAME: _____ DATED: ____/____/____

(Signature)

NPC'S WEBSITE-PICTURE PERMISSION FORM

[For individuals 18 years of age and older.]

Please fill in and sign only **ONE** of the appropriate statements below to either grant or refuse permission to North Presbyterian Church, Williamsville to use photographs of you on the church's website. ***This form applies specifically and only to the photo of the _____ that was taken on June 24-30 on the Youth Mission Project and submitted for posting on the church's website.*** Please return this form to the church office or mail it to the address below by **March 18**. Thank you

(1) CONSENT AND RELEASE

I _____ (Please print your name) hereby give consent

to and authorize North Presbyterian Church, Williamsville (hereafter, NPC, Williamsville) to take and/or use my photograph and/or include me in any photographs of other persons, to own the copyright in the same, in its name, to use and re-use, publish and re-publish the same in whole or

in part, individually or in conjunction with any printed matter or use on the Internet, in any and all media now or hereafter known, for business and promotional purposes without restriction, including for advertising or for purposes of proselytizing. Moreover, I give NPC Williamsville the perpetual, royalty-free right to use these photos on the church's website.

I understand that the church's website will likely have a large audience and that my photo(s) will be available to the general public through Internet access. I further understand that NPC, Williamsville assumes no liability or responsibility whatsoever concerning any consequences of such use. I also understand that these photos of me that are posted on the church's webpage will

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Given all of the above, I hereby release and discharge NPC, Williamsville from any and all claims or causes of action arising out of or in connection with its use of the photographs, including without limitation any and all claims under N.Y. Civil Rights Law #50.

NAME: _____ DATED: ____/____/____

(Signature)

(2) REFUSAL

I _____ (Please print your name) , hereby REFUSE to consent to have my photograph used in conjunction with any printed materials, including the North Presbyterian Church, Williamsville website.

NAME: _____ DATED: ____/____/____

(Signature)

North Presbyterian Church, 300 North Forest Rd., Williamsville, NY 14221-5056.

PLEASE COMPLETE THIS HEALTH FORM ONLY ONCE PER CALENDAR YEAR, UNLESS THE RELEVANT INFORMATION CHANGES. PLEASE INCLUDE A COPY OF THE FRONT & BACK OF THE INSURANCE CARD.

**North Presbyterian Church
Youth Fellowship Health Form**

Youth's Name _____
Date of Birth ____/____/____
Parent(s) Name _____
Address _____
Home Phone # _____ Cell # _____

Emergency Contact Name _____
Home Phone # _____ Cell # _____

Physician's Name _____ Phone # _____
Medical Insurance Company _____
Policy # _____
Does Insurance Company need to be notified before medical care can be given? ____ yes ____ no
If yes, please provide a number to call. _____
List medication currently being taken _____

List known allergies (please give details on reaction and management of reaction) _____

Special Dietary Needs: _____
Date of last Tetanus immunization _____

Consent for Emergency Treatment

I understand that in the event of an emergency, every reasonable attempt will be made to contact me at the phone number(s) listed above. If however, attempts to contact me are unsuccessful, I, the undersigned, legal guardian of the minor listed above, do hereby authorize the leaders on the North Presbyterian Church Youth Fellowship as my agents to consent to any diagnostic and/or surgical procedures or any other medical treatment which is deemed advisable by, and is rendered under the general or specific supervision of any licensed physician and surgeon (on the staff or engaged by any hospital or any other duly licensed entity), whether such diagnosis or treatment is rendered at the office of said physician or hospital.

It is understood that his authorization is given in advance of any specific need for treatments by is given to provide authority on the part of aforesaid agent(s) to give specific consent to any and all such procedures, treatment or other hospital care which the physician or hospital in the exercise of his, her or its best judgment.

Parent Signature _____ Date _____