

Cedarbrook Church Serving Profile

We are glad you want to serve with us. Some personal information is needed to help protect all volunteers and people we serve. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your permission.

| 1. YOUR Contact Information | | |
|--|------------------|--|
| First Name | Last Name | Middle Initial |
| Nickname or maiden name, if preferred | Email address | Gender <input type="checkbox"/> male <input type="checkbox"/> female |
| Street Address | City, State, Zip | Date of Birth Mo day Year |
| Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () | | Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () |

| 2. Personal Information | |
|---|-----------|
| Marital Status Check appropriate box <input type="checkbox"/> single <input type="checkbox"/> engaged <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed | |
| Spouse First Name | Last Name |

| 3. Church Involvement | |
|---|---|
| Is Cedarbrook your church home? <input type="checkbox"/> yes <input type="checkbox"/> no | Date first attended Cedarbrook Month: Year: |
| If no, what is your church home? | Date last attended Month: Year: |

| 4. Emergency Contact Information | | |
|----------------------------------|--|--|
| First Name | Last Name | Middle Initial |
| Relationship | Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () | Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () |

| 5. Experience | | |
|--------------------------|-------|-----------------|
| Volunteer Experience | | |
| Ministry or Organization | Role | Term of Service |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Cedarbrook Church - Volunteer Medical Information

Name: _____
(as it appears on your Driver License or I.D.)

| | |
|-------------------------|---|
| Physician's Name | Physician's Phone Number () |
|-------------------------|---|

General Medical History

Answering the following medical questions is optional. You may be involved in strenuous work and in adverse conditions while serving on this mission trip. Please provide any information regarding your medical condition(s) that you would like to share with the mission team to ensure you can receive the best support, in the event of an emergency. All information listed below will be kept confidential.

| | |
|--|--|
| Describe your overall health: _____ | |
| List any medications you are currently taking and reasons for taking them: _____ _____ | |
| Do you have any chronic health problems? If yes, describe the severity below. : | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |

Specific Medical Questions

| | |
|--|--|
| If you answer "yes" to any of the following questions, please explain in the space provided below: | |
| Do you have, or have you ever had, seizures? If yes, are your seizures well controlled on meds: <input type="checkbox"/> Yes <input type="checkbox"/> No When was your last seizure? / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have diabetes? If yes, do you have: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have food, drug or environmental allergies? If yes, describe the severity below. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Do you have asthma? If yes, is your asthma <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|---|
| Comments: _____ _____ _____ _____ |
|---|

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Medical Information form is true and accurate and reflects my current medical condition.

Signature: _____ Date: _____

Cedarbrook Church - Affirmation to Serve

We are glad you want to serve with us. One of the aspects of serving is to involve others in affirming your desire to serve.

If you are married, the first person who should affirm your desire to serve is your spouse. If you are not married, we encourage you to ask someone who knows you well and would speak honestly into your life about your desire to serve. Please review your desire to serve with the person you so choose and have them endorse you by signing this form. This should also include a commitment on the part of the person you ask to support and encourage you in whatever way they can as you serve. Some ways they may do this is through prayer, notes of encouragement, finances or helping to meet needs in your life or your family's life as you are actively serving.

YOUR NAME: _____

I have prayerfully considered serving through Cedarbrook Church by:

Being a member of the team to: _____ *from* _____

I have sensed God's call for me to do this. Also, I have discussed this with my spouse (*or close friend*), realizing that his/her affirmation is an important condition in confirming whether or not God is calling me to do this.

Signature

Date

ENDORSEMENT: _____

I have joined my spouse (*or close friend*) in prayer that together we would know God's will for him/her to serve with Cedarbrook Church by:

Being a member of the team to: _____ *from* _____

As part of the application process, I affirm God's call and am fully supportive of my spouse's (*close friend's*) application to serve in the above capacity.

Signature

Date

Cedarbrook Church - Volunteer Skills Information

Name: _____

There are a variety of ways that people can serve others. We want to provide the best possible fit for people to serve in the areas of expertise, and we want to provide the best possible resources to the people whom we are serving. It will help everyone involved in this outreach and service project if you carefully check all items where you may have experience or interest in being involved. A humble yet honest opinion is important, as well as a willingness to serve where ever and how ever needed.

| | <u>Experience</u> | <u>Interest</u> | | <u>Experience</u> | <u>Interest</u> |
|--------------------------------|-------------------|-----------------|-----------------------------------|-------------------|-----------------|
| I. CHURCH WORK/MINISTRY | | | VI. DRAMA | | |
| A. Preaching | () | () | A. Mime | () | () |
| B. Leading services | () | () | B. Plays/Skits | () | () |
| C. Evangelistic programs | () | () | C. Puppetry | () | () |
| 1. Personal witnessing | () | () | VII. MANUAL SKILLS | | |
| 2. Evangelistic Bible Study | () | () | A. Construction | () | () |
| 3. Street Evangelism | () | () | 1. Carpentry | () | () |
| D. Discipleship programs | | | 2. Masonry | () | () |
| 1. Group Bible Study | () | () | 3. Painting | () | () |
| 2. One to One | () | () | 4. Plumbing | () | () |
| II. CHRISTIAN EDUCATION | | | 5. Electrical | () | () |
| A. Teaching Sunday School | () | () | 6. Drywall | () | () |
| Ages _____ | | | 7. Welding | () | () |
| B. Vacation Bible School | () | () | 8. Other | () | () |
| Ages _____ | | | _____ | () | () |
| C. Youth Work | | | _____ | () | () |
| 1. Clubs | () | () | B. Agriculture | () | () |
| 2. Camp | () | () | C. Mechanics | () | () |
| Ages _____ | | | D. Electronics | () | () |
| III. MUSIC | | | E. Driving Large Equipment | () | () |
| A. Vocal | () | () | VIII. DOMESTIC | | |
| B. Song Leading | () | () | A. Hostessing | () | () |
| C. Instrumental | | | B. Child Care | () | () |
| 1. Piano | () | () | C. Cooking | () | () |
| 2. Other _____ | () | () | IX. MISCELLANEOUS | | |
| IV. OFFICE SKILLS | | | A. Medical | () | () |
| A. Bookkeeping | () | () | B. Teaching/Tutoring | () | () |
| B. Computer | | | C. Sports | () | () |
| 1. Programming | () | () | _____ | | |
| 2. Data Entry | () | () | X. HOBBIES | | |
| 3. Word Processing | () | () | _____ | | |
| V. COMMUNICATIONS | | | _____ | | |
| A. Writing | () | () | ANY ADDITIONAL INFORMATION | | |
| B. Photography | () | () | _____ | | |
| C. Video | () | () | _____ | | |
| D. Graphic Design | () | () | _____ | | |
| E. Public Speaking | () | () | | | |
| F. Radio | () | () | | | |

Cedarbrook Church

Waiver and Indemnity Agreement

I hereby agree to the following provisions waiving all liability as against Cedarbrook Church (Cedarbrook), its officers and directors, and all employees, volunteers, agents, and departments of Cedarbrook Church including but not limited to: Pastoral and Ministry Staff (paid and volunteer), Cedarbrook Church Board of Directors, Cedarbrook Church Accounting & Finance, and agreeing to indemnify and hold Cedarbrook Church (including its officers, directors, employees, volunteers and agents), absolutely harmless under the circumstances described below:

1. I have applied for and been accepted to participate in this venture in partnership with Cedarbrook Church to participate in a Christian missionary and humanitarian Venture involving the following:

2. I represent to Cedarbrook Church that I have undertaken all necessary preparations in order to participate in the Venture, including any physical examination by a physician that I deem necessary and obtaining all immunizations that are required or that I desire. I further represent to Cedarbrook Church that I am healthy, in good physical condition, and able to undertake this Venture safely.

3. I acknowledge that this Venture involves many substantial risks to my health and safety as well as the safety of my property and personal belongings. These risks include, but are not limited to, risks inherent to international travel such as accident, delay, diversion, lost or stolen luggage and personal belongings. These risks also include such things as illness, injury, animal attack, severe weather, civil or political unrest, war, criminal activity and terrorism.

4. I hereby agree to waive and hold Cedarbrook Church absolutely harmless from any liability or legal responsibility of any kind whatsoever under the laws of the United States of America, the laws of the State of Wisconsin or any other State, or the laws of any other country that may be alleged to apply, for any and all injury or loss that I sustain by way of bodily injury, illness, death, or loss of my property that occurs during or in connection with this Venture from all risks that arise therefrom, including those risks specifically mentioned herein. I understand that by signing this agreement that I will not be able to recover any monetary compensation whatsoever from Cedarbrook Church by way of suit or settlement for injuries or losses that are described herein. I also agree that if I or my estate were to bring suit against Cedarbrook Church seeking to recover damages for any such injuries that I will indemnify and hold Cedarbrook Church absolutely harmless for all costs and expenses incurred by Cedarbrook Church in defense of such a suit.

5. I hereby agree to indemnify and hold Cedarbrook Church absolutely harmless from any liability or loss whatsoever that may result to Cedarbrook Church, arising out of my participation in this Venture, including any actions on my part which are alleged to create a liability to any third person, including other participants in the Venture.

6. To the extent any portion of this Agreement is deemed invalid or in violation of public policy or law, the remainder of the Agreement shall remain in full force and effect.

Volunteer Name *(printed)*

Date

Volunteer Signature *(Parent Signature if under 18)*

Church Name, City, & State
