



YOUR ONE STOP APPLICATION FOR VELOCITY SUMMER EVENTS



PROJECT VELOCITY_A VELOCITY OUTREACH

- **WHEN:** Various Events throughout the Summer
- **WHERE:** Various Locations
- **COST:** \$25
- **WHO?** Students, 7th - 12th Grade

GLOBAL VELOCITY_ROAD TRIP

- **WHEN:** August 12th - 20th
- **WHERE:** Various Locations, East Coast, USA
- **COST:** \$1200
- **WHO?** (12) Twelve Student Leaders, 9th - 12th Grade

QUESTIONS? CONTACT US AT:
315.701.9263 or **brooker@alcclife.org**

Registration Deadlines:
PROJECT VELOCITY_ NO ENROLLMENT DEADLINE
GLOBAL VELOCITY_ APRIL 13, 2012



SECTION 1_PERSONAL INFORMATION

First Name _____ M.I. _____ Last Name _____
 Street Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Age _____
 Email _____ Date of Birth (mmddyy) _____
 School _____ Grade _____ T-Shirt Size _____
 Father/Legal Guardian First Name _____ Last Name _____
 Phone (Best) _____ Email _____
 Mother/Legal Guardian First Name _____ Last Name _____
 Phone (Best) _____ Email _____

SECTION 2_EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____
 Day Phone _____ Evening Phone _____

Medical Information
 (Please check all that apply)

DISEASES
 Heart Defect/Disease Convulsions Diabetes Bleeding/Clotting Disorders
 Other _____

ALLERGIES
 Asthma Lactose Intolerant Red Dye Other _____

MEDICATION ALLERGIES
 Penicillin Amoxicillin Sufa Ceclor Other _____

IMMUNIZATIONS
 Tetanus (Date of last shot) _____ Chicken Pox Measles
 German Measles Mumps

MEDICATIONS (LIST CURRENTLY PRESCRIBED)

Medication #1:	Reason
Medication #2:	Reason
Medication #3:	Reason
Medication #4:	Reason

INJURIES (PLEASE LIST SERIOUS INJURIES, AND DATES OF OCCURRENCE, WITHIN THE PAST 5 YEARS)

LIMITATIONS (IF APPLICABLE, PLEASE DESCRIBE THE FOLLOWING)

Physical Limitations _____

Psychiatric Treatment _____

Mental Limitations _____

Application Continued on Reverse...

SECTION 3_ INSURANCE INFORMATION

DOES YOUR FAMILY CARRY FAMILY MEDICAL/HOSPITAL INSURANCE?

Yes No

MEDICAL INSURANCE INFORMATION

Company: _____

Group#: _____

Policy#: _____

Insurance Company Address

City State Zip

PHYSICIAN INFORMATION

Family Physician Name

Phone

SECTION 4_ AUTHORIZATION

Abundant Life Christian Center, a New York State religious not for profit company organized and existing under the law of the State of New York located at 7000 All Nations Blvd., East Syracuse, New York 13057, hereby agrees with the undersigned who as a volunteer, shall perform service as a volunteer missionary in conjunction with Abundant Life Christian Center.

WHERE AS, the undersigned volunteer is desirous of volunteering his/her services for Project Velocity and/or Global Velocity with Abundant Life Christian Center, and that said undersigned volunteer hereby agrees as follows:

1. The undersigned volunteer hereby agrees to indemnify and hold said Abundant Life Christian Center and it's agents and employees thereof harmless from all loss, liability, damage, or personal injury sustained by the volunteer arising out of, or in connection with any cause whatsoever with respect to the missions and projects of Abundant Life Christian Center.
2. The undersigned volunteer further agrees that, should they become injured in any way for work arising out of or in connection with said missions, or projects, they hereby agree and stipulate to only look to their personal insurance to cover any claims for loss, liability, damage, or claims for expenses for medical bills and/or loss wage, which may occur as a result of injuries sustained during volunteer service.
3. The undersigned waives his/her rights to subrogation, or his/her right to assign any right of recovery to any insurance carrier but their own.

In addition, I hereby give permission to medical personnel selected by Abundant Life Christian Center [ALCC] staff to order any treatment necessary for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the medical personnel and the ALCC representative to authorize any treatment necessary for my child. I further authorize the release of the above medical information to medical personnel and/or the health coverage insurance company.

X _____
Signature of Parent/Legal Guardian Date

X _____
Signature of Parent/Legal Guardian Date

I understand the physical challenges that this trip entails and take full responsibility for my health while on this trip. I will not hold ALCC or its representatives responsible for any injuries I incur that are a result of my personal neglect or failure to make ALCC representatives aware of. I understand that my application can be refused if ALCC representatives have reservations regarding my physical ability to handle this trip.

I also understand and agree to abide with the restrictions placed on my activities (if any) by my parent/guardian.

X _____
Signature of Student Volunteer Date

SECTION 5_ ACTIVITY SELECTION

PLEASE CHECK THE TRIP/ACTIVITY YOU ARE APPLYING TO PARTICIPATE IN:

- Project Velocity
- Global Velocity

SECTION 6_ GLOBAL VELOCITY (SUPPLEMENTAL)

TRAVEL INFORMATION/MISSIONS EXPERIENCE

Have you ever traveled abroad before?

Yes No Where to: _____

Do you have a Passport?

Yes No If yes, passport # _____ Exp. Date _____

Do you have a DMV issued Identification?

Yes No If yes, ID # _____ Exp. Date _____

Have you ever been on a missions trip before?

Yes No If yes, with what organization?

Location:

List the tasks that you performed on previous missions trips (only if applicable)?

CULTURAL UNDERSTANDING

Do you speak a language other than English?

Yes No If yes, which languages:

Have you ever ministered, or worked with someone from another culture where language was a barrier?

Yes No If yes, please describe your experience:

What level of involvement do you feel people should have with helping the poor?

Describe what you feel is the most important quality one can have in order to effectively communicate during the Global Velocity trip.

Please list two personal references (DO NOT include relatives)

Reference 1 _____ Phone _____

Reference 2 _____ Phone _____

*See Hope, Help and Heaven booklet for additional requirements.



STATE OF NEW YORK, COUNTY OF ONONDAGA

On the _____ day of _____ in the year of 20_____, before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within the instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

***In order for your teen to participate in Global Velocity you must have the above signed by a certified notary public.*