

GRACEWORKS

A Ministry of Grace Episcopal Church 2Peter 3:18

June 4 through July 20, 2018

STAFF APPLICATION

Name (Please print) _____

Age _____

Applicant's address _____

Applicant's home phone number _____ cell number _____

Applicant is ___ Male ___ Female

Applicant: list any allergies _____

Emergency contact person _____ phone number _____

Volunteer shift preference: 7:30 – 12:00 ___ 12:00 to 3:30 ___ 7:30-3:30 ___

Which days _____ Which Weeks _____ Other _____

Please answer each question. Medical information will be used to insure participants' protection and may not be used to disqualify a participant from the program.

- Are you able to work outside in the summer heat? _____
- Are you allergic to insect bites, poison ivy, poison oak, the sun, or other environmental material?

- If so what precautions or medicines are required for your protection?

- Medical Insurance Name _____
- Do you have any health issues restricting your physical activities? _____
- If so please explain _____
- Will you be able to work for several hours without using your cell phone? _____
- Have you ever worked with electric drills, saws and other carpentry tools? _____
- If so which tools? _____
- Can you be at Grace Episcopal Church in Woodlawn by 7:30 each week day June 4 through July 21? ___
- Are you physically able to work, with breaks, from 8:30 to 3:30 daily? _____

Shirt size S M L XL 2XL

I agree to follow the safety rules and instructions required to protect all children and myself while participating in the GraceWorks program. I understand I am responsible for my personal actions and language and I am expected to participate in creating an environment of acceptance and respect for myself, my peers, and all persons involved in the project. I am required to participate in **all** activities and projects in a positive manner. I understand inappropriate sexual behavior, the use or possession of tobacco, illegal drugs, alcohol, or weapons of any kind will not be tolerated and will result in disciplinary actions being taken on my behalf. **I understand the safety of myself and others in the program is paramount and therefore I will NOT use my cell phone, MP3 player or other digital devices while I am involved in a work project or participating in an activity directly relating to GraceWorks program.**

I further realize and understand I will be participating in group devotional time, scriptural readings, prayers and other spiritual activities throughout the program.

Volunteer's signature _____ Date _____

____ I have completed the safety and background check through the online process Safeguarding God's Children program Date completed _____

____ I have not completed the safety and background check through the online process Safeguarding God's Children program and need the information to do so.

My email address is _____