

Welcome!

We are excited that you are coming to The Boston Project. Expect to have an intense, hard-working, spiritually stretching time with us. We look forward to meeting you!

What We Need From You

Every participant (of all ages) must complete a Volunteer Registration Form. This form includes registration, emergency, and medical information, as well as a media release.

If you are under 18, the signature of a parent or guardian is required.

Incomplete or unsigned Volunteer Registration Forms can not be accepted.

You may only attend The Boston Project with a completed and signed form.

Notes:

Volunteer Information - PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ ZIP _____

Phone () - _____

Date of Birth / / Age Sex M F

Email address _____

Group Information

Name of Group (Church/College/Ministry) BCC

Trip Leader(s) Dan Haugh

Emergency Information

Emergency Contact Person _____

Relationship to Volunteer: _____

Phone (Cell) () - Phone (Work) () -

Phone (Home) () - Email _____

If this person can not be reached, contact: _____

Relationship to Volunteer: _____

Phone (Cell) () - Phone (Work) () -

Phone (Home) () - Email _____

Media Release

I give permission to The Boston Project Ministries, Inc. to interview, record, photograph, or vidoetape me as part of any activity authorized by The Boston Project Ministries, and to use such media as The Boston Project Ministries chooses in various aspects of its ministry.

Volunteer Signature

Parent Signature

Medical Information (Please attach extra pages as necessary)

Name of personal Physician

Phone () -

Insurance Carrier

Policy#

If you do not have medical insurance, check this box.

Describe your general health condition. Please include any medical condition we or a doctor may need to know of during your trip (including chronic or recurring illnesses).

List any known allergies (to medications, food, etc.). Explain what happens.

Distribution of Medications

If you are under 18, it is the responsibility of the trip leader to work in conjunction with The Boston Project Ministries to dispense all medications, prescription and non-prescription. If you are over 18, you are responsible for your own medications, but The Boston Project is required to know what medication(s) you are taking. If you are not taking any medications, please write "none".

Please list any medications you are taking	Dosage	Frequency	Reason for taking medication
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MEDICATIONS MUST COME IN ORIGINAL BOTTLE WITH PROPER LABEL, INSTRUCTIONS, AND DOCTOR'S NAME.

Authorization for Emergency Medical Care / Release from Liability

I, _____, am at least 18 years of age (or am the parent/guardian) and am informed of the activities offered by The Boston Project Ministries, located in Dorchester, Massachusetts. I hereby consent that I will attend and participate in the activities provided by The Boston Project Ministries.

I hereby give permission to the medical personnel selected by The Boston Project Ministries' director and health care consultant to administer medications provided by me with this form; to provide routine and emergency health care, to release records necessary for treatment and insurance purposes and to provide related transportation. In case of illness or injury and in the event I cannot make an informed decision, I authorize The Boston Project Ministries' staff to allow emergency medical treatment or surgery as required, to be performed by a licensed physician or hospital.

I hereby release The Boston Project Ministries, Inc., its staff, and board of directors from liability resulting from any unforeseeable injury that is incurred by the participant listed on this form during activities with The Boston Project Ministries.

 Volunteer Signature

 Parent Signature