

INSTRUCTIONS: Please complete all sections of this application, sign it, and submit it to Bob Cocchiaro.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (H) _____ (C) Email: _____

BACKGROUND INFORMATION

1. Please attach a one-page summary of how God brought you to faith in Christ.*

2. How do you see God currently working in your life? ** _____

3. What is the area of your walk with Christ in which you would like to see the most growth? Why?**

4. How might your participation in this outreach project help you grow in this area?**

5. How long have you attended Grace Bible Church?**

6. Are you a member of Grace Bible Church?** ☐ YES ☐ NO

7. Why would you like to participate on the outreach team?

8. Do you have any physical / health limitations or special dietary needs / allergies? ☐ YES ☐ NO

If yes, please explain:

9. Are you taking any medications? ☐ YES ☐ NO If yes, please explain: _____

ELDER RECOMMENDATION

Select one of the elders who knows you well to review your application.

“As an elder of Grace Bible Church, I believe this candidate for the outreach team would be a good ambassador for Christ Jesus and Grace Bible Church in our community.”

Signed: _____ Date: _____

PERSONAL COMMITMENT

Signed: _____ Date: _____

Outreach Release Form

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (H) _____ (C) _____ (W)

If under 18 years of age, what is your age: _____

Allergies/Phobias: _____

Medications or other medical information:

Medical Insurance Company and phone number:

Policy/Medical Record Number:

RELEASE OF LIABILITY

I, the undersigned, hereby and forever release Grace Bible Church (including the church, congregation, trustees, elders, pastors and staff) and those involved in organizing events from any and all responsibility and/or liability in case of accident or injury incurred during or traveling to/from an event, except in the case of active negligence. I authorize the supervisors/overseers of an event to provide primary medical assistance and/or transportation to trained medical personnel in the event of injury or illness. I also acknowledge that Grace Bible Church shall not be responsible for items stolen, lost or damaged during or while in the process of transportation to and from an event.

Authorization: _____
(Team Member or Parent Signature)

OUTREACH CONSENT FORM

Grace Bible Church uses photos and videos of our people for various ministry media, including our church web site. We are asking your permission to use photos of you or your child to promote our ministry to other people. Because web photos can sometimes (although very rarely) be downloaded without permission by those not intended, we wanted to give you the freedom to restrict their use if you so desire.

We are asking that you read and sign the consent form below. If you don't want us using these photos, please check the 2nd box. Thank you for your time and consideration.

☐ I hereby give Grace Bible Church, the right to use my picture or my son or daughter's picture, portrait, or photograph in all forms of media in all manners for all advertising, promotion, or any other lawful purposes. I waive my right to inspect or approve the final version.

☐ I do not give Grace Bible Church permission to use any photographs of myself or my son/ or daughter for any purposes whatsoever.

Printed Name: _____

Signature: _____

Date: _____