



LOVELOUD

June 28-July 2, 2020 2020 Participant Application

Participant Information

- Participants at least 12 years of age can serve on any team.
- Participants ages 8-11 can serve on Community Service teams or Evangelism teams if accompanied by a parent or legal guardian at all times.

Registration Fees & Deadlines:

Registration Rate	Deadline	Fee
Early Bird	April 13, 2020	\$60 per participant
Regular	May 11, 2020	\$90 per participant

Registration Fee includes:

- LoveLoud T-shirt and other participant supplies
- Meals (lunch & dinner) Monday-Thursday
- Transportation to/from project sites Monday-Thursday

Please make checks payable to “Pike Association of Southern Baptists” with “LoveLoud Registration” in the memo line. Mail completed application along with paid registration fee to:

Pike Association of Southern Baptists
PO Box 2973
Pikeville, KY 41502

You can also drop off applications & payments at the Pike Association office, located at 79 Ratliff Street in Coal Run. Phone number is (606) 432-2660.

I. Participant Information

Name _____ E-mail _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ - _____ Cell Phone _____ - _____

Church _____ T-Shirt Size _____

Are you a current student? ____ Yes ____ No

If yes, please list age: _____ School Name: _____

Must be at least 12 years old in order to participate on Construction Teams. Must be at least 8 years old to serve on all other teams. 8-11 year old students must serve on a team with at least one of their parents/legal guardians.

II. Project Type Preference

Please rank the type of missional service opportunity in which you would be interested in order of preference from 1 (most interested) to 3 (least interested):

_____ Community Service (landscaping, car wash, painting, general labor, etc.)

_____ Construction Project (wheelchair ramps, porch repair, roof repair, etc.)

_____ Evangelistic Outreach (block parties, yard sale, servant evangelism, etc.)

III. LoveLoud Conduct Policy

I understand that participants of LoveLoud projects agree not to use tobacco products, alcoholic beverages, or illegal drugs; and not to have possession of or use any fireworks, firearms, knives (with the exception of utility knives), or weapons of any other kind during the duration of the project. I also understand that LoveLoud participants will wear proper attire at all times, including shirts with sleeves and pants/shorts of appropriate length.

I ____ Do ____ Do Not agree to abide by the LoveLoud Conduct Policy.

IV. Medical/Property Waiver

If I accept the above position for a LoveLoud service project, I will not expect any organization with which I may work or be associated to be responsible or liable to me for any loss or damage to my property, any personal injury or illness, or any other injuries or damage I may suffer. In consideration of my admission to volunteer service, and for other good and valuable consideration, on behalf of myself, my heirs, executors, administrators, and assignors, I hereby release the Pike Association of Southern Baptists and its related entities, and any employee of the forgoing organizations from any and all such claims or demands.

V. Registration Fee

I understand that the early bird fee for volunteering in LoveLoud service projects is \$60.00 and that the regular registration fee is \$90.00. I understand that volunteers are not paid for their work. Please make checks payable to 'Pike Association of Southern Baptists' with "LoveLoud Registration" in the memo line. Please mail registration fees to: **Pike Association of Southern Baptists, P.O. Box 2973 – Pikeville, KY 41502.**

VI. Background Check Authorization

In the interest of maintaining the safety and security of our churches, employees, and property, Pike Association of Southern Baptists (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on all LoveLoud participants at least 18 years or older at least once every three years. The background check company, Protect My Ministry (the "Background Check Company"), will prepare the background report for the Company.

The Background Check Company can be reached by phone at (800) 319-5581 or at their Internet Website Address protectmyministry.com. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries.

Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.)

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all the personal information I provided is true and correct.

Signature of Releasor _____ **Date:** _____

(Ages 18 & above must authorize background check or applicant cannot participate in LoveLoud event.)

VII. Background Check Information

Date of Birth _____ Social Security Number ____ - ____ - ____

Driver's License Number _____ State _____

Enter any Other Names Used (including maiden names)

Maiden / Other Names _____ Years Used _____

Maiden / Other Names _____ Years Used _____

Maiden / Other Names _____ Years Used _____

Addresses within the Last 7 Years

Present Street Address _____

City _____ State _____ Zip Code _____

Prior Street Address _____

City _____ State _____ Zip Code _____

Prior Street Address _____

City _____ State _____ Zip Code _____

Criminal History

Have you ever been convicted of a crime? No Yes

If yes, describe: _____

Do you have charges pending against you for any crime? No Yes

If yes, describe: _____

VIII. Participant Signature

The above information in this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for termination of volunteer service. I hereby authorize the Pike Association to verify all information contained on this application, and I understand this authorization and termination policy and agree to the release and verification of the aforementioned information.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(Only needed if participant is a student)

Witness: _____ **Date:** _____

Note: Only Participants Under 18 Must Complete Remaining Sections

IX. Parent/Guardian Consent Form

The undersigned, as parent/legal guardian of _____, a minor, have requested the aforementioned minor participate in certain activities and events sponsored by the Pike Association of Southern Baptists of Pikeville, Kentucky. I understand that the minor will be traveling with full time and volunteer adult chaperones and/or employees in vehicles which may be owned either by the Pike Association of Southern Baptists of Pikeville, Kentucky, by private individuals (including private vehicles driven by teenage drivers with expressed parental/guardian permission), or by churches affiliated with the Pike Association of Southern Baptists and do hereby give my express permission for the minor to travel to and participate in these activities and events. The undersigned does for himself/herself and on behalf of the aforementioned minor, his/her heirs, administrators, executors, and assigns, RELEASE, WAIVER, COVENANT NOT TO SUE AND DISCHARGE the Pike Association of Southern Baptists of Pikeville, Kentucky, its departments, agencies, employees, contractors, other ministry participants, sanctioning organization, sponsors, advertisers, employees, volunteers, chaperones, drivers (including teenage driver with parental/guardian permission) and the owner or lease of the premises or, equipment or vehicles used in connection with the activities and events sponsored by Pike Association of Southern Baptists of Pikeville, Kentucky, collectively hereinafter sometimes referred as "releasee", from all liability to the undersigned, the heretofore referred to minor and each's personal representatives, assigns, heirs, beneficiaries, spouses, administrative, and next of kin for any and all loss or damage and any claim or any demand on account of injury to the undersigned or the aforementioned minor or his/her property, including, but not limited to death, whether caused by the negligence of the "releasee" or otherwise, while the aforementioned minor is participating in the activities or events sponsored by the Pike Association of Southern Baptists of Pikeville, Kentucky or being upon or about the area of the activities or events, or officiating in, observing, working the activities or events, or for any other purpose participating in or traveling to or from the activity or event, or resulting from discipline deemed necessary.

The undersigned represents, agrees, and warrants that at any time the undersigned feels that the activities or events, or the planning or administration of or organization thereof is unsafe, or for any reason he/she can no longer accept the terms and conditions hereof, the undersigned will immediately advise the Pike Association of Southern Baptists of Pikeville, Kentucky of such and will immediately terminate the aforementioned minor's participation in the activities or events sponsored by the Pike Association of Southern Baptists of Pikeville, Kentucky.

The undersigned fully understands that the Pike Association of Southern Baptists of Pikeville, Kentucky has no obligation or requirements to allow the aforementioned minor to participate in the activities or events and cannot and would not allow the aforementioned minor to participate in the activities and events unless the undersigned had fully read, understood, accepted and agreed to be bound by the terms and conditions contained herein.

The undersigned further agrees to fully and completely indemnify, save and hold harmless the "releasee" from any loss, liability, damage or cost that the "releasee" may occur due to, arising out of, or relating to the aforementioned minor's participation in the activities and events sponsored by the Pike Association of Southern Baptists of Pikeville, Kentucky, including claims for subrogation asserted by third parties arising out of injury or death to the aforementioned minor whether caused by the negligence of the "releasee" or otherwise.

Further, the undersigned does hereby request that the Pike Association of Southern Baptists of Pikeville, Kentucky and its ministry staff, employees, chaperones (including full time and volunteer staff) to carry out and discipline in their judgment deemed necessary for the aforementioned minor while participating in the activities and events sponsored by the Pike Association of Southern Baptists of Pikeville, Kentucky. The undersigned also specifically agrees to pay the full amount of the expenses incurred if disciplinary action for the minor includes the minor being sent home.

My permission is granted for the Pike Association of Southern Baptists of Pikeville, Kentucky and its ministry staff, employees, chaperones (including full time staff and volunteer staff) to obtain necessary medical attention in case of sickness or injury to the aforementioned minor.

I understand that as a participant aforementioned minor may be photographed or videotaped while participating in the activities and events sponsored by the Pike Association of Southern Baptists of Pikeville, Kentucky and do hereby give my permission and consent to allow these photographs or videotapes to be used in promotional materials.

Parent/legal guardian signature _____ Date _____

X. Student Medical Information

A. Student Information

Name _____ SSN _____

Address _____

City/State/Zip _____

Date of Birth ___/___/___ Age _____ Last Grade Completed _____

B. Parent/Guardian Information

Parent/Guardian Name _____

Parent/Guardian Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Relationship to student _____

Place of employment _____ Work Phone _____

Medical Insurance Carrier _____

ID# _____ Group# _____ Effective Date _____

Family Physician _____ Phone No. _____

C. Person to call in case of emergency (if parent/guardian cannot be reached)

Name _____

Phone No. _____ Relationship to student _____

Name _____

Phone No. _____ Relationship to student _____

D. Medical Information

1. Please check and specify if any past history of:

___ Allergies (substances)

___ Asthma

___ Diabetes

___ Heart Condition

___ Hypoglycemia

___ Mental Disorder

___ Epilepsy

___ Other: _____

2. Generally student's health is: (check one)

____ Excellent ____ Good ____ Fair ____ Poor

If Fair or Poor, please explain: _____

3. List any previous operations or serious illnesses: _____

4. List any medications your child presently takes, both prescription and non-prescription:

Name _____ Purpose _____

Dose _____ Frequency _____

Name _____ Purpose _____

Dose _____ Frequency _____

Name _____ Purpose _____

Dose _____ Frequency _____

5. List any medication your student should not take or you do not want your student to take: _____

6. Medication/Food Allergies: _____

XI. Student References

Please list your pastor **and** one other adult, other than a family member, who has known you for at least one year.

Pastor Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____

XII. Student Pledge

I hereby pledge to uphold all policies of the Pike Association of Southern Baptists. During all LoveLoud activities, I pledge to follow all instructions of my Team Leader and any other adult chaperones, including safety instructions. I understand that if I fail to follow all instructions, I may not be allowed to participate in any further LoveLoud activities.

Student Signature _____ Date _____

This application can be downloaded online at:
pikeassociation.org/loveloud