

TEEN MISSION- SKILLED HELP

T-Shirt Size?

We are grateful for all the help we receive. Please do not underestimate your contribution! If you can show teens how to do simple construction and repairs, you will be a *huge* asset. If you are willing, please tell us what days and times you are willing to work. A typical day of work begins at 9am and continues until 3pm. Whatever time you can donate will be *greatly* appreciated!

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

*For the safety of our teens, we ask for the last 4 digits of your social security number so that we may do a background check on every adult working with our teens. We thank you for providing it.

The last thing we need is some general information about you and some skill information:

Name: _____ SS # _____ **(Last 4 digits)**

Address: _____

Contact Numbers: _____ **DOB** _____

Email Address: _____

Are there any skills at which you excel? _____

I give TMJC permission to post my picture(s) on social media. Initials: _____

I know it is expected of me as skilled-staff, and I am willing to mentor and teach participants and Jr.

Staff and prepare them for future leadership: Initials: _____

The Lord bless you for your willingness to make a difference in so many lives here in Jasper County. TEEN MISSION c/o 403 South Scott Street, Rensselaer, IN 47978

TEEN MISSION JASPER COUNTY Health Form

Yes! We need you to take a moment and fill this out in case you are injured – God forbid!

Name of person:		Date of Birth:	
Name of Guardian(s):			
Emergency Contact Numbers:		#1.	#2.
Address:			
Family Doctor:	Phone:	Address:	
Insurance Provider:			
Allergies to Medicines & Reactions			
Other Allergies & Reactions:			
Present Medical History: Please list ANY medical conditions and their present treatment <i>Especially those that might incapacitate me</i>	Conditions:	Treatment:	
Significant Past Medical History			
Present Medications list: (Including supplements please)	Medication:	Dose:	Times a day
	~ ~ ~ ~ ~ ~ ~ ~ ~		
Pharmacy Phone Number: _____			Reason for Medication:
Can the participant receive OTC meds if needed? Yes? or No?	If yes, Tylenol dose they can receive:	If yes, Ibuprofen (Advil) dose they can receive:	If yes, Benadryl dose they can receive:

COVID PRECAUTIONS 2021

_____ As far as I know, I have not been exposed to Covid 19 within the last fourteen days.

I realized that during the on-going prevention guidelines for COVID, extra precautions must be taken:

Areas of concern:

- Showing symptoms of COVID or other illness, and
- Anyone that holds a continual temperature over 100.4
- Exposure to someone with an active infection

EXTRA SAFETY PRECAUTIONS:

If I am exposed or begin to show signs of illness, I will contact Bryan Burton immediately and stop my attendance of TMJC until I hear from him.

Signed _____ . Date _____