

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 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 for which you are particularly suited? _____

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

The Lord bless you! TEEN MISSION c/o 403 South Scott Street, Rensselaer, IN 47978

TEEN MISSION JASPER COUNTY Health Form

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	Conditions:			Treatment:		
Significant Past Medical History						
Present Medications list: (Including supplements please)	Medication:		Dose:	Times a day	Reason for Medication:	
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Pharmacy Phone Number: _____						
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 2023

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

_____ initials

EXTRA SAFETY PRECAUTIONS:

I realize that I will have my temperature taken at will.

I realize for the safety of all involved that I will be sent home if I show signs of illness.

These include both:

- Anyone showing symptoms of COVID or other illness, and
- Anyone that holds a continual temperature over 100.4

All staff will also be accessed by this criterion. _____ initials

Lice precaution

I also realize that in accordance with TMJC's regulations, a lice check is required. TMJC will do this if not tested prior to Check-In evening.

_____ initials

Signed _____