TEEN MISSION- **SKILLED** HELP

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

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

Name: _____ SS #_____**<-- (Last 4 digits)** DOB_____

Address: _____

Contact Numbers: _____

Email Address: _____

   *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.

Are there any skills for which you are particularly suited? _____

_____

_____

I will do my best to be a kind teacher and guide to the participants of TMJC.
I will not act in any inappropriate or illegal way while I endeavor to help the teens learn and meet the site owners' need.
I give TMJC permission to post my picture(s) on social media.

Please sign: _____

Please mail to TEEN MISSION c/o 403 South Scott Street, Rensselaer, IN 47978
Or give to Bryan Burton

We are so grateful for you.
May the Lord bless you!

If you have health concerns and would like us to act in case of an emergency, please fill out the following health form so we can give your information to emergency personal.

TEEN MISSION JASPER COUNTY Health Form

Name of person:		Date of Birth:	
Guardian?		**SS# (last 4)**	
Emergency Contact Numbers:	**#1.**	**#2.**	
Address:			
Family Doctor:	**Phone:**	**Address:**	
Allergies to Medicines & Reactions			
Any Allergies & that can be severe?			
Present Medical History: Please list pertinent medical conditions and their present treatment in case of emergency	**Conditions:**	**Treatment:**	

Present Medications list:	Medication:	Dose:	Times a day	Reason for Medication:
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