CARING & SHARING IN CHRIST'S NAME

JUSTICE FOR ALL SERVICE & LEARNING APPLICATION

Registration Form

Review and fill out the form for service & learning trip information
JFA will contact you upon receipt of this application

PERSONAL INFORMATION (As shown on passport/Birth Certificate)

First Name : _____ MI _____

Last Name: _____

Date of Birth : __ __ / __ __ / __ __

Address: _____

Email : _____

City: _____

Gender : ☐ Male ☐ Female

State/Province _____

Phone (Cell) _____

Zip/Postal Code _____

Phone (Home) _____

Country: _____

T-SHIRT SIZE

☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

SERVICE AND LEARNING MISSION TRIP

- ☐ Harvest Hands
- ☐ John & Vera Mae Perkins Foundation (JVMP)
- ☐ Voice of Calvary Ministries (VOCM)
- ☐ Grace Covenant
- ☐ Grace Reigns
- ☐ Other (Please Specify)_____

SKILLS

Please describe areas of expertise below
(Examples include carpentry, electrical, painting, etc.)

_____

_____

_____

_____

TRANSPORTATION

Please indicate if you will be driving or flying. If flying,
JFA will attempt to arrange for similar flight departure/arrival.

- ☐ Driving to Destination
- ☐ Flying to Destination

MEDICAL CONDITIONS/ALLERGIES

Indicate if there are medical conditions an/or allergies. If none, please indicate.

- ☐ Medical Conditions/Allergies-Explain below
- ☐ None

_____

_____

EMERGENCY CONTACT FOR JFA STAFF

First Name : Last Name:

Phone Number:

MEDICAL INSURANCE COVERAGE

☐ I have read and agree to the following:

I authorize the director or designee of Justice For All to make any medical or other emergency decision if the above emergency contact cannot be reached

INSURANCE COVERAGE

☐ I have read and agree to the following:

I have adequate insurance coverager for incidentals with my volunteer activities

PARENT/LEGAL GUARDIAN CONSENT

for volunteers under the age of 18

☐ I have read and agree to the following:

I have adequate insurance coverage for situations that could arise from incidentals with my minor volunteer activities. I authorize the director or designee of Justice For All to make any medical or other emergency decision if I cannot be reached. I have read this agreement in its entirety and attest to the accuracy of all information provided.

WAIVER OF LIABILITY FOR JUSTICE FOR ALL

☐ I have read and agree to the following:

- I understand that Justice For All NW Iowa Chapter (JFA) is a Christian organization, committed to demonstrating God's love through word and deed. I agree to treat each individual I come into contact with, whether fellow volunteer employee, or one of the many individuals JFA strives to help, with dignity and respect.
- I am capable of performing the duties required on this assignment to the best of my knowledge and according to most recent reports from my physician.
- I will hold JFA harmless should I become injured traveling to or from a project site. At times JFA organizes travel plans. I understand that travel plans may change, and these changes may impact my participation in JFA work trip. I do not hold JFA responsible if travel plans change, and I am not able to go on the JFA work trip.
- I acknowledge and understand that there are risks connected to the volunteer activities I will be performing, and that serious injuries or illness occasionally occur to persons performing these services. These risks include but are not connected to physical or mental harm. By electronically agreeing or physically signing, I am agreeing to (i) ASSUME ALL RISKS and (ii) WAIVE AND RELEASE ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION, INCLUDING FOR PERSONAL INJURY, ILLNESS, PAIN, SUFFERING, and ECONOMIC DAMAGES against JFA that I have experienced and/or might experience in the future (whether known or unknown, anticipated, unanticipated) as a result of my participation in volunteer activities or services for and on behalf of JFA or its partner agencies and/or affiliates. For purposes of this waiver, Justice for All NW Iowa Chapter shall include JFA, its affiliates and their officers, directors, employees, agents, volunteers, individual clients, and property owners where volunteers are housed, or where work is performed. This waiver applies to me and to any person who could make a claim on my behalf, including without limitation, my heirs, beneficiaries, personal representatives, and next of kin.
- I forfeit all right to bring a suit for damages against JFA for any damages incidental to volunteer activities. In return, I will receive the opportunity to volunteer for JFA. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.
- I agree to hold JFA harmless from any and all liability, including financial responsibility for injuries incurred, regardless of whether injures are caused by negligence, excluding any gross negligence or misconduct.
- I give my consent to JFA and its affiliates to use my photograph, video recording, and/or voice recording taken or recorded during the Service & Learning trip for any lawful purposes including, but not limited to, promotional materials, websites, social media, and news media.

I HAVE READ THE TERMS OF THIS AGREEMENT, UNDERSTAND IT, AND ENTER INTO IT VOLUNTARILY.

Signature of volunteer: _____ Date:_____