



ABUNDANT LIFE MINISTRY

**Participant Application & Information Form**

Please return completed form to:

**Abundant Life Ministry**

PO Box 195

Burlington, NC 27216

336-266-7833 abundantlife1010.com

Participant's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Does Participant live (circle one): independently / with family / in a group home / other

Participant's current address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Participants Home Phone: \_\_\_\_\_ Participants Cell: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

**Group Home Information:**

Group Home Name: \_\_\_\_\_

Group Home Contact Person Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Parent/Guardian Work Number: \_\_\_\_\_

Emergency Contact other than Parent/Guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Support Workers**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant's Personal Information:** (This information is **not required** but may help us to better serve the participant. Please fill in all the information you wish to share. The information will only be shared with the ALM staff as necessary.)

Participant's Disability: \_\_\_\_\_

Participant's Last School Attended: \_\_\_\_\_ Reading Level: \_\_\_\_\_

Current Employment or Volunteer Work: \_\_\_\_\_

\_\_\_\_\_

Favorite Activities/Hobbies: \_\_\_\_\_

**Emergency Medical Information: Does the participant .....**

Have a **heart** or medical condition that may limit participation in exercise? If yes, what is the condition and how are they limited? \_\_\_\_\_

Carry **medications** with them to take during the day? If yes, what are the medications and when do they take them? \_\_\_\_\_

Have any **food allergies**, food restrictions, or special diet? \_\_\_\_\_

\_\_\_\_\_

Experience **seizures**? \_\_\_\_\_ If yes, then how often and how are they displayed? \_\_\_\_\_

\_\_\_\_\_

Have any **behavioral triggers** that we can try to avoid? \_\_\_\_\_

Please share any other information you think may be helpful for us to know about the participant: \_\_\_\_\_

\_\_\_\_\_

## Permission Release

(To be filled out by parent/guardian if participant is not his/her own legal guardian)

I give *Abundant Life Christian Ministry* permission to use the participant's name and/or picture in presentations, newsletters and marketing materials for the sole purpose of promoting *Abundant Life Christian Ministry*.

I agree to release *Abundant Life Christian Ministry*, its staff and volunteers from all liability for any accidental injury to the participant and his or her possessions during *Abundant Life Christian Ministry* programs and events.

I give my permission to the medical personnel selected by *Abundant Life Christian Ministry* staff to order hospitalization, treatment, anesthesia and surgery if necessary in case of emergency when parents/caregivers or emergency contacts cannot be reached.

I give my permission to all staff and volunteers designated by *Abundant Life Christian Ministry* to provide transportation for the participant. Further, I agree to release *Abundant Life Christian Ministry* from all liability for any accidental injury to the participant or their possessions while using this transportation.

**Please state any special instructions pertaining to the permission release here:** \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_