

Rabun Aid Program 2010; June 16-20th

If possible, please make copies on yellow paper!

ADULT Leader Registration - Home Church: _____

Please have each person that will be a work group or co-work group leader complete and return with other forms.

Name: _____ Phone (h): _____ Phone (c): _____

Address (Street, City, State, & Zip Code Please) _____

Gender: M / F T-shirt size: S M L XL XXL

Email Address: _____

Are you 21 years of age or older?
(circle one)
Yes or No

If yes, would you consider using your vehicle to aid in the transport or RAPPers and Equipment to the worksites:
Yes or No

Health Information:

Please COPY OF YOUR INSURANCE CARD
and place copy on this template.

REQUIRED FOR EVERYONE AT CAMP

If you have special medical conditions, please make a note of it on the back of this form.

Only fill out these questions if you answered YES to the first two questions above.

Type of vehicles you will be using at camp _____

Number of passengers that you can carry _____

Driver's License number _____ State _____

Auto Insur. Company _____ Policy # _____

Can you carry your work group tools _____

DO YOU HAVE SPECIAL SKILLS OR TALENTS THAT WOULD BE USEFUL ON WORKSITES?
(circle as many as apply)

- | | | |
|----------------------------|--|-----------------|
| Minor construction, repair | Major construction, building/replacing | Electrical |
| Plumbing, repair/replace | Screens, repair/replace | Roofing, repair |
| Pressure washing | Landscaping/flower planting | Fence building |
| Painting, inside | Painting, outside | Yard work |
| Chain saw work | Vinyl laying/repair | Cleaning |
| Other _____ | | |

DO YOU HAVE SPECIALIZED TOOLS FOR THE ABOVE CATEGORIES? IF YOU WILL BE WILLING FOR YOUR GROUP TO USE THEM, THEN PLEASE BRING THEM WITH YOU. WE WILL GIVE YOU PRIOR NOTICE, IF POSSIBLE, ABOUT THE ITEMS YOU MIGHT NEED.

With our words and service we will RAP you in Gods love.
(Please print form; fill out form; then fax to 706.782.7454 or email to umcyouth@windstream.net)