

WINGS AS EAGLES MINISTRIES VOLUNTEER INFORMATION FORM

All Wings As Eagles Ministries, Inc. volunteers who have been assigned to projects must complete and submit this form as a supplement to the original individual or team application.

PERSONAL INFORMATION

NAME: Last First Middle Nickname

DATE OF BIRTH: month/day/year _____

SEX: (circle one) Male Female

ARE YOU LICENSED TO DRIVE? Yes No

IF YES LICENSE NUMBER: _____

DO YOU HOLD A CDL LICENSE? Yes No IF SO WHAT STATE? _____

FAMILY INFORMATION

MARITAL STATUS: (circle one) Single Married Separated Divorced Widowed

SPOUSE'S NAME: _____

CHILDRENS NAME (S) AND AGE (S):

HAVE YOU SERVED THE NATIVE AMERICAN COMMUNITY IN THE PAST? IS SO WHEN AND WHERE?

IS YOUR FAMILY SUPPORTIVE OF YOUR CALL INTO THE MISSION ? Yes No

MEDICAL INFORMATION

RATE YOUR HEALTH: (circle one) Excellent Good Fair Other

Has there been any change in your health within the last year? Yes No

If so, please describe: _____

My last physical examination was: (date) _____

Are you now under the care of a physician? Yes No

If so, what is the condition being treated? _____

Have you had any serious illnesses, operations or hospitalized in the last 10 years? Yes No

If so, what was the illness? _____

Do you have any medical conditions or allergies that we need to be aware of? (please list)

Date of last Tetanus Shot (must be within 10 years) _____

Are you taking any drugs or medications? Yes No

If so, what? _____

PHYSICIAN

Name _____

Phone () _____ **Fax ()** _____

INSURANCE INFORMATION

Insurance Company _____

Policy Number _____

Applications will NOT be processed without insurance information. If you do not have insurance, please call Travel Guard at 1-800-826-4919 or go to www.travelguard.com to purchase a short-term policy.

What is your blood type? _____

EMERGENCY CONTACT INFORMATION

Name _____ **Relationship** _____

Street _____

City/Town _____ **State** _____ **Zip** _____

Phone () _____ **Fax ()** _____

STATEMENT OF PRACTICE AND RELEASE

I, the undersigned, hereby certify that the answers given and statements made on this form are true and correct.

I realize that in accepting a term of service, I assume the risk of injury or damage and understand that my assignment may involve difficulties, hazards and dangers. I further realize that some assignments may involve strenuous activity, and I certify that I am in good health and physically able to perform such work. I also have a clear understanding that Wings As Eagles Ministries, Inc. does not assume responsibility for loss or theft of or damage to my property, personal harm, injury or illness that may come to myself or those who travel with me.

I, for myself, my heirs, executors, administrators, and assigns, in consideration of my admission to serve, and other good and valuable considerations, do hereby release and forever discharge Wings As Eagles Ministries, Inc., its directors, officers, and employees from liability for any claim or demand which I, or my heirs, executors, administrators, or assigns might otherwise assert upon the basis of any of the foregoing. I agree to hold Wings As Eagles Ministries, Inc. harmless from any claim that might arise out of any acts performed by me while serving.

The commitment of Wings As Eagles Ministries, Inc. is "to serve and not be served." Serving on the field means your agreement to the following:

1. I am willing to set aside personal preferences, habits, and schedule in the interest of others to fulfill the ministry of the project to which I am assigned and to seek to win souls for Jesus Christ.
2. I understand there are variations in practice and understanding of Scripture in some areas of doctrine, Christian living, and witness. In serving Wings As Eagles Ministries, Inc. I will abide by the standards of the project and mission fields to which I serve, in all areas including dress, entertainment, activities, etc. This includes a willing agreement to abstain from the use of alcohol and drugs and to be sensitive to cultural, regional, and church expectations and standards.
3. In cooperation with the project setting, I seek to provide excellence in service and to present Jesus Christ as Lord.

Applicant's Signature

Date

Wings As Eagles Ministries
P.O. Box 207
Caputa, South Dakota 57725

Phone: (605)-455-1151
e-mail: wingsaseaglesmin@earthlink.net
www.waeministries.com

Adult/Student Liability Waiver & Release

This release is executed on this _____ day of _____, 20____, by _____

hereinafter referred to as "volunteer", whose address is _____

Volunteer hereby acknowledges that he or she has voluntarily applied to participate in the religious, missionary, and charitable activities of the Wings as Eagles Ministries, hereinafter referred to as "Ministry", with headquarters at Caputa, South Dakota and the Dream Center site, Shannon County, South Dakota, Pine Ridge Indian Reservation. However, the activities of the Ministry take place in areas surrounding its headquarters including but not limited to substantial activities that occur on the Pine Ridge Indian Reservation.

All services, labor, and activities of volunteer are provided without compensation and at the total cost of the volunteer. Any benefits, including food, lodging or transportation by the Ministry are deemed to be charitable in nature and not as compensation or consideration for any services or labor provided by the volunteer.

I am aware that my activities on behalf of the Ministry may involve hazardous situations, including but not limited to manual labor, use of power or motorized equipment, weather and temperature variations, heights, animals, Indian reservations, travel in motor vehicles, proximity to and contact with persons in motor vehicles who are under the influence of drugs/alcohol, and proximity to and contact with persons who are criminals, and other similar or like kind of activities and situations.

As lawful consideration for being permitted to volunteer and participate in the above described or like activities of the Ministry, I hereby agree that I, my heirs, guardians, legal representatives, or assigns will not make a claim against, sue, attach the property, or prosecute the Ministry, its principals, employees, agents or other volunteers for injury, damage, workman compensation claims, motor vehicle claims, or other kinds of legal activities resulting from negligence or other acts, however caused, by any principal, employee, agent, volunteer, or contractor of the Ministry or its affiliates as a result of participation in any activity of the Ministry, direct or indirect, at any time or place. In addition, I hereby release and discharge the Ministry and affiliated organizations from all actions, claims or demands, I, my heirs, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my activities with the Ministry.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE MINISTRY, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Volunteer _____

Parent or legal guardian if under the age of 18

NOTE: Please notarize this copy. This application will not be processed unless notarized.

State of _____ County of _____

Sworn to and subscribed to me this _____ day of _____, 20____.

Signature _____ My commission expires _____



4031 BIA Highway 27~Dream
Center Site
Porcupine, S.D. 57772

P.O. Box 207
Caputa, S.D. 57725
Phone/Fax: 605.455.1131
Email:
wingsaseaglesmin@earthlink.net

On this day: _____

I, _____

For good and valuable consideration;

I give my permission to Wings As Eagles Ministries (WAEM), and all its affiliated organizations (or agents thereof), to use my name, photograph, video/film footage, voice recording and/or likeness thereof recorded this day ("materials") for the purposes of public relation, public awareness or education, public service and/or fundraising. This includes occasional granting of permission to outside organizations, for use of the materials in support of Wings As Eagles Ministries objectives. I hereby hold harmless WAEM, and all its affiliated organizations, from any liability for use of my image or likeness, both visually and audibly.

I AGREE, that WAEM has unlimited use of my image or likeness, both visually and audibly for the purposes described above, without additional remuneration beyond that, if any, which has been agreed upon this day.

**NAME of person photographed, filmed, or recorded, or if under age of 18 yrs.,
name of Parent/Guardian.**

ADDRESS: _____

STATE: _____

PHONE: _____

SIGNATURE: _____

Date _____

I have read all of the policies, practices and procedures manual for Wings As Eagles Ministries. I have completed the WAEM training seminar and agree to abide by all the standards of the ministry.

I agree to serve as a team member of the ministry to the best of my ability and submitting to all ministry authority, adhering to the standards set forth and the Word of God.

Team member signature _____

Date _____

Group Name _____

Arrival and Departure dates _____

Date of Training /Orientation _____

Please return this page along with release and informational forms to
WAEM.

Wings As Eagles is not responsible for lost or stolen property. Please keep all property in a safe location.

Wings As Eagles Ministries reserves the to amend these policies, practices and procedures at any time as deemed necessary.