



SolQuest2017 Volunteer Registration

PERSONAL INFORMATION (please print)

Gender: [] Male [] Female Age: _____

Shirt Size (circle one): Youth S M L / Adult S M L XL 2X 3X Other: _____

Full Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mobile Phone: _____

Email: _____

Dates you are planning to attend:(examples: Saturday-Monday 8/19-8/21, Sunday 8/20 only, etc...)

What are your housing needs? (Circle one)

1. tent camp on site 2. bringing RV camper 3. need local church to provide 4. none needed

Note: campers & RVs are only permitted for vendors & mission teams.

MINISTRY INFORMATION (Please mark areas of ministry in which you are most interested in serving.)

<input type="checkbox"/>	Booths	<input type="checkbox"/>	Trash & Clean-up	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	Provide Entertainment	<input type="checkbox"/>	Security Detail	<input type="checkbox"/>	Hospitality
<input type="checkbox"/>	Publicity	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	Medical/Emergency
<input type="checkbox"/>	Inflatables, Tournaments, & Games	<input type="checkbox"/>	Direct Traffic	<input type="checkbox"/>	Organize Volunteers
<input type="checkbox"/>	5K Run	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Prayer
<input type="checkbox"/>	Campsites	<input type="checkbox"/>	Distribute water/ice	<input type="checkbox"/>	General Labor

CHURCH OR MINISTRY INFORMATION

Church/Ministry Name: _____

Church/Ministry Address: _____

City: _____ St: _____ Zip: _____

Church Phone: _____

If you are part of a mission team of volunteers list name of group leader: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: _____

Do you have any other information or questions? _____

For weather and safety updates, please download the Code Red App: <https://public.coderedweb.com/cne/en-US/BFF8125E25C0>

REGISTRATION FEE

Most missionaries have to pay or raise funds to support their time in the field. Therefore, all volunteers will pay a \$50 registration fee. This will give an official count of the number of volunteers to be fed by KBC disaster relief at Pleasant Grove Baptist Church and designate them from others working at booths or those observing the event. The \$50 fee covers the cost of :

- 8 meals: Friday night orientation meal, 3 meals Saturday, 3 meals Sunday, and breakfast on Monday
- 2 different colored tshirts (one color to be worn Saturday, the other Sunday)
- Lanyard ID
- Aerial photograph of event (to be presented later)

PERSONAL HEALTH INSURANCE INFORMATION

Name of Policy Holder: _____ Policy Holder Date of Birth: _____
Policy Number: _____ Member ID #: _____
Insurance Co.: _____ Insurance Co. Phone #: _____
Insurance Co. Address: _____

Check and sign if participant has no health coverage.

- There is no health insurance coverage for this participant at this time.

Signature (Parent/Guardian if claimant is a minor) Date

WAIVER AND RELEASE

The undersigned agrees to defend and hold harmless HR Ministries, SolQuest2017 personnel, the Ginn family, and all other festival sponsors and agents from all injury, loss, costs, claims, or damages to any person or property arising from, related to, or in any way connected with participation in the SolQuest2017 Festival. I grant permission for you to publish any and all photos taken during these activities. Event organizers are granted permission to have medical personnel treat me, if needed, during my participation in the event.

Printed Name: _____

Signature: _____ Date: _____

PAYMENTS ACCEPTED: Cashier's Check, Personal Check, or Money Order.

Complete form, have it notarized, & submit with \$50 registration fee to:

HR Ministries
SolQuest2017 in memo
PO Box 311
Princeton, KY 42445

NOTARY INFORMATION

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____,
by _____ (name of person making statement).

- Personally known
- Produced identification

Type and # of ID _____

(STAMP)

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____