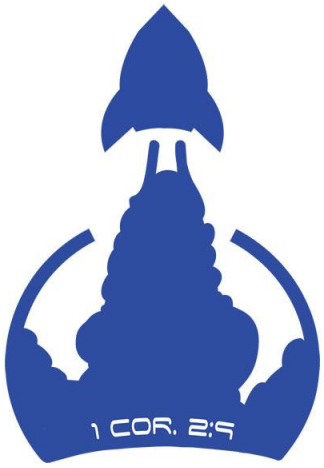

BEYOND

BREAKAWAY 2019

CREW MEMBER PACKET

Thank you for your interest in BREAKAWAY

All of the application pages that follow must be completed, with applicant's signature and returned with $100 deposit to our Office or email at: MO.Breakaway@liftdisability.net. Credit card payments can be made on our website: liftdisability.net/mo-breakaway-pay

Dear Prospective Crew Member: Thank you in advance for Elevating Life in the Disability Family and for sharing the message of hope with those facing disabilities. With some training materials and guidance from our team you will be prepared to be the hands and feet of Jesus for one week. This week will provide you with lasting memories and relationships. During our week together you will provide companionship and friendship to individuals with disabilities allowing loved ones a much-needed break to enjoy teaching, activities and just quality quiet time.

The cost to you for this unforgettable 5-day week from July 2-6, 2019 is just **$300.00.** This week is to be considered a missionary week. Should you need ideas on fund raising for your support please contact our office.

To comply with the law, we require everyone to complete the application process every year and provide three (3) references if this is your first year. In addition, we will conduct a criminal background check in accordance with current standards concerning volunteers. We appreciate your time and compliance as we are committed to providing the best care possible to every BREAKAWAY participant, including you.

Please use the following check list to complete your application.

☐ Please read all materials included in this packet.
☐ Complete each portion of the application/s.
☐ Sign and attach a recent photo, and include your **$100 non-refundable deposit** (or full payment if desired) at the time of application. Mail your completed application with deposit to our office. **Receiving your application immediately allows us to fill the needs of the families by the deadline date. A Second $100/person payment (or full remaining balance if desired) is due on May 11th. Any remaining balance is due June 11th .** If you have questions, please contact **Delaine Young at 314-956-2665 or email MO.Breakaway@liftdisability.net**.

☐ Once your completed packet has been received, including all references and background check, you will be notified of approval.

☐ A completed application must be done for each person age 16 and over who will be attending.

☐ If applicable, fill in your name, address, and phone number on all three reference forms.

☐ If applicable, have your Pastor and two non-related friends (18 or older) fill out his/her reference form and mail it directly to us. Let them each know you have cleared the time to attend and need his/her prompt attention to the reference form.

Family Members:

☐ Children need to be at least 6 years of age or older to attend BREAKAWAY with their parent(s) serving as Crew Members. To discuss children under this age please contact Rhonette Hukill prior to attending.

☐ Complete a "Child of Crew Member" application for children 6-15 years of age. Please send with your application.

2019 APPLICATION FOR CREW MEMBER

FOR OFFICE USE ONLY
Received: _____
Deposit Paid: _____
Balance Paid: _____
Scholarship: _____ B/G Check: _____
Pastor ____ Ref#1 ____ Ref#2 ___
Scanned: Y____ N____

PLEASE TYPE OR PRINT. Complete the entire application. Send all forms with $100 deposit and recent photo to Lift Disability Network, PO Box 302, Foristell, MO 63348 or email at MO.Breakaway@liftdisability.net. Applications with missing or invalid information will be considered incomplete.

GENERAL INFORMATION

Location of BREAKAWAY: Camp Wartburg 5705 Lrc Rd, Waterloo, IL July 2-6, 2019	Legal Name (Last, First, Middle):		Preferred Name:
Street Address:	City, State & Zip:		Maiden Name:
Social Security Number:	Primary/Home Phone:	Work Phone:	Cell Phone:
Email Address:			
Date of Birth: *(applicant must be over 16)*			
Gender: M ☐ F ☐	Age:	Married: ☐ Yes ☐ No	
Do you have a church home? Are you a member or regular attendee?	☐ Yes ☐ No ☐ Yes ☐ No	What is the name of your church?	
In case of emergency please contact: (first and last name)	Relationship:		
Address:	City, State & Zip:	Daytime Phone:	Cell Phone:
Have you ever been arrested, convicted or pled guilty to a crime? If Yes, please explain.		☐ Yes ☐ No	

Certain lifestyle choices may make it inappropriate for you to serve with minors or may compromise the integrity of Breakaway/Lift Disability Network. Please explain any current areas in your life which you believe may be important in considering your application.

Would you like your contact information on a mailing list? (this is shared only with those who are attending the week)	☐ Yes ☐ No

To assist us in ordering please indicate your desired T-shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

CREW MEMBER APPLICATION continued

This is my first time applying for BREAKAWAY:
☐ Yes (please provide 3 references (forms to send below), one from your Pastor, and two non-related adults)
☐ No (you may skip this part)

Pastor: Church: Address: City, State, Zip: Phone:	Name: Address: City, State, Zip: Phone:	Name: Address: City, State, Zip: Phone:

MEDICAL HISTORY

Height: Weight:	Please check if you have any of the following conditions: ☐ Heart Condition ☐ Diabetes ☐ Seizures ☐ Asthma ☐ Physical Limitation ☐ Hearing Impaired ☐ Visually Impaired ☐ Infectious Disease ☐ Headaches ☐ Back injury ☐ Use Wheelchair or adaptive Equipment (please list)
List any allergies: List any food allergies or restrictions: List any medications you are currently taking:	Do you have seizures: ☐ Yes ☐ No If yes what do they look like? Please describe how any of these conditions or those not listed could limit you from activities such as pushing a wheelchair, swimming, running, carrying heavy objects or might require extra time or assistance.

Insurance Policy Carrier:	Insurance Policy Number:
Doctor's Name:	Doctor's Phone:

SKILLS: Although experience is not necessary please list any experience you have had with people with disabilities. Also please tell us of any talent or certifications you may have that could be useful at BREAKAWAY. (i.e.: CPR Certified, EMT, Life Guard Certified, Sign Language, Sing or Play an instrument)

Please list your areas of interest: (age group (Infant, Elementary, Youth, Adult) arts, technical)

Employer:	Address:	City, State & Zip:
Job Title and Description:		

Please list all family members that will be with you, or the name of the group you are part of (if applicable):
Roommate Request:

SPIRITUAL JOURNEY:

Please describe your relationship with Jesus Christ:

PLEASE READ CAREFULLY, INITIAL AFTER EACH ITEM AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I will be present at Crew Member Orientation the day before BREAKAWAY and will notify Lift Disability Network as soon as possible in the event I am not able to attend the week I have applied for. I have given my Social Security # for the release of my criminal records to determine acceptance and have signed the attached Background Authorization Form. I will show respect for all staff members and families, and I understand that the BREAKAWAY Director has the right to dismiss any Crew Member in the best interest of BREAKAWAY. Permission is given only to Lift Disability Network to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Lift Disability Network. I understand that photographs/video/images I take at any BREAKAWAY/Lift Disability Network function are for my personal use only. Personal internet use of any video/media should be approached with caution with regard to misrepresentation.

— I realize I am responsible for my own actions during the designated time period of BREAKAWAY, and that my legal protection under the Volunteer Protection Act covers my actions only when I am following the written policies and procedures of Lift Disability Network.

— I will be a constructive member of the Staff, being a Christ-like example in all my actions, contributing in every way to the unity and purpose of the BREAKAWAY.

— I will always have another adult present when I am with children and youth and will never be alone with a child under the age of 18.
— I will pray daily for BREAKAWAY and each person in my care.
— I realize that tobacco, alcohol, and illegal drugs are NOT ALLOWED.
— I understand that all staff, including myself and all participants, have limited insurance coverage against injury or illness only. Therefore, if my misconduct results in a lawsuit, I understand I will represent myself. I shall indemnify Lift Disability Network and its staff, and hold them harmless from and against liability or responsibility.
— I authorize Lift Disability Network to contact all prior employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I release all references and prior employers from any liability for information provided in good faith.

— The information contained in this application is correct, to the best of my knowledge. I have read the above statements and agree to cooperate with Lift Disability Network and the BREAKAWAY Staff.

_____ Date: _____
Applicant Signature

_____ Date: _____
Signature of Parent or Guardian (if under 18):

DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN BACKGROUND REPORTS FOR VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you as a volunteer, ***Lift Disability Network*** will order a background report about you that we obtain from a consumer reporting agency, Protect My Ministry, Inc.

The background report may contain information concerning your character, general reputation, personal characteristics, and mode of living. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.)

Under the FCRA, before the Company can obtain a background report about you for employment or volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **LIFT DISABILITY NETWORK** to obtain and rely upon background reports in considering me as a volunteer. By my signature below, I authorize Lift Disability Network to obtain any such reports and to share the information received with any person involved in the volunteer decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf of Lift Disability Network.

_____
Printed Name

_____ _____
Applicant Signature Date

_____ _____
Parent or Legal Guardian Signature Date
(for searches conducted on minors under the age of 18)

REFERENCE 1 | Pastor

Crew Member Name:	Address:	City, State & Zip:
Telephone:	Today's Date:	Applying for: BREAKAWAY – July 2-6, 2019

The above name desires to serve in a volunteer position at BREAKAWAY. We appreciate your opinion in order to utilize them in the proper capacity. He/she will be working in direct contact with people who have intellectual and/or physical disabilities. It is important that we select individuals whose physical and emotional health will not be at risk during their service. We will be conducting a criminal background check in accordance with current standards concerning volunteers.

Please rate the applicant on each attribute listed below and note any other relative comments.

	Poor	Fair	Average	Good	Excellent	Comments
PHYSICAL CONDITION	☐	☐	☐	☐	☐	
EMOTIONAL STABILITY	☐	☐	☐	☐	☐	
DEPENDABILITY	☐	☐	☐	☐	☐	
WILLINGNESS TO SERVE	☐	☐	☐	☐	☐	
INTERPERSONAL SKILLS	☐	☐	☐	☐	☐	
SPIRITUAL MATURITY	☐	☐	☐	☐	☐	
FLEXABILITY	☐	☐	☐	☐	☐	
CHRISTIAN LIFESTYLE	☐	☐	☐	☐	☐	
GIFTS/TALENTS	☐	☐	☐	☐	☐	

How long have you known the applicant? _____ In what capacity? _____

Please describe your relationship with the applicant: _____
_____

I ☐ would ☐ would not recommend him/her for this ministry opportunity.

Additional comments I have about this individual: _____
_____
_____

_____
Name of Reference

_____ _____
Signature/ Date

_____
Telephone

Please mail this form to:
Lift Disability Network | PO Box 302 | Foristell, MO 63348

REFERENCE 2 | Non-related Adult

Crew Member Name:	Address:	City, State & Zip:
Telephone:	Today's Date:	Applying for: BREAKAWAY – July 2-6, 2019

The above name desires to serve in a volunteer position at BREAKAWAY. We appreciate your opinion in order to utilize them in the proper capacity. He/she will be working in direct contact with people who have intellectual and/or physical disabilities. It is important that we select individuals whose physical and emotional health will not be at risk during their service. We will be conducting a criminal background check in accordance with current standards concerning volunteers.

Please rate the applicant on each attribute listed below and note any other relative comments.

	Poor	Fair	Average	Good	Excellent	Comments
PHYSICAL CONDITION	☐	☐	☐	☐	☐	
EMOTIONAL STABILITY	☐	☐	☐	☐	☐	
DEPENDABILITY	☐	☐	☐	☐	☐	
WILLINGNESS TO SERVE	☐	☐	☐	☐	☐	
INTERPERSONAL SKILLS	☐	☐	☐	☐	☐	
SPIRITUAL MATURITY	☐	☐	☐	☐	☐	
FLEXABILITY	☐	☐	☐	☐	☐	
CHRISTIAN LIFESTYLE	☐	☐	☐	☐	☐	
GIFTS/TALENTS	☐	☐	☐	☐	☐	

How long have you known the applicant? _____ In what capacity? _____

Please describe your relationship with the applicant:

_____

_____

I ☐ would ☐ would not recommend him/her for this ministry opportunity.

Additional comments I have about this individual:

_____

_____

_____

Name of Reference

_____ _____

Signature Date

_____

Telephone

Please mail this form to:
Lift Disability Network | PO Box 302 | Foristell, MO 63348

REFERENCE 3 | Non-related Adult

Crew Member Name:	Address:	City, State & Zip:
Telephone:	Today's Date:	Applying for: BREAKAWAY – July 2-6, 2019

The above name desires to serve in a volunteer position at BREAKAWAY. We appreciate your opinion in order to utilize them in the proper capacity. He/she will be working in direct contact with people who have intellectual and/or physical disabilities. It is important that we select individuals whose physical and emotional health will not be at risk during their service.

Please rate the applicant on each attribute listed below and note any other relative comments.

	Poor	Fair	Average	Good	Excellent	Comments
PHYSICAL CONDITION	☐	☐	☐	☐	☐	
EMOTIONAL STABILITY	☐	☐	☐	☐	☐	
DEPENDABILITY	☐	☐	☐	☐	☐	
WILLINGNESS TO SERVE	☐	☐	☐	☐	☐	
INTERPERSONAL SKILLS	☐	☐	☐	☐	☐	
SPIRITUAL MATURITY	☐	☐	☐	☐	☐	
FLEXABILITY	☐	☐	☐	☐	☐	
CHRISTIAN LIFESTYLE	☐	☐	☐	☐	☐	
GIFTS/TALENTS	☐	☐	☐	☐	☐	

How long have you known the applicant? _____ In what capacity? _____

Please describe your relationship with the applicant: _____

_____

I ☐ would ☐ would not recommend him/her for this ministry opportunity.

Additional comments I have about this individual:

_____

_____

_____

_____

Name of Reference

_____ _____

Signature Date

_____

Telephone

Please mail this form to:
Lift Disability Network | PO Box 302 | Foristell, MO 63348

BEYOND
BREAKAWAY 2019

2019 CHILD OF CREW MEMBER APPLICATION

PLEASE FILL OUT A PAGE FOR EACH CHILD AGE 6-15 (COPY AS NEEDED)

Location of BREAKAWAY: Camp Wartburg 5705 Lrc Rd, Waterloo, IL July 2-6, 2019	Child's Name (Last, First, Middle):		Preferred Name:
Street Address:	City, State & Zip:		Last Grade of School Completed:
Parent of Child:	Is the Crew Member the Parent or Legal Guardian? ☐ Yes ☐ No	If not who is:	Address of Parent/Guardian if not Crew Member:
Email Address:			
Date of Child's Birth:			
Gender: M ☐ F ☐	Age:		
To assist us in ordering indicate your child's T-shirt Size: ☐ C-M ☐ C-L ☐ C-XL ☐ A-S ☐ A-M ☐ A-L ☐ A-XL			

MEDICAL HISTORY

Height:	Weight:	Please check if you have any of the following conditions: ☐ Heart Condition ☐ Diabetes ☐ Seizures ☐ Asthma ☐ Autism / Asperger's ☐ Intellectual Disability ☐ Physical Limitation ☐ Hearing Impaired ☐ Visually Impaired ☐ Infectious Disease ☐ Headaches ☐ Back injury ☐ Use Wheelchair or adaptive Equipment (please list)
List any allergies: List any food allergies or restrictions: List any medications you are currently taking:		Please describe how any of these conditions or those not listed could limit you from activities such as pushing a wheelchair, swimming, running, carrying heavy objects or might require extra time or assistance. What is the best way to utilize your gifts this week?

Insurance Policy Carrier:	Insurance Policy Number:
Doctor's Name:	Doctor's Phone:
ADDITIONAL INFORMATION: What are your areas of interest?	
Can you follow instructions? ☐ Yes ☐ No ☐ Sometimes	Do you have any behavioral issues? If yes, what?