

Team Member Application 2020



Name: Last _____ First _____ Middle _____ Gender **M** **F**
Preferred Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
County _____ Cell Phone _____ E-Mail Address _____
Home Church _____ Church City _____ Shirt Size _____
I am also serving as a chaperone for my church ____ Yes ____ No

Lodging Option (Please check one)

____ Standard Changers lodging (typically in a school)
____ RV (self-provided) Hook-ups needed ____15 amp ____20 amp ____30 amp ____Water _____ RV Length _____
If selecting RV, can your RV be fully self-contained (generator, fresh/grey/black water tanks) if needed? ____ Yes ____No

Team Position (Circle One) Crew Chief Assistant Crew Chief Runner Nurse Kitchen Help

Office Use Only _____

Adult Encouragers do not fill out this form. Adult Encouragers are considered participants and should be registered with their respective church groups.

Project Location/s (Circle one or more) Owensboro 6/13-6/19 Somerset 6/27-7/3 Greensburg 7/4-7/10

Crew Chief/Assistant Crew Chief Job Preference (Beginning with the number 1, mark jobs by preference)

____Roofing ____Siding ____Decks ____Handicap Ramps ____Door/Windows ____Painting ____Concrete Work

List your experience for the jobs that you have selected above _____

Have you ever attended Kentucky Changers Project? ____ Yes ____ No Most recent year _____ Total years _____

List your experience working with teenagers _____

Please rate your ability to work with teenagers ____ Poor ____ Fair ____ Good ____ Excellent

How long have you been a Christian? _____

____ (Please initial) I understand that participants at Kentucky Changers projects agree not to use tobacco products, alcoholic beverages, or illegal drugs; and not to have possession of or use any fireworks, firearms, knives (with the exception of utility knives), or weapons of any other kind during the duration of the project.

____ (Please initial) I understand that completion of this application is not a guarantee that I will be selected to serve as a Project Team Member. I understand I must complete the Online Sexual Abuse Prevention Training and my Background Check must be approved before I am added to my chosen Project Team.

The above information in this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for refusal and/or termination of Team Member service.

Signature (Required): _____ Date: _____

Mail completed form to: KY Changers 13420 Eastpoint Center Drive, Louisville, KY 40223

Once your completed application is received, you will receive an email with a link to the Online Sexual Abuse Prevention Training.

Application Deadline: April 1, 2020