

GROUP Registration Form (Page 1 of 2)



Additional Group Registration Forms can be downloaded from chicconference.org

NAME OF CHIC CONTACT _____

CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

EMAIL _____ FAX _____

CONFERENCE _____ PHONE _____ CELL PHONE _____

Will your CHIC contact be attending CHIC? Yes No
If "No" who is your on-site contact?

Name _____ Mobile Phone _____

DATE OF INITIAL REGISTRATION _____ / _____ / _____
MONTH DAY YEAR

1. Make several copies of this form after filling out the group information above. You will need to fill out and submit a Group Registration Form for your INITIAL GROUP REGISTRATION and for all FOLLOW-UP ACTIONS - including any additions, substitutions, or cancellations made to an existing group registration or any payments made on outstanding balances from existing registrations.
2. Please indicate in the space below whether this is your initial GROUP REGISTRATION or a FOLLOW-UP ACTION to an existing group registration.
3. When making FOLLOW-UP ACTIONS, only include information for those students or adults affected by the changes or payments.
4. Use the worksheet below to calculate the registration fees due with this form.
5. Cancellation requests must be made in writing, by mail (see below), fax (865-974-0264), or email (conferences@utk.edu) to the University of Tennessee. Indicate any students or adults who are canceling their registration on the reverse side of this form.
6. Return this form with the accompanying Registration Forms and/or payments to: UT Conferences, Attn: CHIC, P.O. Box 2648, Knoxville, TN 37901. Alternate carriers (FedEx, UPS, etc.), please use: UT Conferences, Attn: CHIC, 600 Henley Street, Suite 212, Knoxville, TN 37902.

Initial Group Registration -OR- Follow-up Action on DATE _____ / _____ / _____

REGISTRATION FEES

Use the following worksheet to calculate registration fees due with this form.

TYPE OF REGISTRATION	POSTMARKED	# OF REGISTRANTS	RATE	SUBTOTAL
Early Bird Student (Full Payment)	Nov. 1, 2017 to Jan. 18, 2018		x \$599	
Early Bird Student (Deposit Only)	Nov. 1, 2017 to Jan. 18, 2018		x \$100	
Early Bird Student (Balance Due)	by May 18, 2018		x \$499	
Regular Student (Full Payment)	Jan. 19 to April 18, 2018		x \$649	
Regular Student (Deposit Only)	Jan. 19 to April 18, 2018		x \$100	
Regular Student (Balance Due)	by May 18, 2018		x \$549	
Late Student	April 19 to June 18, 2018		x \$699	
Adult (Full Payment)	Nov. 1, 2017 to May 18, 2018		x \$599	
Adult (Deposit Only)	Nov. 1, 2017 to April 18, 2018		x \$100	
Adult (Balance Due)	by May 18, 2018		x \$499	
TOTAL :				Add above numbers

STUDENT Registration Form



Parent or Guardian: Complete this form, sign it, and return it with payment (payable to your church) to the CHIC contact at your church. Please print legibly.

STUDENT FIRST NAME* _____ LAST NAME _____

*note: as you'd like it to appear on your name tag

GENDER Female Male DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

GRADE student will be entering September 1, 2017* 10 11 12 Grad
*note: students must also be 15 years of age by December 31, 2017

CURRENT ADDRESS _____ HOME PHONE _____

CITY _____ STATE/PROV _____ ZIP _____

MOBILE PHONE _____ EMAIL _____

ETHNICITY (optional) Caucasian African-American Hispanic or Latino/a Asian-American
 First Nation/Native American Native Alaskan Indicate: _____

PARENT/GUARDIAN CONTACT _____ HOME PHONE _____ MOBILE PHONE _____

MEDICAL INSURANCE*

INSURANCE COMPANY NAME OR CANADIAN HEALTHCARE NUMBER _____

INSURANCE COMPANY ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

PHONE _____

NAME OF INSURED _____

POLICY # _____

PHYSICIAN _____ PHONE _____

*In addition to your own insurance, accident insurance will be provided during the week of CHIC for students. Canadian residents should purchase travel insurance.

DENTAL INSURANCE (IF DIFFERENT THAN MEDICAL INSURANCE LISTED ABOVE)

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

PHONE _____

NAME OF INSURED _____

POLICY # _____

MEDICAL INFORMATION

1. Is your son/daughter currently under the care of a physician for a medical problem? Yes No

If yes, please explain: _____

2. Is your son/daughter currently taking medication prescribed by a physician? Yes No

If yes, please list each medication and indicate whether or not it needs refrigeration:

_____ Requires Refrigeration

_____ Requires Refrigeration

_____ Requires Refrigeration

3. Please list any over-the-counter medications you do not wish dispensed to your child for treatment of minor ailments or injuries.

4. Does your son/daughter have any of the following medical conditions?

If yes, please explain any details underneath the condition.

- Chronic health problems? Yes No

- Allergies (e.g., food, bee stings, medications)? Yes No

- Program limitations (e.g., contact sports)? Yes No

- List any other information about your son/daughter that an attending physician needs to be aware of.

5. Date of Last Tetanus _____ / _____ / _____

Date of Last MMR _____ / _____ / _____

I authorize the above information:

PARENT OR GUARDIAN SIGNATURE DATE

PRINT PARENT OR GUARDIAN NAME

PARENTAL CONSENT & Medical Release Form*



(Attendee's name) _____ will be attending CHIC, at the University of Tennessee. As parent(s) or legal guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, and agree to hold harmless, the Evangelical Covenant Church, The University of Tennessee, the Rafting Company, Mountain Challenge, and any other contracted vendor for the CHIC event, and the owners, directors, officers, agents, and employees and volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said attendee is participating in CHIC.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to CHIC staff to furnish any necessary medical care, transportation, food, and lodging during CHIC.

We (I) are the parent(s) or legal guardian(s) of this attendee and hereby grant permission for him/her to participate fully in CHIC, and hereby give CHIC staff permission to take him/her to a doctor or hospital and authorize medical treatment. We (I) will assume all responsibility for all medical bills. I understand that if medical treatment is required we (I) will be contacted as soon as possible.

Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for the Evangelical Covenant Church to publish images of activities and of this attendee for the purpose of promoting CHIC and the Evangelical Covenant Church through communications channels of the Evangelical Covenant Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions and recreation opportunities at CHIC. We (I), the parent(s) or legal guardian(s), fully understand and acknowledge that (a) outdoor recreational activities have: inherent risks, dangers and hazards that exist in use of whitewater rafting equipment, kayaking equipment, paintball equipment, mountain bikes, hiking trails, and horses, participation in horseback riding, whitewater rafting, kayaking, paintball, mountain biking, and other activities; (b) participation in such activities and/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, and the forces of nature or other causes; and (d) by participation in these activities and/or use of equipment, we (I) hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, and employees and volunteers, of the University of Tennessee, the Rafting Company, Mountain Challenge, or by any other person including the Evangelical Covenant Church.

We (I), the individual(s) and our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Evangelical Covenant Church, the University of Tennessee, the Rafting Company, Mountain Challenge, and their respective owners, directors, officers, agents, and employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendees use of whitewater rafting equipment, kayaking equipment, horses, paintball equipment, mountain bikes, hiking trails, or participation in whitewater rafting, kayaking, horseback riding, paintball activities, mountain biking, and hiking, and general participation at CHIC.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging and waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, and employees and volunteers of The University of Tennessee, the Rafting Company, Mountain Challenge, and the Evangelical Covenant Church.

Parent /Guardian Name _____
 Signature _____ Date _____
 Parent /Guardian Name _____
 Signature _____ Date _____

*Must be signed by both parents unless extenuating circumstances prevent it.

STANDARDS OF CONDUCT

Compliance with the following standards of conduct is expected of all students and adults at CHIC. If you fail to comply, you may be sent home from CHIC at your own expense.

1. Use and/or possession of alcohol and/or other controlled substances, fireworks, firearms, or other dangerous weapons (e.g., knives, slingshots, laser pointers, etc.) during CHIC is prohibited.
2. No student or adult may leave campus without first obtaining permission from the Information Center (except during recreation and excursion hours, 12:30 P.M.- 5:00 P.M.).
3. Evening dorm time, check-in, and lights out are strictly enforced.
4. Individuals are liable (and will be billed) for any damage they intentionally or accidentally commit to the University of Tennessee or to CHIC property.
5. Attendance is mandatory for all general sessions, base camp gatherings, and small groups.
6. The CHIC identification provided must be worn at all times by students and adults.
7. All students are under the supervision of their respective counselors. Counselors and residence hall supervisors have the right to confiscate, for the duration of CHIC, any items used abusively by students.
8. Male and female students may spend time together in residence hall lounges. Under NO circumstances are males allowed in residence hall rooms or on floors where females are housed, nor are females allowed in residence hall rooms or on floors where males are housed.
9. Quiet hours (12:30 A.M. - 6:30 A.M.) are to be observed in residence halls (no music, yelling, cheerleading, etc.).
10. Smoking is not permitted in any of the residence halls or UT buildings.
11. The University of Tennessee does not allow the use of in-line skates, roller blades, roller-skates, scooters, and skateboards on the campus. Bicycles are allowed on designated walkways. Skateboards and in-line skates may only be used in the Knoxville Skate Park.
12. Throwing objects from residence hall windows is a federal offense. Perpetrators are sent home at their own expense and the University of Tennessee may prosecute.
13. Please utilize all pedestrian crosswalks. Do NOT jaywalk because it provides a significant risk to your safety, given the amount of traffic that will be present during this event. Perpetrators may be fined and/or cited for refusing to use pedestrian crosswalks.

Student Name _____
 Signature _____ Date _____

EMERGENCY CONTACT

In case of emergency and parent or guardian is unable to be reached, please contact:

Primary Contact _____
 Phone _____
 Secondary Contact _____
 Phone _____

EXTRA SUPPORT

& Special Needs Form (Page 1 of 2)



We respect the privacy of all participants, but we want to be prepared to offer help if needed, and to do that, it is helpful to be aware of attendees with various disabilities, those with special needs and those who might benefit from extra support or other considerations. Students requesting accommodations for special needs must submit this form with their student registration form, and will receive notification of their acceptance status and any details about a Special Needs Companion by May 28, 2018.

GENERAL INFORMATION

The CHIC staff has a support team in place to help accommodate students with special needs. This team will make every reasonable effort to assist students with physical, mental, and/or emotional impairments who are able to function in a public school setting. All buildings and events at the University of Tennessee are accessible to persons with disabilities and transportation will be available to shuttle students with special needs and their Companions to and from activities.

Churches are encouraged to send a volunteer to serve as a one-on-one Companion for any student with special needs who may require this level of assistance or supervision, and if a one-on-one Companion is not required, to plan for the necessary student support. If a church is unable to send a Companion, and if prior notification is given, a member of the CHIC special needs team may be available to serve as a one-on-one Companion for a student. Please indicate any need or plans for a one-on-one Companion below. Adults serving as Companions also must complete a staff application form and should indicate their role as a Companion on that form.

STUDENT INFORMATION

NAME _____

GENDER Female Male

DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

CHURCH _____

CHURCH CITY _____ STATE/PROV _____ ZIP _____

CHIC CONTACT NAME _____

CHIC CONTACT EMAIL _____ CHIC CONTACT PHONE _____

1. Please explain the student's type(s) of disability here:

2. Please check the severity that best describes the student's condition:

Mild Mild to Moderate Moderate Moderate to Severe Severe

SPECIAL NEEDS COMPANION (CHECK ONE OPTION)

This student does not require the assistance of a Companion

Our church has a Companion provided:

Companion's Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____ Email: _____

This student requests the assistance of a one-on-one Companion provided by the CHIC staff. See back of form for assistance options.

(Form continued on reverse side)

EXTRA SUPPORT FORM (PAGE 2 OF 2)

I. MOBILITY: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

- 1. (a) Will the student bring a wheelchair or scooter with him/her? Yes No (if no, skip to # 5)
 (b) If yes, please provide the wheelchair or scooter dimensions: _____
- 2. (a) Is the wheelchair motorized, therefore not requiring additional assistance? Yes No
 (b) If no, is the student capable of lifting and pushing his/her own wheelchair? Yes No
 (c) If no, please list the name of a traveling friend or the Companion who will provide assistance in lifting and pushing the wheelchair/scooter: _____
 Student needs a Companion appointed to help with this task
- 3. (a) If student is bringing a wheelchair or scooter, does it collapse? Yes No
 (b) If yes, is the student able to collapse & reassemble the wheelchair/scooter without help? Yes No
 (c) If no, please list the name of a traveling friend or the Companion who knows how to collapse and reassemble the wheelchair or scooter: _____
 Student needs a Companion appointed to help with this task
- 4. (a) Does the wheelchair or scooter require gas? Yes No
 (b) Does the wheelchair or scooter require electricity? Yes No
- 5. If the student is not bringing a wheelchair or scooter, please describe any other mobility accommodations that he/she may need: _____

II. COMMUNICATION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of the accommodation that might be necessary:

III. COMPREHENSION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of the accommodation that might be necessary:

IV. VISION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of the accommodation that might be necessary:

V. MEDICATION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of any medication the student needs during CHIC:

VI. SPECIAL DIETARY REQUIREMENTS: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of any dietary requirements affecting the student throughout CHIC:

VII. OTHER ISSUES: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe any other special accommodations the student may require while traveling to/from CHIC, or while attending CHIC:

AUTHORIZATION

Please have both the student's parent/guardian and the CHIC group leader (or, alternately, the pastor), review this form and sign off on the information provided above.

I have read and understand the above

PARENT OR GUARDIAN SIGNATURE ↑ DATE

PARENT OR GUARDIAN NAME (PLEASE PRINT) ↑

I have read and understand the above

GROUP LEADER OR PASTOR SIGNATURE DATE

GROUP LEADER OR PASTOR NAME (PLEASE PRINT) ↑

ADULT APPLICATION

Instruction Sheet



INSTRUCTIONS

- Determine if you will be applying as a Counselor or a Staff person. Counselors work with groups of 5 to 10 students (typically from their own church) to provide oversight and spiritual guidance at CHIC. Staff are assigned positions in a wide variety of roles to help provide for a successful CHIC experience for all participants [see Volunteer Staff Job Description form].
- Complete the adult registration form and return it with payment (payable to your church) to the CHIC contact at your church.
- Give a blank pastoral recommendation form to your pastor, youth pastor, or staff minister, who will be responsible for submitting the completed recommendation to the University of Tennessee. NOTE: You may not complete a pastoral recommendation form for yourself.
- In order to protect students attending CHIC, criminal background checks are required for every adult serving at CHIC. Instructions for completing this step will be provided later in the process. If we have record that you completed a criminal background check as part of the adult application process for CHIC 2015 you do not need to complete another criminal background check for CHIC.
- Your registration will not be complete until the University of Tennessee has received your application, payment, pastoral recommendation, and you have passed a criminal background check. Those applying for a Staff position at CHIC will complete their registration process online. After UT has received your adult application form you will be sent instructions to complete the application process online. Counselors are not required to complete the online portion of the application.
- You will only be notified if your application is not accepted. If your application is not accepted, you will be notified, and a full refund of all payments received will be sent to your church.
- Registration fees must be paid through the church, using a church check.
- You are responsible for arranging your own transportation. Contact your conference/regional liaison for more information about transportation efforts within your conference.
- Applicants needing financial assistance should inquire within their home church or Conference/Regional Office.

QUALIFICATIONS

- Counselors must be at least 21 years of age by September 1, 2017.
- Staff must be at least 19 years of age by September 1, 2017.
- Special Needs Companions must be at least 19 years of age by September 1, 2017.
- Applicants must be able to articulate their faith in Jesus Christ and be willing to readily share that faith commitment with others.
- Applicants must have a heart for young people. Current participation in youth ministry will be considered in the selection process.
- Applicants must be willing to operate within the guidelines and framework of CHIC.

REQUIREMENTS (FOR ALL ACCEPTED ADULTS)

- For both quality assurance and liability issues, every adult attending CHIC must complete Adult Orientation and Training. Specific details concerning Adult Orientation and Training will be included in further publications and available through your conference/regional liaison.
- Collegians and those living outside of your home conference should apply in the conference where you are best known by pastors, youth pastors, and conference personnel.
- Staff should come to CHIC prepared to serve in any area of need. You will be scheduled to work at least 2 of the 4 available shifts each day. Available shifts are morning, afternoon, evening, and night.

FEES AND DEADLINES

Adults may choose to pay their registration fees according to the following options:

Option 1	Payment in full, postmarked by May 18, 2018	\$599
Option 2	Non-refundable deposit, postmarked by April. 18, 2018	\$100
	Balance postmarked by May 18, 2018	\$499

After May 18, 2018, adult applications will be accepted on an as-needed basis.

CHECKLIST FOR COMPLETING YOUR APPLICATION (FOR YOUR OWN PERSONAL REFERENCE)

Name _____

Church _____

- Pastoral recommendation form given to your pastor, youth pastor, or staff minister. Date _____
- Completed adult registration form and registration payment (payable to your church) given to the CHIC contact at your church. Date _____ Check # _____
- Pastoral recommendation form sent to the University of Tennessee. Date _____

All registration fees must be paid made using a church check, payable to "The University of Tennessee."
Personal checks will not be accepted.

VOLUNTEER STAFF JOB DESCRIPTIONS

University of Tennessee | July 15-20, 2018



All applicants are asked to rate their qualifications in each of the categories listed below and to indicate the specific jobs that best fit their gifts. This portion of the Staff Application will be completed after you have turned in your Adult Application form. The University of Tennessee will send you information on how to complete the application process once your initial application has been received and processed.

Administrative (i.e., office, computer, errands, accounting)

- Arrival Registration Assistant - Assist with welcoming students and leaders to campus, skill in MS Excel, MS Word
- Offering Counting - Assist with counting of the offering, bank experience a plus
- Registration Table Assistant - Assist with registration of students and volunteers, skill in MS Excel, MS Word
- Staff Administration - Provides admin. assistance for Staff Coordinator, skill in MS Excel, MS Word

Recreation (i.e., equipment distribution, facilitators, assistants)

- Excursion Registration Assistant - Staff excursion registration booth
- Excursion Transportation Assistant - Help students find proper bus, work with drivers to depart on schedule, assist bus captains
- Recreation Assistant - Assist with lessons and clinics
- Skateboard Alley Assistants - Assist with skate park. Monitor the skate park and ensure the rules of the park are followed

Hospitality (i.e., special needs, retail sales, usher, information desk, cleanup)

- Affirmation Team - Provide support and encouragement to staff working on campus
- Bookstore Clerks - CHIC Bookstore stock clerks
- Information Centers Staff - Booths around campus that provide event information
- Sign Holders - Guide students to MainStage or small groups
- Sign Language Interpreter - Provide sign language interpretation for students who are hearing impaired (Professional experience required)
- Extra Support & Special Needs Companions - Assist students with special needs
- Support & Special Needs Shuttle - Drive van to shuttle students with special needs to campus activities
- Ushers - Assist with collecting the Covenant World Relief offering

Staff Support (i.e., setup, transportation, video, sound)

- Dorm Assistants - Assist dorm supervisors to ensure the dorms and students are secure
- Environmental Engineering - Patrol the campus to assist in keeping the campus clean
- Security Team - Ensure the students' safety and adherence to CHIC policies
- Setup Specialists - Assist with setup of event rooms, movement of equipment, audio visual setup, etc.
- Shuttle Drivers (off campus) - Drive 15-passenger vans, shuttle adults from campus to housing
- Shuttle Drivers (on campus) - Drive 15-passenger vans, shuttle injured students or adults to and from events
- Video Camera Assistant - Assist MainStage camera person (experience required)
- First Aid Team - Provide non-emergency first aid to participants (professional medical experience required)
- Welcome Party Setup - Assist with all aspects of the Welcome Party setup (must be able to arrive one day early)
- Welcome Party Assistant - Assist at Welcome Party activities and clean up as needed (must be able to arrive one day early)

Prayer Team

- Serve on the Human Resource Team partnering with leaders and students

If you have questions, please contact the CHIC Office at 1-800-910-CHIC (2442).

ADULT Application (Page 1 of 2)



- Complete both sides of this form and return it with payment (payable to your church) to the CHIC contact at your church.
- Give a blank pastoral recommendation form to your pastor, youth pastor, or staff minister.

Due to the volume of information needed from each Adult Applicant, all Adults must complete this form in its entirety regardless of online registration options. Your registration will not be complete until the University of Tennessee has received your application, payment, and pastoral recommendation, and we have record that you have passed a criminal background check.

NAME _____

GENDER: Female Male D.O.B. ____/____/____
MONTH DAY YEAR

CURRENT ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

HOME PHONE _____

EMAIL ADDRESS _____

SUMMER ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

SUMMER PHONE _____

CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

CONFERENCE Alaska Canada Central East Coast
 Great Lakes Midwest Midsouth North Pacific
 Northwest Pacific Southwest Southeast Other

ETHNICITY (optional) African-American Asian-American
 Caucasian First Nation/Native American
 Hispanic or Latino/a Native Alaskan
 Indicate: _____

Please list your significant ministry experience:

POSITION _____ DATES _____

CHURCH/ORGANIZATION _____ AGE GROUP _____

CITY _____ STATE/PROV _____ ZIP _____

RESPONSIBILITIES _____

POSITION _____ DATES _____

CHURCH/ORGANIZATION _____ AGE GROUP _____

CITY _____ STATE/PROV _____ ZIP _____

RESPONSIBILITIES _____

MOBILE PHONE _____

How did you become a Christian and in what ways have you been growing spiritually over the last six months? If you need additional space, please use a second sheet of paper.

Why are you interested in serving at CHIC?

Are there any physical or personal lifestyle factors that might impede your full participation at CHIC? (physical limitations, medical needs, personal preferences, etc.) Yes No

If yes, please explain:

Have you at any time ever:

Been arrested for any reason? Yes No

Been convicted of, or pleaded no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

Any traits or tendencies of yours that could pose a threat to children, youth, or others? Yes No

Any reason why you should not work with children, youth, or others? Yes No

Explain in detail any "yes" responses to the above questions:

(Continued on reverse)

ADULT APPLICATION FORM (PAGE 2 OF 2)

NAME _____

GENERAL INFORMATION

What is your preferred position?

Counselor Staff Support & Special Needs Companion

If your preferred position is Counselor, are you willing to serve as Staff if needed? Yes No

If your preferred position is Staff, are you willing to serve as a Counselor if needed? Yes No

Have you already been recruited by CHIC staff to volunteer in a non-counselor position? Yes No

If yes, in what position? _____

By whom? _____

If you have not already been recruited by CHIC staff to volunteer in a non-counselor position, what is your preferred position as listed on the volunteer staff job description page? _____

Are you registering as a Companion to a student who requires extra support or who has special needs? Yes No

If so, what is the student's name? _____

Emergency Contact

In case of emergency, please contact:

PRIMARY CONTACT ↑

PHONE ↑

SECONDARY CONTACT ↑

PHONE ↑

INSURANCE PROVIDER ↑

POLICY # ↑

STATEMENT OF CONSENT AND MEDICAL RELEASE

The information contained in this application is correct to the best of my knowledge. I agree to be bound by the constitution, bylaws and policies of the Evangelical Covenant Church in the performance of my services on behalf of the church. I have read and will comply with the pre-CHIC requirements, the CHIC policies, and the job description for any role(s) that I fill for CHIC. I understand that a criminal background check is required of all adults attending CHIC. I agree to perform a criminal background check as part of the required Adult Orientation and Training. If I fail to complete the criminal background check I understand that I will not be allowed to serve at CHIC 2018. A criminal background check is not required if I performed a criminal background check as part of my application process for CHIC 2015.

I intend to attend CHIC 2018 at the University of Tennessee. I am confident that every reasonable measure will be taken to protect the safety of all participants. I hereby release, forever discharge, and agree to hold harmless, the Evangelical Covenant Church, the University of Tennessee, the Rafting Company, Mountain Challenge, and the owners, directors,

officers, agents, and employees and volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said attendee is participating in CHIC.

Furthermore, I hereby assume all risk of personal injury, sickness, death, property damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to CHIC staff to furnish any necessary medical care, transportation, food, and lodging during CHIC.

I hereby give CHIC staff permission to take me to a doctor or hospital and authorize medical treatment. I will assume all responsibility for all medical bills.

Should it be necessary for me to be sent home for medical reasons, disciplinary reasons, or otherwise, I hereby assume all related costs.

I hereby grant permission for the Evangelical Covenant Church to publish my image for the purpose of promoting CHIC and the Evangelical Covenant Church through communications channels of the Evangelical Covenant Church. I grant this permission freely without reservation.

I understand that there are excursions and recreation opportunities at CHIC. I fully understand and acknowledge that (a) outdoor recreational activities have: inherent risks, dangers and hazards that exist in use of whitewater rafting equipment, kayaking equipment, paintball equipment, mountain bikes, hiking trails, and horses, participation in horseback riding, whitewater rafting, kayaking, paintball, mountain biking, and other activities; (b) participation in such activities and/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, and the forces of nature or other causes. and (d) by participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, and employees and volunteers, of the Rafting Company, Mountain Challenge, the University of Tennessee or by any other person including the Evangelical Covenant Church.

I, along with my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Evangelical Covenant Church, the University of Tennessee, the Rafting Company, Mountain Challenge, and their respective owners, directors, officers, agents, and employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendees use of whitewater rafting equipment, kayaking equipment, horses, paintball equipment, mountain bikes, hiking trails, or participation in whitewater rafting, kayaking, horseback riding, paintball activities, mountain biking, and hiking, and general participation at CHIC.

I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, and employees and volunteers of the University of Tennessee, the Rafting Company, Mountain Challenge, and any other contracted vendor for the CHIC event, and the Evangelical Covenant Church.

PRINT NAME _____

SIGNATURE _____

SIGNATURE DATE _____

PASTORAL Recommendation Form



Adult Applicant: Please fill in only the upper section of this form, apply proper postage to the reverse side, and then give it to your pastor, youth pastor, or staff minister to complete and return to the University of Tennessee.
 ADULT APPLICANT NAME _____ DATE FORM GIVEN TO PASTOR _____

- I am applying for the following position at CHIC:
- Counselor (Must be at least 21 years old by Sept. 1, 2017, and will have direct responsibility for students)
 - Staff (Must be at least 19 years old by Sept. 1, 2017, and will serve in various support roles at CHIC)
 - Extra Support & Special Needs Student Companion (Must be at least 19 years old by Sept. 1, 2017, and will provide one-on-one companion support for a student with special needs. The student I am supporting is: _____)

Pastor, Youth Pastor, or Staff Minister: Please complete this form and return it directly to UT by April 13, 2018. Pastoral recommendations and criminal background checks must be completed for every CHIC adult applicant.

The pastoral reference is critical to the selection process of adults at CHIC. We rely heavily on your personal knowledge and recommendation of the applicant. Please answer all questions candidly and honestly. Be aware that sometimes adult applicants are asked to serve in various roles that differ from the position they originally apply for. The information provided on this recommendation is confidential. Please print legibly.

1) How long have you known this person? _____
 In what capacity? _____

2) Please rate the applicant's abilities in each the following areas to the best of your knowledge (1=weak, 3=moderate, 5=very strong).

	1	2	3	4	5
PHYSICAL CAPABILITIES					
Ability to function capably under the rigors of a busy and active schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIPS					
Ability to communicate and work well with youth and other adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well and initiate relationships with new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with and care for people who are different from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILLS AND WORK HABITS					
Is self-motivated, requiring little supervision to complete an assigned task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to show respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL / PERSONAL MATURITY					
Conveys an open and teachable spirit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives witness of personal faith in Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal lifestyle is consistent with Christian standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has generally high self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays high moral and ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR COUNSELORS ONLY					
Ability to relate effectively with high school students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to lead and facilitate small group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be assertive when discipline is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to articulate his/her faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3) Please select the statement(s) below that best summarizes your assessment of the applicant.
- This person has much to offer as a Counselor of a group of students, and I highly recommend this person for that role.
 - This person has much to offer as a member of the Staff team, and I highly recommend this person for that role.
 - This person has much to offer as a Companion, and I highly recommend this person for that role.
 - I have reservations about recommending this person to serve at CHIC for the following reasons:
 - I do not recommend this person as staff serving at CHIC in any role.

4) Do you have any other comments that may be useful to the assessment and placement process?

Signature _____ Date _____

Name _____ Position _____

Church _____

Church Address _____ Church Phone # _____

Please fold and staple so the address below is facing out, and mail directly to the University of Tennessee.

Don't forget proper postage!

UT Conferences
ATTN: CHIC
PO Box 2648
Knoxville TN 37901-2648

Postage