

SOS – Servants on Site – Registration Form

NAME: _____

DOB: _____

Address: _____

Gender: _____

PHONE: _____

EMERGENCY CONTACT NAME & NUMBER: _____

LAST GRADE COMPLETED (if student): _____

NAME OF CHURCH: _____

CHURCH PHONE: _____

E-MAIL : _____

GROUP LEADER'S NAME: _____

T-SHIRT SIZE: _____

Project Preference: Roof

Non-roof

No Preference

List any medical conditions being treated currently, any medications, any health conditions or limitations, and any special dietary needs or allergies: _____

DATE OF LAST TETNUS IMMUNIZATION (participants must have an updated Tetnus or have a waiver signed and notarized!): _____

PHYSICIAN'S NAME & NUMBER: _____

INSURANCE CO.: _____

Subscriber Name: _____

Subscriber Employment: _____

Policy #: _____

Subscriber #: _____

Have you had a background check in the last 5 years?* _____

**REQUIRED: Please provide a copy of one for Rebuilding Hope's records.*

Parent/Guardian Signature _____