

NYC 2011 District Sponsor Application



What's the Purpose of NYC 2011?

1. To experience the transformational power of God
2. To understand the brokenness in the world
3. To discover effective ways to respond to this brokenness
4. To engage in the work of God to bring hope and healing

APPLICATION REQUIREMENTS FOR SPONSORS:

- Must have made a commitment to follow Jesus
- Must be a participating member of NYI
- Must be approved by District NYI Council
- Must undergo a background check
- Must meet minimum age requirement of 21

RETURN THIS APPLICATION AND MEDICAL/LIABILITY RELEASE TO YOUR DISTRICT NYC COORDINATOR by NOV 15, 2010.

Ontario Nazarene Church
Attn: Aaron Larson
PO Box 175
Ontario, OR 97914

PERSONAL INFORMATION

First Name: _____		Last Name: _____	
Street Address: _____			
City: _____		State/Province: _____	
Zip/Postal: _____		Country: _____	
Home Phone: _____ Cell Phone: _____			
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Birth Date: _____		/ / (mm/dd/yy)	
District: _____		Email: _____	

COMMUNITY

**For additional space, use back of page for answers*

Describe activities, organizations, or special interests you are currently involved with in your community.
Please state why you desire to be an adult sponsor at this event.
Personal Testimony:
Please list 3 personal references:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

AGREEMENT

If accepted as a district sponsor for NYC 2011:

- I will study all materials sent to me in preparation for NYC 2011.
- I agree to participate in all activities scheduled for NYC 2011 and fully support the above stated purpose and requirements.
- I will supervise *responsibly* all those placed within my care.
- I will perform all assigned duties as outlined by my district.
- I will, upon return from this event, report to my local church about my experience at NYC 2011.

Signed _____

Date _____

For District Office Use Only (Do not write in this space):

- Application Rec'd Date: _____
- Med/Liab Rec'd Date: _____
- District Approved Date: _____
- Medical/Liability copy to NYC Office Date: _____
- Bkground Check Date: _____
- Online Reg C'd Date: _____

Notes:

NYC 2011 District Sponsor

Medical and Liability Release



Personal Information

First Name: _____	Last Name: _____	Gender: _____
Street Address: _____	City: _____	
State/Province: _____	Zip/Postal Code: _____	Country: _____
Email Address: _____	Home Phone: _____	
S.S. #: _____	Birth Date: _____ (mm/dd/yy)	Cell Phone: _____
District Name: _____		
I am a: <input type="checkbox"/> District President <input type="checkbox"/> District NYC Coordinator <input type="checkbox"/> District Sponsor		

Emergency Contact Information

Name: _____	Relationship: _____
Home #: _____	Work #: _____
	Cell #: _____

Health Information Necessary for Proper Care and Protection

*For additional space, use back of page for answers

In order to assist medical personnel in an emergency situation, please provide the following:

Describe any health issues or diagnoses:	Family Physician: _____
Please state any limitations:	Physician Phone: _____
Any allergies to medication?	Recent exposure to communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
List all current medications, dosages, and directions:	Do any foods cause allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Date of last tetanus shot:	Is there anything else we should know?

Insurance Information

Primary Name: _____	Insurance Company: _____
Policy Number: _____	Group #: _____

Authorization for Medical Treatment

In the event that I am incapacitated or unable to make a medical decision, I authorize and direct any adult Nazarene Youth International employee or volunteer representing the Church of the Nazarene to make emergency medical decisions on my behalf. I, _____, therefore hereby authorize that emergency medical and/or surgical care may be provided for me at my expense.

I also hereby release and discharge the General Board of the Church of the Nazarene, and its affiliates, along with any other chaperoning adult employees or volunteers of Nazarene Youth International, its agents, employees, officers, directors, affiliates, successors, assigns and all other, from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and natures, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any activities associated in any way during the Nazarene Youth Conference 2011. I have full knowledge as to such activities, and I have full knowledge of the probable risks involved. Except for those limitations named in this health form, I certify that I am healthy and fit to participate in all such activities.

Further, I acknowledge that NYC and/or its agents will be taking photographs and/or videos of the NYC 2011 events and that I may appear in these photographs and/or videos. I hereby give my permission to NYC and/or General Board Church of the Nazarene to utilize event media in all forms and in all manners for marketing, promotional, and future event development

In addition, I acknowledge that this release form includes travel dates to and from the event with my sponsoring district.

Signature _____ Date _____

**PLEASE SIGN AND MAIL THESE FORMS TO YOUR DISTRICT NYC COORDINATOR
by NOV 15, 2010.**

**Ontario Nazarene
Church
Attn: Aaron Larson
PO Box 175**

For NYC Office Use Only	
	Date
Form Received	_____
Background Check Link Sent	_____
Background Check Cleared	_____
District Notified	_____

