

FOR OFFICE USE ONLY:

- TEAM LEADER
- PROJECT INSIGHT

Emmanuel of Santa Barbara

Application & Registration Form

BASIC INFORMATION

Last Name	First Name	M/F	Social Security #	Date of Birth (mm/dd/yy)
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<i>LOCAL</i> Address	City	State	Zip	Valid Until (mm/dd/yy)
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<i>PERMANENT</i> Address	City	State	Zip	
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Home Phone	Mobile/Cell Phone	E-Mail		

VOLUNTEER WORK EXPERIENCE (volunteer/paid or both, beginning with most recent)

Organization	Position	Duties	Dates
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<hr/>			

JOB EXPERIENCE

Employer	Occupation	Date(s) Employed
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Business Address	City	State Zip
<hr/>		
Employer	Occupation	Date(s) Employed
<hr/>		
Business Address	City	State Zip

EDUCATION & PROFESSIONAL TRAINING

Name of Institution	City	State	Major/Degree
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Name of Institution	City	State	Major/Degree
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Licenses (Professional License(s) if current)	Type/Number	State	Expiration Date
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Fluent Language Skills (other than English)	Sign Language: Yes/No	Other Skills	

ADDITIONAL INFORMATION

- Why do you wish to be a part of the PROJECTINSIGHT Program? _____
- Do you smoke cigarettes?: Yes No
- Have you ever been convicted of a felony or serious misdemeanor that has resulted in imprisonment, within the last 24 months? Yes No If Yes, please explain: _____

TALENT RELEASE FORM

For value received and without further consideration, I hereby consent to the use of all photographs, videotapes or film, taken of me and/or recordings made of my voice and or written extractions, in whole or in part, of such recordings or performance at **Operation: Break the Cycle! & PROJECTINSIGHT** gatherings, Santa Barbara County, California on (date)_____ by the staff of Emmaus of Santa Barbara and/or others with its consent, for the purposes of illustration, advertising or publication in any manner.

Initial

BEHAVIOR AND CHARACTER CONTRACT

I _____ agree to practice fully in the activities and discussions as they are presented. I agree to be as honest as I can with myself and with other group members. I agree to keep what I hear in the group confidential and not discuss it with anyone outside the group. I agree to be open and accepting of the other group members and not to put anyone down not make fun of ideas. I agree to practice as much as possible, the skills I learn during the sessions and to complete the requirements of the program. I agree to refrain from the use and/or possession of drugs or alcohol while on the retreat and on any other **Operation: Break the Cycle! & PROJECTINSIGHT** activities. I will respect the property of others at all times. I agree to obey the rules and regulations of the program and the conference site. I will not leave the site of any program gatherings at any time without official permission from the conference and/or program director. I will not engage in any kind of sexual activity at anytime during the retreat or any other Emmaus programs. I will commit myself by virtue of my actions to making my school, home and community a safer place. I agree never to have any weapon or dangerous objects in my possession or belonging at any of the Program's activities.

Initial

I certify that the information provided on this application is accurate and complete to the best of my knowledge. I hereby agree to the above initialed stipulations and all that they entail. I fully under-

Signature

Date

EMERGENCY RELEASE FORM In the event of illness or injury I do hereby give permission to the Emmaus of Santa Barbara staff, and counselors to seek medical treatment as necessary, should my emergency contact *not* be reachable.

Signature

Date

IN CASE OF EMERGENCY CONTACT (WE PREFER A PARENT/GUARDIAN OR CLOSE RELATIVE)

Last Name First Name Relationship Mobile/Cell Phone E-Mail

Address City State Zip Home Phone Work Phone

Preferred Language: English Spanish Other: _____

***Very Important to fill out highlighted areas!**