



PROJECT REGISTRATION FORM

(PLEASE PRINT)

DATE(S) OF PROJECT: _____

GROUP NAME: _____

ADDRESS _____ CITY: _____ STATE _____ ZIP _____

CONTACT PERSON: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # (____) _____ - _____ HOME (____) _____ - _____ WORK (____) _____ - _____ CELL

EMAIL ADDRESS _____ @ _____

NUMBER OF STUDENT PARTICIPANTS: (6TH -12TH GRADE) _____ MALE _____ FEMALE

NUMBER OF ADULT PARTICIPANTS (19 YEARS OR OLDER), _____ MALE _____ FEMALE

As the Leader of my group, I agree to:

1. Enlist capable adult leaders and if needed, bring one adult for every five students of the same gender. Counselors MUST be 21 years of age or older. (One adult male for every five or less males; one adult female for every five or less females).
2. Provide Metro Changers with a notarized copy of the Participants Form (provided by Metro Changers) for every person 18 years and under participating in the project.
3. Provide transportation during the project equal to the number of participants.
4. Enlist one adult 'crew-chief' for every 11 participants.
5. Prepare my group for hard work, helping those in need, witnessing for our Lord and for one of the best experiences of their lives.

Signature of Group Leader

Date _____



Crew Chief Application

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Church or organization affiliation _____

General Health (check one) Excellent Good Fair Poor

Do you have any physical limitations? Yes No

If yes, then please explain:

Have you ever led a group of construction volunteers? Yes No

What experience do you have that would qualify you to be a crew chief for a Metro Changers' project?

<i>Areas of Ability:</i>	<u>Skills</u>	
	<i>Amateur</i>	<i>Skilled</i>
Carpenter/framing	_____	_____
Finish carpenter	_____	_____
Dry wall	_____	_____
Brick mason	_____	_____
Painter	_____	_____
Electrician	_____	_____
Plumber	_____	_____
Heating/ac	_____	_____
Roofing	_____	_____
Concrete	_____	_____
Welder	_____	_____
Vinyl siding	_____	_____
Other	_____	_____

What equipment would you be able to bring for use at your work site?



Statement of Compliance:

This form must accompany project request

In the event that students under the age of 18 are involved, the volunteering Adult Sponsors named below are known to the staff or recognized leadership of the participating church/organization and the church/organization knows of no reason why any should not serve as a sponsor for children and youth under the age of eighteen (18). The church/organization confirms that it has taken reasonable steps to confirm that the individuals are not registered sex offenders by making inquiries to law enforcement officials or by checking www.nsopr.gov (the National Sex Offender Public Website). Participating church/organization warrants that it has used _____ company to perform nationwide criminal background checks on all Adult Sponsors. Participating church/organization warrants it has brought no Adult Sponsor not listed on this form.

Names of all Adult Sponsors: (Print or Typed, Please)

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Church/Organization Name: _____ Phone #: _____

Address: _____ City: _____ ST ____ ZIP _____

Signature

Name Printed

Date _____

RETURN TO: METRO CHANGERS, INC--750 MONTCLAIR ROAD--BIRMINGHAM, ALABAMA 35213
205-440-4737 (O) 205-599-3246 (FAX) EMAIL: butchh@metrochangers.org