AMERICAN HERITAGE GIRLS®
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AL0236 ADULT VOLUNTEER CHECKLIST

1. National Registration

Receive Invite from Troop	Pay Troop $26 to Remit for National Registration Fee	Complete Background Check	Complete KEYS Training

2. Complete AHG Forms

Meeting Permission Slip	Health & Medical History	Administration of Medication

3. Complete Frazer Church Volunteer Forms

Permission & Release Form	Volunteer Application	Consent of Confidential Information

4. Order Class B Shirt

Blue Shirt for Adults ($10)

5. Complete Online Training

Essential Training on AHG Connect

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Troop Meeting Permission Slip

This form is valid for the entire Program Year.
If any information changes, parent/guardian(s) can make updates at any time.

Please return this form to the Troop by:		
Girl Name		
Troop number	AL0236	
Meeting location address	Frazer Church | 6000 Atlanta Hwy | Montgomery, AL 36117	
Typical meeting day	Mondays (weekly)	
Typical meeting time	6:30pm-8pm	
Emergency Contacts	Name	
	Relationship	
	Phone number	
	Name	
	Relationship	
	Phone number	
Girl Member can be released to the following people:	N/A	
I have submitted a Health and Medical Form which has my daughter's current health information.	Yes ◯ No ◯	Medications: Yes ◯ No ◯ Allergic Reactions: Yes ◯ No ◯
As the parent/guardian I authorize my daughter to participate in Troop Meetings for the duration of the Program Year. I understand Troop Meetings may be held virtually when necessary.		
Parent/guardian signature	Typed Name	
Date	Sep/10/2020	

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Health and Medical Form

Troop Number AL0236

Sep/10/2020

Each year, AHG Girl and Adult Members complete a new or update an existing *Health and Medical Form* kept on file at the Troop level.

Member Name			
Date of birth		**Age**	
Weight		**Height**	
Street Address			
City, State Zip			
Parent/Guardian Name(s)	N/A		
Phone Number(s)			

Attaching a photo to this form can help to avoid errors in identification.

Emergency Contacts	**Name**	
	Relationship	
	Phone Number	
	Name	
	Relationship	
	Phone Number	

Allergies: If applicable, please list all known allergies including medications, food, and environment.	**Allergy**	**Normal reaction and management of reaction**

General Health Information: Check all that apply, past or present, to this member's health history.

- ☐ Abdominal/stomach/digestive problems
- ☐ Asthma
- ☐ Convulsions/seizures
- ☐ COPD
- ☐ Diabetes
- ☐ Excessive fatigue
- ☐ Fainting or dizziness
- ☐ Head injury/concussion
- ☐ Heart disease/heart attack/chest pain/heart murmur/coronary artery disease
- ☐ Hemophilia or blood disorders
- ☐ Hypertension (high blood pressure)
- ☐ Kidney Disease
- ☐ Lung/respiratory disease
- ☐ Menstrual cramps
- ☐ Migraines/headaches
- ☐ Motion/altitude sickness
- ☐ Muscular/skeletal conditions/muscle or bone issues
- ☐ Neurological disorders
- ☐ Nosebleeds
- ☐ Sinus problems
- ☐ Sleep apnea, sleepwalking or sleep disorders
- ☐ Stroke/TIA
- ☐ Thyroid disease

Member Name		**Troop Number**	AL0236

Additional notes about this member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls.

Medications: If medications of any type will be taken or needed during Troop meetings, events, activities or trips, please fill out the *Request for Medication Administration Form*.

◯ No medications are routinely taken.

◯ The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If additional lines are needed, please attach a separate page.

Medication	Dosage	Reason for medication

Tetanus Immunization Policy: AHG requires members to have Tetanus immunization within the last 10 years.

◯ I (or my daughter) has received tetanus immunization on _____(date).

◯ I (or my daughter) have not received tetanus immunization and I would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds.

Signature of individual or parent/guardian:

_____

Immunizations: The following immunizations are recommended by AHG, Inc. but are not required.

Type	Year Received	Type	Year Received	Type	Year Received
Pertussis		Polio		Hepatitis B	
Diphtheria		Chicken pox		Meningitis	
MMR		Hepatitis A		Influenza	

I give permission for full participation in American Heritage Girls programs, events and activities, subject to limitations noted herein. I know of no health reason(s), other than the information indicated in this form, why I or my daughter should not participate in any of the American Heritage Girls activities.

Please check one:

◯ In case of an emergency, I understand every effort will be made to contact me (or my next of kin). In the event that contact cannot be made, I hereby give my permission to the licensed health-care provider selected by my Troop or Charter Organization to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for myself or my child, except as noted. I agree to the release of records necessary for treatment.

◯ I **do not** give my consent for medical treatment of my daughter or I. In the event of illness or injury requiring treatment, I wish AHG volunteers to take **no action** beyond basic first-aid measures

Additional notes:			
Signature of individual or parent/guardian		Date	Sep/10/2020

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Request for Administration of Medication Form

Request for Administration of Medication

Please list all medications currently used, including any over-the-counter medications. If additional medications are added at any time, including short term prescriptions or over-the-counter treatments, please complete an additional or new *Request for Administration of Medication Form*.

Member Name		Troop Number	AL0236

Name of medication	Diagnosis or reason the medication is needed	Prescription Medication	Nonprescription Medication	Topical Product or Lotion	Supplement	Refrigeration Required	Emergency medication to be kept on	Dosage	To be administered at the following times:	For the following period of time:	Restrictions or reactions, if any, and necessary emergency response:

If additional medications are needed, please attach additional documentation.

Non-prescription medication administration is authorized with these exceptions:

I authorize the AHG Health and Safety Lead for the meeting, trip, evet or activity to administer the above medications as prescribed by my child's health care provider. If the medication is an over-the-counter medication, I authorize its use according to the provided instructions. If I am unable to be contacted, I authorize the Troop to contact my child's health care provider as needed regarding this medication and/or my child's response.

Parent/guardian signature: _____

MD/DO, NP, or PA signature (if your state requires signature): _____

Date: Sep/10/2020

Frazer Church Adult Permission & Release Form

For your protection, we ask every participant to submit a form each year. This form covers overnight trips as well as church programs, so not all questions may apply to your situation, but please fill it out as completely as possible to ensure we can provide the best care for you in case of emergency. Participants will not be allowed to attend any overnight or off-campus event without a completed and notarized form on file for the current year.

CONTACT INFORMATION

Last Name: First: Middle:

Birthdate: Age: ◯ Male ◯ Female Employer:

Street Address:

City: State: ZIP:

Emergency Contact 1: Home Phone: Cell/Work/Other Phone:

Address (if different): Email:

Emergency Contact 2: Home Phone: Cell/Work/Other Phone:

Address (if different): Email:

Family Physician/Name of Practice: Phone:

HEALTH HISTORY (Check all that apply; attach additional sheet if necessary)

- ☐ Frequent ear infections
- ☐ Frequent cold/sore throat
- ☐ Sinusitis/Bronchitis
- ☐ Strep Throat
- ☐ Mononucleosis
- ☐ Heart Defect/Disease
- ☐ Epilepsy/Convulsions
- ☐ Bleeding/clotting disorder
- ☐ Hypertension
- ☐ Stomach Problems
- ☐ Chicken Pox
- ☐ Measles
- ☐ Mumps
- ☐ German Measles
- ☐ Whooping Cough
- ☐ Tuberculosis
- ☐ Polio
- ☐ Diabetes
- ☐ Asthma
- ☐ Arthritis

Allergies:

- ☐ Hay Fever, etc.
- ☐ Poison Ivy/Oak/Sumac
- ☐ Insect Stings
- ☐ Penicillin
- ☐ Aspirin
- ☐ Food/Other Allergies (describe below)

Subject to…

- ☐ Sleep Walking
- ☐ Fainting
- ☐ Bedwetting
- ☐ Constipation
- ☐ Other (describe below)

Other diseases or details of diseases, conditions or allergies above:

Recent exposure to contagious illness:

Operations, Serious Injuries (describe and give dates):

Immunizations up to date? ◯ Yes ◯ No-explain:

Date of last tetanus shot: Date of last TB skin test:

Swimming, diving, or activity limitations?

Other activities to be encouraged or restricted?

Special medical or dietary regime to be continued?

List any medications or drugs taken regularly (current or recent):

Can you take Tylenol? ◯ Yes ◯ No Do you wear contact lenses? ◯ Yes ◯ No

PERMISSION AND RELEASE

I,_____ (PRINT FULL NAME), give my express permission to participate in all activities of any nature sponsored by Frazer Church for the current calendar year. I fully release Frazer Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in our behalf against said church, representatives or staff.

Health History: The Health information on this form is correct to the best of my knowledge. I will notify the church if I feel there are any health considerations that would prevent my participation in any activity. I also give my permission for camp or church leaders to restrict my from participation in any activity which they have any questions about for health or other reasons.

Emergency Authorization: I hereby give permission to the medical personnel selected by Frazer Church's designated nurse, staff or church leaders to order such X-rays, routine tests, and treatment for my care as he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health care professional selected by the Frazer designated nurse, staff or church leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will pay for any medical expenses incurred.

Photo Release: I hereby grant permission for Frazer Church, it's staff and authorized volunteers, to take photographs and/ or video of me while participating in Frazer programs and/or events, and to publish the same in print, electronic and/or broadcast media, for promotional and informational purposes. _____ (Initial) —OR—

I request that my image not be published. I understand that I may have to be removed temporarily from some activities or events where group photos or videos are being taken. I understand that Frazer broadcasts events by television and digital media and that by allowing participating in Frazer programs and events, my image may be inadvertently published without identification as part of a group. _____ (Initial)

_____ Sep/10/2020

Signature Date

State of Alabama:
County of Montgomery:
Subscribed and sworn before me this _____day of _____, 20_____.

_____

Notary Seal

Notary Public
My Commission Expires_____

Insurance Information

Name of Participant:

Insurance issued in the name of: Is this coverage for a dependent? □ Yes □ No

Address of Insured Street: City State ZIP

Name of Insurance Company Policy #: Group #:

Address of Insurance Co. Street City State ZIP

Pre-authorization Phone #:

AHG/Trail Life
CAMPUS/MINISTRY

FRAZER

Frazer Church Child and Youth Worker
Information Sheet

Name: _____ Birthdate: _____

Address: _____ City/ST/**Zip** _____

Home#: (_____) _____ Cell#: (_____) _____ Date: Sep/10/2020

Gender: M ◯ F ◯ Grade: _____ Marital Status: _____ Frazer Member? YES ◯ NO ◯

Email: _____ 18 years old or older? YES ◯ NO ◯

If not a Frazer member, please list the name of your local church._____

Please list your experience and/or training in working with Youth/Children:

Please provide the names and **complete email** of three **non-family** adults (not married to each other) who have known you for at least two years and know you well, that may be contacted as references.

Name:_____ **Phone**: Home_____Cell_____

E-Mail_____

Name:_____ **Phone**: Home_____Cell_____

E-Mail_____

Name:_____ **Phone**: Home_____Cell_____

E-Mail_____

……

The information contained in this information sheet is correct to the best of my knowledge.

Signature_____ Date Sep/10/2020

……

Please **carefully review and complete** the attached Consent to Release of Confidential Information form. This completed Information Sheet and Consent to Release Form should be returned to the Frazer staff person responsible for the area of ministry for which you have volunteered to serve.

Frazer Church
Consent to Release Of Confidential Information

Having made application to work with minors at Frazer Church and desiring the church to be informed as to my past record and character, I authorize any persons, references, employers, churches, or organizations with whom I have had contact to release to Frazer Church any information (including opinions) they may have regarding my record, character, and fitness for work with minors. I also authorize Frazer Church, at its discretion, to contact any law enforcement or social service/public agency to determine my driving record, whether I have ever been charged or convicted of a crime, and I authorize such agencies to release such information to Frazer Church. I fully release Frazer Church, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality and from all claims, actions, or causes of action, which may arise as a consequence of exchanging such information.

Full Legal Name _____ Maiden Name _____

Signature _____ Date Sep/10/2020

Witness _____ Date _____

Witness _____ Date _____

OR

State of Alabama
County of Montgomery
Subscribed and sworn to before me on this _____ day of _____, _____.

_____
NOTARY PUBLIC

My Commission Expires: _____