



(Must be 19 or older)

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Street Address: \_\_\_\_\_  
(Include Apt # or PO Box #)

Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Check One:  Mobile  Home

T-shirt Size:  S  M  L  XL  XXL  OTHER:

**EMERGENCY CONTACT**

First & Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

HEALTH INFORMATION

What describes your current physical health?  Excellent  Good  Fair  Poor

Clinic/Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Address: \_\_\_\_\_

Do you have insurance?  Yes  No

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Medicine you will be bringing \_\_\_\_\_

Are all immunizations current with state requirements?  Yes  No If no, please explain:

\_\_\_\_\_

Date of last medical exam? \_\_\_\_\_ Food allergies? \_\_\_\_\_

History of: Heart trouble \_\_\_ Diabetes \_\_\_ Fainting \_\_\_ Asthma \_\_\_ Allergies

\_\_\_ Nose bleeds \_\_\_ Headaches \_\_\_ Other: \_\_\_\_\_

Mobility limitations/Restrictions \_\_\_\_\_ Disabilities \_\_\_\_\_

FINALIZING INFORMATION

Do you currently hold a membership at the YMCA? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the information included in this application is true and I have answered each question completely. I also understand my application is subject to approval and does not insure my participation of I Heart Lincoln.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRM AVAILABILITY**

Please check one to indicate your time commitment the week of I Heart 2021:

- All day, everyday
- All mornings
- All afternoons
- Other \_\_\_\_\_

**CONFIRM SERVING AREA**

Please check area of serving you are interest in:

- Team Leader
- Assist Team Leader
- Kitchen Crew
- Laundry
- Van Driver
- Undecided

**Comments:**

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\*\*\*PLEASE TEAR OFF THIS SHEET AND KEEP FOR REFERENCE\*\*\*

## MARK YOUR CALENDAR

I Heart 2023: July 16-21

## ADDITIONAL INFORMATION

Full-time team: There is no cost. Included in full-week participation: meals, housing, t-shirts, water bottle.

Part-time team: There is no cost. One I Heart LNK t-shirt.

## EMERGENCY CONTACT NUMBERS

Christ Place Church Office: 402-421-1111

Youth Pastor, Bruce Riddle: 402-304-8665

I Heart LNK Coordinator, Brea Diaz: 402-681-3852

I Heart LNK Coordinator, Steph Maloy: 402-707-7860