



(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 in this application is true and I have answered each question completely. I also understand my application is subject to approval and does not ensure my participation in I Heart Lincoln.

Print Name: _____

Signature: _____ Date: _____

CONFIRM AVAILABILITY

Please check one to indicate your time commitment for the week of I Heart 2024:

All day, everyday All mornings All afternoons Evenings Only

Other _____

CONFIRM SERVING AREA

Please check an area of serving you are interested in:

Team Leader/ Co-Leader Evening Cafe Kitchen Crew Laundry

Van Driver (Over 21) Friday- Celebration Dinner Undecided or wherever needed

Comments:

PLEASE TEAR OFF THIS SHEET AND KEEP FOR REFERENCE

MARK YOUR CALENDAR

I Heart 2024: July 14-19

ADDITIONAL INFORMATION

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

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

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