

International Ao1 Individual Application

Please include a \$35.00 non-refundable registration fee with your application

Name: _____ Nationality: _____

Age: _____ Male Female

Adult Youth

T-Shirt size: S M L XL XXL

Pant Size: _____

Address: _____

City, State, Zip: _____

E-mail (Parents): _____

Parents Name: _____

Address (if different than above): _____

Home Phone: _____ Work Phone: _____

Passport/I.D. Number: _____

Exp. Date: _____ Issue Date: _____

Issuing Authority: _____

EMERGENCY CONTACT

(If different than parents contact)

Passports are required.
12 years and older without
an accompanying adult.

MEXICO

June 17th to July 14th, 2018

Attach two passport photos

Ao1 is a ministry of SOLID ROCK FOUNDATION MINISTRIES
P.O. Box 2149, Montrose, CO, 81402 (970) 240-3173
ao1@solidrockfoundationministries.com

RELEASE FORM

Name: _____

Address: _____

Consent for Treatment

In case of emergency, I/we hereby agree to the performance of medical treatment, including anesthesia and surgery, as the attending physician may deem necessary on the above person.

Applicant's Signature _____ Date _____

Signature of parent or guardian required if applicant is less than 18 years of age:

Signature _____ Date _____ Relationship _____

Release of Liability

I/We hereby release Solid Rock Foundation Ministries, it's staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Solid Rock Foundation Ministries.

Applicant's Signature _____ Date _____

Signature of parent or guardian required if applicant is less than 18 years of age:

Signature _____ Date _____ Relationship _____

Legal Consent for Minors

I hereby give my consent for _____

to travel outside the United States with Solid Rock Foundation Ministries.

Signature _____ Date _____

Print full name _____

Return to: Solid Rock Foundation Ministries, PO Box 2149, Montrose, CO 81402

MEDIA RELEASE FORM

Solid Rock Foundation Ministries
P.O. Box 2149
Montrose, CO 81402

Permission to Use Photograph or Video Footage

I grant to Solid Rock Foundation Ministries (SRFM), and its representatives, the right to take photographs of me (or my child) in connection with Audience of One (a ministry of SRFM) or any other ministry related activities. I authorize Solid Rock Foundation Ministries, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Solid Rock Foundation Ministries may use such photographs or video footage of me (or my child) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Internet content.

I have read and understand the above:

Signature _____ Date _____

Print full name _____

Organization Name (if applicable) _____

Address _____

Signature of parent or guardian required if applicant is less than 18 years of age:

Signature _____ Date _____ Relationship _____

REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to SOLID ROCK FOUNDATION MINISTRIES, PO Box 2149, Montrose, CO 81402, for the person filling out the reference. This is a confidential evaluation; therefore it will not be shown to you.

Name of applicant _____ Phone _____
Address _____ City _____
State _____ Zip Code _____

The above applicant is interested in joining *Audience of One* for our summer outreach program. We would appreciate if you would provide some information in the space below regarding the applicant. Feel free to attach another sheet. Please give information such as how you know the applicant, for what length of time, etc. Describe to the best of your ability the applicant's Christian walk, strong points, moral standards, family background, and any other information that is pertinent. Tell us if you would recommend the applicant for this outreach and why. To Pastors, we would like to know if your congregation is standing behind the applicant with enthusiasm and prayer. Thank you for your timely consideration of this matter.

Signature _____ Date _____

Print full name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____