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VOLUNTEER MISSIONS REGISTRATION INFORMATION

Church/Group Name _____ Dates Attending _____

Participant Name _____ Participated with HRLC before? Yes No

Address _____ Cell _____

City, State, Zip _____ Email _____

Date of Birth _____ (mm/dd/yyyy) Add me to Hinton's email list? Yes No

MEDIA RELEASE

I hereby grant permission to Hinton Rural Life Center to use photographs, videos, social media posts, and/or any other media of me/my dependent for promotion and publicity purposes. Permission is granted for the use requested.

Signature of adult participant or parent/guardian: _____ DATE: _____

**If permission is not granted, it is the responsibility of the Group Leader to inform Hinton staff verbally upon arrival.

EMERGENCY MEDICAL INFORMATION

Medical information on this form will remain confidential and will only be used if medical treatment is needed. It will be used for no other purpose.

- Have you had a Tetanus shot? Yes No If so, how recent? (circle one) 0-1 years 1-5 years 5-10 years
- Medication(s) you currently take (prescribed & over-the-counter) – Please list all. _____

- Medication(s) you CANNOT take _____
- Any allergies and/or special health problems or concerns _____

***IF VOLUNTEER IS UNDER 18 YEARS OF AGE:

Parent/Guardian Name _____ Also at Hinton? Yes No

Cell Phone _____ Home Phone _____ Work Phone _____

Parent/Guardian Name _____ Also at Hinton? Yes No

Cell Phone _____ Home Phone _____ Work Phone _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT AND KEEP A COPY OF THIS FORM IN THE VEHICLE WITH THE PARTICIPANT AT ALL TIMES.