

# EV ROGERS MEMORIAL MISSIONS SCHOLARSHIP FUND

Application for Support (completed form to Impact Team 45 days prior to trip)

Name of Applicant:			
Permanent Address:			
Telephone #:			
Application for <input type="checkbox"/> Group <input type="checkbox"/> Individual			
Are you a member of the Village Church of Barrington? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, how long have you been in regular fellowship here?                      Years                      Months                      Weeks			
Under what agency will you be working?			
What are the dates of your activity?			
Where is the place of your service?			
Describe your specific ministry:			
What is the total financial cost of the project? \$			
If more than one category, what are they?			
\$	For	\$	For
\$	For	\$	For
\$	For	\$	For
How much of the total cost will you seek to find apart from the Ev Rogers Fund? \$			
What are your expected sources of funds? <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Organizations <input type="checkbox"/> Church <input type="checkbox"/> Other (Please List)			
If this is a group application, name each member of the group.			
_____			
_____			
_____			
_____			
<small>(Please attach another page for additional names)</small>			
*Depending on the circumstances, each member may be required to complete an application.			
<b>PLEASE BE SURE TO CHECK YOUR MEDICAL INSURANCE FOR COVERAGE IN THIS MINISTRY.</b>			

## General Release, Consent and Waiver

I, by my signature below, (the "Releasor"), being of lawful age, in consideration of being permitted to participate in the work of The Village Church of Barrington (VCB), do for myself, my heirs, personal representative, and assigns, hereby release and forever discharge VCB, its officers and agents, their heirs, personal representatives, and assigns, of and from any and every claim, demand, action or right of action of whatever kind of nature, arising from or by reason of any bodily injury or personal injury known or unknown, death or property damage that results from any accident or illness which may occur as a result of participation in the work of VCB, whether inside or outside of the territorial boundaries of the United States, or from any activities in connection with VCB work, whether by negligence or not.

I release VCB officers and agents from any claim whatsoever on account of first aid, treatment, or service rendered me during my participation in or in any way related to VCB work. I understand that I am responsible for my own insurance and that VCB will not supply health, accident, or any other type of insurance.

I will make no claim against VCB, its officers or agents for damage to or theft of any of my personal property which occurs during my participation in VCB work. I understand that I am not an employee of VCB.

Releasor expressly agrees that this General Release, Consent and Waiver Agreement is intended to be as broad and inclusive as permitted by law. Releasor further states that he or she has carefully read this General Release, Consent and Waiver, and knows the intent thereof and signs this release as his/her own free act.

These terms are contractual and are a condition precedent to my being permitted to participate in VCB work and are not a mere recital. The work to which this Release applies is:

Releasor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Releasor (Type or Print Name) \_\_\_\_\_ Phone: \_\_\_\_\_

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