



2011-2012 GLEANER'S FORM – REQUIRED

Complete a form for each gleaner and bring to the gleaning event. Print clearly.
PLEASE SAVE A COPY IF YOU PLAN ON GLEANING AGAIN.

Gleaner's Name _____ Age _____ Date of Gleaning _____

Address _____ City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell _____

E-mail address _____

I would like to receive CROS Ministries newsletter and other mailing.

LIABILITY WAIVER & MEDICAL FORM

PRINT CLEARLY. COMPLETE THIS SECTION TO THE BEST OF YOUR KNOWLEDGE. USE BACK IF NECESSARY.

List any allergies to medicine, food, etc. _____

Date of last tetanus shot _____ List any history of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalization: _____

What medications are you presently being taken? _____

List any concerns of which the field supervisor should be aware of: _____

REQUIRED: In the event (gleaner's name) _____ suffers any illness or accident requiring emergency or hospitalization, medication or surgery while participating in this gleaning, on the recommendation of the doctor, after consultation with the adults in charge of this event, I hereby give my permission for any medical treatment which may deem necessary and reasonable under the circumstances, understanding that the gleaning coordinator or other responsible person will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this gleaning event to protect the safety of those involved.

Photos, videos, audio and other images in which I appear that are taken during gleanings may be used by C.R.O.S. Ministries for news coverage, newsletters, publicity, reports, displays, and for other print, broadcast, web or electronic news or promotional purposes.

Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary: I do not hold the board members or employees of C.R.O.S. Ministries, Village Baptist Church, and Palm Beach Community Food Alliance, or any volunteers liable for any injury, bodily harm, accident or death of myself/my child during gleaning events sponsored by C.R.O.S. Ministries. Neither will I hold the person(s) who own and/or operate the farm(s), or the homeowner who owns the backyard from which we glean, liable for accidents, injury, or death during the gleaning events.

Signature _____ Date _____ Signature _____ Date _____
Gleaner Parent/guardian if gleaner is under 18 years of age

NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Street address _____ City, State, & Zip _____

Home phone () _____ Work phone () _____ Cell phone () _____

Please check this box if you need a community service letter sent to you.