



INDIVIDUAL REGISTRATION

URBAN SCHOOL OF EVANGELISM

**Please print clearly and answer all questions completely.
Then return this form to the director of your outreach.
All attendees of the Urban School of Evangelism must have this form on file at the Oasis.**

Name of Applicant: _____

Date of birth: _____ **Age:** _____ **Gender:** _____

Cell Phone: _____ **Home phone:** _____

Home Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____

E-Mail Address: _____

Name of Parent or Legal Guardian: _____

Relationship to Student: _____

Parents Home Address (If different from above): _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Work:** _____ **Cell:** _____

Medical Statement, Consent to Treat, & Release of Liability

Do you have a physical disability that may limit your participation or require special attention during the outreach? _____

If so, please explain: _____

Are you on any special medication? _____ If yes, what kind: _____

Do you have any allergies that we should know about? _____

Is there any medical condition that would prohibit you to work with food in a kitchen? _____

Are you able to walk 2-3 miles a day? _____

I/We hereby authorize medical treatment for the above minor/adult in the event of sudden illness, accident or injury, which may occur while the said minor/adult is under the supervision of The Oasis staff and/or its affiliates. As the parent or legal guardian I have read and listed any conditions that should be noted of my child's health and/or allergic reactions. In addition, I/We do hereby release The Oasis of Hollywood and all ministries and all persons involved from any liability arising from injury, death, damage, or loss that may be sustained by said participant during any involvements with the Urban School of Evangelism.

Signature of Applicant X _____ Date _____

(If under 18 years of age this must also be signed by parent or legal guardian)

Parent or legal Guardian X _____ Date _____

Please make all checks Payable to
Oasis of Hollywood

Group Name: _____
Week of: _____

Questionnaire

This form is to be filled out by each individual participating in The Urban School of Evangelism and returned to their director of the outreach.

★ Have you ever lead anyone to the Lord before? _____

★ Who led you to the Lord? _____

★ Do you have a talent or interest that we might use for ministry purposes?
 (Such as: Balloon twisting, Drama, Face Painting, Music, Dance, Art, or Cooking.)

★ We have nice, clean dormitories, with bunk beds and hot showers.
 You will need to bring:
 A sleeping bag, pillow, bath towel, hand towel, closed toed shoes, jacket, conservative
 clothing, spending money, 8-\$1 bills, all toiletries, and a Bible.
 Will you bring all of these items? _____

★ Every morning we have a quiet, "alone" time of devotion and prayer. We feel this to be the most important *start* of the day. Will you commit to reading your Bible and praying for 30-45 minutes each morning? _____

★ We strive to make your mission trip to Hollywood a life changing experience. Do you accept this? _____

★ During U.S.E., all participants will be required to help with meals, clean up and special projects. Please sign here to show that you are willing to cheerfully comply. _____

★ Please take a minute and tell us a few of your thoughts on evangelism. Do you desire to reach others? Have you ever had a good/bad experience with sharing your faith? Were you ever witnessed to in a way that you thought was good/bad? What will you do to prepare for this outreach? Use an extra sheet of paper if necessary. Please answer these questions completely.

