

# AMERICAN BELARUSSIAN RELIEF ORGANIZATION

## GROUP COORDINATOR APPLICATION and AGREEMENT The American Belarussian Organization is a Christian based Organization

Group Name:	Requested Arrival Dates:
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<b>I. GENERAL INFORMATION: ALL INFORMATION MUST BE COMPLETE, ACCURATE AND LEGIBLE</b>				
Full Name	Home Address		Home Phone (including area code) ( )	
Occupation	Employer Name and Address		Business Phone (including area code) ( )	
Nickname if preferred	Cell Phone ( )	Pager (if applicable) ( )	e-mail address (REQUIRED)	
Spouse's Name	Employer Name & Address		Business Phone (including area code) ( )	
Occupation	Cell Phone ( )	Pager (if applicable) ( )	e-mail address	
Assistant's Name	Home Phone ( )	Business Phone ( )	Pager (if applicable)	e-mail address
<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has anyone in your home ever been convicted of a criminal offense?</li> <li>2. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has anyone in your home ever been convicted of neglect, abuse, assault, cruelty, injury, or impairing the morals of a child, abandonment of children, sexual harassment, or the illegal manufacture, sale or possession of drugs?</li> <li>3. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has anyone in your home ever had his or her driver's license suspended or revoked in any state in the last 5 years?</li> <li>4. <input type="checkbox"/> Yes <input type="checkbox"/> No – Does anyone in your home currently use illegal drugs?</li> </ol> <p style="margin-left: 20px;"><u>Note: If the answer to any of the above questions is YES, explain on a separate sheet of paper and attach to this application form.</u></p>				

<b>II. RECOMMENDATIONS: NO APPLICATION ACCEPTED WITHOUT SIGNATURE OF APPLICANT'S PASTOR</b>			
<p>I, having full knowledge of the person(s) on this application, and without reservation, do recommend the person(s) to act in the capacity of <b>Group Coordinator</b> for the American Belarussian Relief Organization's Summer Program. I know them to be of good character with high moral standards, and very capable of performing the duties in an acceptable manner.</p>			
Name of Church	Phone Number	Pastor's Signature	Date

<b>III. DECLARATIONS:</b>			
<p>I declare the above information to be accurate and based upon it, make application to act in the capacity of <b>Group Coordinator</b> for the American Belarussian Relief Organization (ABRO) Summer Program. I agree to hold harmless the American Belarussian Relief Organization (ABRO) from any and all claims in connection with my participation in the ABRO Summer Program. I confirm that I have read the ABRO Summer Program Handbook, and fully understand the information contained therein. I accept all conditions as written in the Summer Program Handbook. I further confirm that I have attended a Group Coordinator Training Session or received instruction from the ABRO-US Director.</p>			
Signature of Applicant	Date	Signature of Co Applicant	Date

<b>IV. APPROVAL:</b>	
<p>I confirm that the above applicant has received all required information and training for the ABRO Summer Program, and fully understands the information and conditions set forth in the Summer Program Handbook. I therefore, on behalf of the American Belarussian Relief Organization, accept the Applicant as a local Group Coordinator.</p>	
Signature of Director	Date