AMT 2020
Application Checklist

YALs:

- Application
- Medical Form-*Please include a copy of the front & back of your insurance card.*
- Compliance Packet
  - CANTS form (all adults/YALs)
  - Virtus Training (only new adults/YALs)
  - Code of Conduct (only new adults/YALs)
  - Online Background Check (only new adults/YALS)*
  - Mandated Reporter Training (only new adults/YALS)

* Returning Adults and YALs may be required to complete a background recheck if their last one is over three years old. Once your initial paperwork has been received, the parish office will determine if you need to do this.
## St. Joseph AMT Young Adult Leader Information

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<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Tshirt Size</th>
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Address (including city, state and zipcode)

Email:

Home Phone: | Cell:

Prior AMT Experience | NO | YES | # of trips

Emergency Contact Name | Emergency Contact Phone

Please describe other service ministries in which you are involved.

Please detail prior leadership experience.
Young Adult Essay
Please write about why you want to go on St. Joseph's AMT as a young adult leader and why you think you are a good fit for this role.
Prior to the trip, the responsibilities of the young adult leaders are the following:
1. Be an active member of St. Joseph Parish.

2. Attend monthly formation events at St. Joseph. Exceptions apply to those away at school.

3. Attend one half day skill building event.

4. Attend adult leader meetings throughout the planning process. Exceptions apply to those away at school.

On the trip the responsibilities of the young adult leaders are the following:
1. Travel to and from any destination(s) during the trip in an assigned vehicle.

2. Make sure all teens follow all safety procedures prior to and during operation of any power tool.

3. Follow all rules and procedures and call to the attention of the youth minister any AMT Teen(s) or AMT young adult or adult leader(s) witnessed not following such rules and procedures.

4. Oversee the teens at all times, at the job sites, meetings and events, and during their daily chores.

5. Be responsible for teen formation on the trip.

*If an AMT young adult leader experiences illness or injury of any sort before the trip, he/she will need a doctor’s note giving permission to do the work required on this trip.

*It is typically very hot in the Appalachian area in the summer. Due to the heat and the work clothing requirements, this may create extreme work conditions, especially for those who don’t do well in the heat. Please consider this before committing to this trip.

By signing below, the AMT Young Adult Leader agrees to the terms of this contract.

________________________________________                _________________
AMT Young Adult Leader                                      Date
MEDICAL/EMERGENCY INFORMATION

Name: ____________________________ Date ______________________

Email: ____________________________

Birth Date: _______________ Last Tetanus Immunization: __________

Medical Allergies / Significant Medical History / Current Medications/Dietary restrictions:

________________________________________

________________________________________

________________________________________

Name of Physician: ____________________________ Phone #: ________________

Address: __________________________________

Medical Insurance Company: ____________________________

Insurance Number: ____________________________

Contact in Case of Emergency:

Name: ____________________________ Phone #: ____________________________

Relationship: ____________________________

*Please include a photocopy of the front and back of your insurance card.