

Integrity

Community Service

Leadership

TEENS on a MISSION

St. Louis, MO 63113



Expiration Date _____

Date _____

Full Name _____

Date of Birth _____ U.S. Citizen _____

Mailing Address _____

Phone Number (Home) _____ (Cell) _____

Email Address _____

Employer _____ Work Number _____

Please initial that you understand the statement and agree to its terms.

Teens on a Mission reserves the right to use any photograph/video taken at any event sponsored by T.OM. without the expressed written permission of those included within the photograph/video. By participating or failing to notify the President, in writing, you're agreeing to release, defend, hold harmless and indemnify T.O.M. from any and all claims involving the use of your picture or likeness. _____

I agree to a 2 year term as an active Teens on a Mission Committee Member. _____

I will, attend all calendar meetings and not miss more than 2 during one calendar year. _____

I will not use Teens on a Mission for self-gain in anyway, this includes and is not limited to special request, donations, monetary & in-kind gifts, etc. _____

Committee Member Signature _____ Date _____