

Justice Ride Application

1. COMPLETE THE APPLICATION IN FULL.
2. INCLUDE PAYMENT WITH YOUR APPLICATION. **FEE IS \$225 IF APPLICATION IS RECEIVED ON OR BY DECEMBER 16, 2016. COST IS \$275 FOR APPLICATIONS RECEIVED AFTER THIS DATE.** COMPLETE PAYMENT BY FILLING OUT YOUR CREDIT CARD INFORMATION ON THE LAST PAGE OR BY MAILING A CHECK WITH YOUR APPLICATION. DO NOT PAY THIS ONLINE. PLEASE WRITE "JUSTICE RIDE" IN THE MEMO LINE—*DO NOT WRITE THE NAME OF THE APPLICANT.* THE PAYMENT WILL NOT BE PROCESSED UNTIL YOU HAVE BEEN ACCEPTED ON THE JUSTICE RIDE. PAYMENTS ARE NON-REFUNDABLE.
3. ATTACH A HEADSHOT (4" x 6") FOR PROMOTIONAL PURPOSES. IF A HEADSHOT AND FULL PAYMENT ARE NOT INCLUDED, THE APPLICATION WILL NOT BE CONSIDERED. *IF YOU ARE A RETURNING RIDER, YOU DO NOT NEED TO INCLUDE A HEADSHOT.*
4. SEND ALL TO IAN@CREATEDEQUAL.ORG OR THE ADDRESS BELOW.

ATTN: IAN SPENCER
CREATED EQUAL
PO BOX 360502
COLUMBUS OH 43236

5. WE WILL CONDUCT PHONE INTERVIEWS WITH APPLICANTS ONCE THE DEADLINE FOR APPLICATIONS HAS PASSED.

CONTACT DETAILS:

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Home phone (____) _____ Cell phone (____) _____ Age _____
E-mail _____ Date of Birth _____

SCHOOL:

Currently enrolled? Yes No If so, what level? _____
Level: High School College: Undergraduate College: Graduate

Name of School: _____

Current or planned major course of study: _____

CHURCH:

Church affiliation, if any: _____

Length of time attending: _____

PERSONAL:

Circle your T-shirt size: XS SM MED LG XL 2XL

Do you have any allergies? ___ Yes ___ No

If so, list them here: _____

Are you taking any medications?

If so, list them here: _____

Are you engaging in any of the following?

Non-prescription drug use ___ Yes ___ No

Abuse of alcohol ___ Yes ___ No

Premarital sex ___ Yes ___ No

Are there any special needs you have? (ex. handicap accessibility)

Do you have any experience in photography/videography? If so, please explain.

Do you have any experience sidewalk counseling at abortion clinics? If so, please explain.

Do you play the guitar?

Are you interested in participating in a Created Equal internship? Yes___ No___

ESSAY:

****If you are a returning Justice Rider, you do NOT need to fill out the essay portion of this application.****

How did you hear about the Justice Ride? _____

Do you think abortion is ever permissible? _____

Why do you want to be part of the Justice Ride? _____

What do you hope to accomplish through this Justice Ride? _____

How are you planning to continue defending preborn children when the Ride is over? _____

REFERENCES:

List two personal references we may contact.

1. Name _____ Relationship _____
Home Phone _____ Cell _____

2. Name _____ Relationship _____
Home Phone _____ Cell _____

VOLUNTEER AGREEMENT:

1. I understand that if I disregard or violate this volunteer agreement, I may be required to discontinue participation with Created Equal at the discretion of Created Equal.
2. I will always treat people with respect, even if they are angry and/or verbally abusive. I will not

shout at people.

3. I will never trespass on private property or disrupt any event at which a Created Equal display takes place. I will obey all applicable laws.
4. I will direct media, university officials, or law enforcement officials to the Created Equal Director.
5. If passers-by threaten Created Equal's property, I will call for law enforcement officers. I will not attempt to physically intervene.
6. If passers-by threaten Created Equal staff, volunteers, and/or myself, I will call for law enforcement officers. If I am unable to remove myself and others from the presence of threatening persons, I understand that I am allowed to take lawful steps to protect others and myself from risk of injury.
7. I will neither carry nor have any weapons (including firearms) with me.
8. I condemn abortion-related violence in all forms.
9. I permit the use by Created Equal of any video or photos taken of me while volunteering with Created Equal for promotion or other non-commercial purpose.

I agree to these terms and hereby request acceptance to participate as a Created Equal volunteer:

Volunteer Signature & Date

WAIVER AND HOLD HARMLESS AGREEMENT:

I agree to use my personal medical insurance as the primary medical coverage payment if accident or injury occurs. In the event that the emergency contacts listed above cannot be reached, I hereby authorize the physician or dentist selected by Created Equal to hospitalize, secure treatment, and to order injection, anesthesia, or surgery.

In consideration of my voluntary participation with Created Equal, I hereby waive all claims of action against Created Equal, Inc. and its officers, directors, employees, and agents, all of which are collectively in this waiver and hold harmless provision referred to as "the Organization", arising out of my voluntary participation with Created Equal and hereby release, hold harmless, and discharge the Organization from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in the event. These risks could result in damage to property, personal and/or bodily injury or death.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Organization is knowingly given up in return for allowing my participation with Created Equal.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

I HAVE READ THE ABOVE VOLUNTEER AGREEMENT, INCLUDING THE WAIVER AND HOLD HARMLESS PROVISION, AND BY SIGNING IT AGREE TO ABIDE BY ITS TERMS. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE ORGANIZATION FROM LIABILITY FOR PERSONAL, INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

If under 18, parent/guardian signature required:

| | | |
|---------------------------|----------------|------|
| Parent/Guardian Signature | Name (printed) | Date |
|---------------------------|----------------|------|

If 18 or older, signature of applicant required:

| | | |
|-----------|----------------|------|
| Signature | Name (printed) | Date |
|-----------|----------------|------|

EMERGENCY CONTACTS:

****At least one contact must be a parent or guardian.****

1. Name _____ Relationship _____
Home Phone _____ Cell _____
Address _____
City _____ State _____ Zip _____
Email _____

2. Name _____ Relationship _____
Home Phone _____ Cell _____
Address _____
City _____ State _____ Zip _____
Email _____

PAYMENT:

- I have enclosed a check for \$225 (**\$275 if submitted after Dec. 16, 2016**)
- I have filled out the credit card authorization (below).

AUTHORIZATION FOR CREDIT CARD CHARGE TO CREATED EQUAL

Name _____ Address _____

City _____ State _____ Zip _____

Tel _____ Cell _____

MasterCard ___ Visa ___ Expiration Date ____/____

Card number _____

Signature _____ **Amount to be charged \$** _____