



RELEASE AND CONSENT FORM - Adults

6-9-16

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any and all right and claims for damages which I may have or which may hereafter accrue to me against CARMEL BAPTIST CHURCH, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by CARMEL BAPTIST CHURCH.

The undersigned further agrees that he/she will not institute any action or suit at law or in equity against Carmel Baptist Church, its directors, officers, members, administrators, employees, members, team captain or team coordinators and/or team members at any time, and will not institute, prosecute, or in any way aid in the damages, loss, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from known, unknown, past, present or future by the said participant's participation in mission projects sponsored by CARMEL BAPTIST CHURCH.

The person and others whose signature are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well-being. I (we) also fully assume the responsibility for all medical bills and associated costs.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

DATE: _____ TRIP NAME: _____ DATES OF TRIP: _____

DATE OF BIRTH: _____ PASSPORT NUMBER: _____

PARTICIPANT'S NAME: _____
Last Middle First

ADDRESS: _____
Street City State Zip

YOUR EMAIL: _____ PHONE NUMBER: _____

NAME OF EMERGENCY CONTACT: _____ Relationship _____

Address of Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Email _____

Work Phone: _____ Best way to reach this person: _____

SECONDARY INSURANCE INFORMATION:

Carmel Baptist Church will secure accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name _____ Relationship to Beneficiary _____

MEDICAL INFORMATION:

List any current allergies, illnesses, physical conditions, or medications: _____

Do you take any medication on a regular basis? ___ Yes ___ No

If yes, please describe _____
(If you are on medication during this trip, please notify the adults in charge)

Is sponsor authorized to approve medical treatment? ___ Yes ___ No

Is participant covered by personal/family medical insurance? ___ Yes ___ No

If yes, Name of Insurer: _____ Policy or Group Number _____

Primary Care Physician: _____ Phone _____

Signature of Applicant

Date

Background Check Authorization Form

Print Name: _____
(First) Middle (Last)

Former Name(s) and dates used: _____

Current Address Since: _____
(Mo/Yr) (Street)

(City, State, Zip)

Previous Address From: _____
(Mo/Yr) (Street)

(City, State, Zip)

Social Security #: _____ Date of Birth: _____

Telephone number: _____ (h) _____ (c)

Drivers' License Number _____ State _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Carmel Baptist Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Carmel Baptist Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Carmel Baptist Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Screening Form for Children and Youth Worker Volunteers
Confidential – Carmel Baptist Church

The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

1. Adults who have been the subject of a criminal investigation of either child sexual/physical abuse or who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
2. Adults who have been the subject of a Dept. of Social Services investigation regarding child sexual/physical abuse where DSS substantiated the abuse shall discuss their desire to work with children or youth with the Care & Counseling Senior Pastor prior to engaging in any volunteer work.
3. All adult volunteers working with youth or children are required to be active constituents of Carmel Baptist Church for a minimum of six months.
4. Adult volunteers should observe the "two adult" rule. This requires that adults are never alone with children or youth without an adult partner. (For exceptions as to youth, please refer to the Child Protection Policy.)
5. Adult volunteers should immediately report any behaviors, which seem abusive or inappropriate to their supervisor.

Please Answer Each Question. Your Response Will Be Kept Fully Confidential.

1. As a church volunteer, do you agree to observe all church policies as stated in the Child Protection Policy regarding working with youth or children?
_____ Yes
_____ No
2. Have you ever been convicted of or pled no contest to a crime?
_____ Yes (Please describe on a separate sheet of paper)
_____ No
3. Have you ever been the subject of a criminal investigation of child sexual or physical abuse?
_____ Yes (Please describe on a separate sheet of paper)
_____ No
4. Have you ever been the subject of a Dept. of Social Services investigation regarding child sexual or physical abuse where DSS substantiated the abuse?
_____ Yes (Please describe on a separate sheet of paper)
_____ No

If you prefer, you may refuse to answer question 4, or you may discuss your answer in confidence with the Care & Counseling Senior Pastor rather than answer it on the form. Answering yes, or leaving the question unanswered will not automatically disqualify an applicant for children or youth work.

I have read the Child Protection Policy and agree to observe the safeguards listed.

PLEASE PRINT

Name _____ Date of birth _____
(First) (Middle) (Last)

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____

Date _____

Ministry Head Approval _____

Date _____



Travel Insurance Form

It is the policy of the Missional Outreach Ministry that all participants on mission trips have travel insurance. Carmel Baptist Church will fulfill this requirement by purchasing coverage for participants for the period they are on the trip. The church will cover the cost of this coverage. Your insurance will be provided by Gallagher Charitable International Insurance Services.

Summary of Coverage Highlights

| Benefit | Limit | Comments |
|--|--------------------------------------|--|
| Accidental Death & Dismemberment | \$100,000 | Reduced to \$10,000 for those under age 12 or age 70 and over |
| Medical Expenses \$100 deductible | \$10,000 | Primary coverage; \$2,500 of this limit is available to pay U.S. or Canadian providers; no pre-existing condition exclusion |
| Disability Income Benefit (no benefit if under age 12 or 70 and over) | \$1,000/mo \$ 500/mo \$ 250/mo | First 100 months - Accident Months 101 - 200 - Accident 50 Months - Sickness (after 3 month waiting period) |
| Assistance Services | Included | Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist |
| Emergency Medical Evacuation | \$100,000 | Coordinated by Specialty Assist; will bring insured back to U.S.A.; no pre-existing condition exclusions |
| Crisis Management Service | Included | Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24 |
| Security Evacuation | \$100,000 | Coordinated by red24; for evacuation due to natural disasters, civil unrest, crime, kidnap or hostage situations |
| Family Coordination & Repatriation of Mortal Remains | \$25,000 | Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation. |
| Personal Property \$100 deductible | \$2,500 | "Door to door", replacement cost coverage; includes checked baggage; higher limits available upon request |
| General Liability | \$1,000,000 | Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization |

Please complete the Following:

TRAVEL INSURANCE INFORMATION

I hereby authorize Carmel Baptist Church to purchase on my behalf the necessary travel insurance for the duration of my short-term mission trip. I am furnishing the information below that is necessary to purchase the insurance.

Full Name of Participant: _____

Date of Birth: _____ Age at date of departure*: _____

Passport Number: _____ Country of Issue: _____

Carmel Baptist Church will secure accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name _____

Relationship to Beneficiary _____

Signed: _____ Date: _____

- *Parent's signature if under 18, self-signed if 18 or over)*