

Ridge Point Community Church

# MISSIONS

Forms

Dear mission trip participant/parent/guardian:

Please read the following packet carefully and sign in all the appropriate spots. We thank you for your trust and will not give this information to any third parties unless otherwise noted. Once completed, please return to your trip leader.

Please feel free to contact us if you have any questions!

Missional Living Office  
616-395-4126 x409  
missions@ridgepoint.org

## **Adults:**

1. Medical Information
2. Liability Release and Agreement to Transport Home
3. Background check application (15 and over)

## **Minors:**

1. Medical Information
2. Medical Consent
3. Liability Release and Agreement to Transport Home
4. Affidavit for International Travel
5. Background check application (15 and over)

# Medical Information (Adults and Minors)

Name of Participant: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Claim Office Telephone Number: \_\_\_\_\_

Claim Office Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

## SPECIAL MEDICAL CONDITIONS such as Diabetes, Allergic Reactions,

Medications Currently using: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

### Please check all that apply:

- overall good health
- chronic/recurring illness
- current infectious disease
- allergies (drug, food, insect)
- recent injuries
- cognitive/emotional conditions
- behavioral conditions
- health or physical conditions that make participation risky or difficult (E.g. orthopedic problems, back or neck injury, hearing or vision limitations)
- diabetes
- asthma
- high Blood Pressure
- respiratory Problems
- recent surgeries
- other: \_\_\_\_\_

Explanation of conditions checked above:

\_\_\_\_\_

**Immunizations:** Tetanus: \_\_\_\_\_ (year)

*Note: Tetanus may be listed as DT or DTP on immunization record*

Hepatitis B: \_\_\_\_\_ (not necessary for domestic trips)

Prescription medications: \_\_\_\_\_

Over-the-counter medications: \_\_\_\_\_

**HIPPA** regulations require us to have your permission before disclosing any health information you give us. If we feel that any of the physical/cognitive/ behavioral conditions you indicated on this form would be good for any team leader to know to help your child have a good week, may we disclose that information to them?  Yes  No

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# Medical Consent (Minors only)

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Name of Child (please print)

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Emergency Phone Number(s)

The parent(s) or guardian(s) listed above have temporarily entrusted the child to the care of Ridge Point Community Church and its adult staff members. If after reasonable attempts are made to contact the parent(s) or guardian(s), the parent(s) or guardian(s) are unavailable:

The parent(s) or guardian(s) authorize Ridge Point Community Church and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care, and/or dental care for the child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed within the state or country where the services are to be performed. See Medical Information form for specific medical information.

The parent(s) or guardian(s) understand that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and or hospital care is required, but is given to provide authority and power to Ridge Point Community Church and its adult staff members to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the child's parents are unavailable to give consent.

The parent(s) or guardian(s) authorize any hospital which has provided treatment to the child to return physical custody of the child to Ridge Point Community Church and its adult staff members when treatment is completed.

The parent(s) or guardian(s) agree to fully pay for any and all costs of medical or dental care provided to the minor and consented to by Ridge Point Community Church and/or its adult staff members.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE FOR ONE YEAR FROM THE DATE SIGNED, UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO RIDGE POINT COMMUNITY CHURCH.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

## Liability Release and Agreement to Transport Home (Adults and Minors)

Participant Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **RELEASE OF LIABILITY**

The PARTICIPANT, their PARENTS, GUARDIANS, HEIRS, ASSIGNS and REPRESENTATIVES hereby release Ridge Point Community Church, its staff members, volunteers, agents and representatives of any and all liability for any loss, injury, or property damage which may be the result of any aspect of any Mission Trip or Excursion the Participant may participate in so long as specific written permission has been given by the Parent/Guardian for the Participant to participate in the specific Mission Trip or Excursion . The Participant and the Participant's Parent(s) and/or Guardian(s) understand, acknowledge and accept that there are inherent risks, both known and unknown, in travel and in the activities in which the participant will engage in during Mission Trips and Excursions.

The Participant and the Participant's Parent (s) and/or Guardians understand, acknowledge and accept that these risks may result in serious injury and/or death.

The Participant and the Participant's Parent (s) and/or Guardians also understand and acknowledge that individual Participants are not covered under any policy of insurance held by Ridge Point Community Church and that Participants must provide any and all insurance coverage for themselves, including, but not limited to health, life and liability insurance.

I have read, understand and accept the terms above.

\_\_\_\_\_  
I/We, the undersigned, (the adult participant or the parents/guardian having legal custody of the student participant) has given our **consent to participate** in a mission project being operated by Ridge Point Community Church Student Ministries. I/We understand that the Ridge Point site director or the lead adult of our group may need to send any team member home as a result of illness or discipline. I/We understand if the team member named above is dismissed from the mission site, he/she will be transported home at my/our expense. (Ridge Point will attempt to contact the parent or guardian to arrange such transportation.)

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent/Guardian Name Signature

\_\_\_\_\_  
Parent/Guardian Name Signature

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Date \_\_\_\_\_

## Affidavit for international travel (minors only)

That said \_\_\_\_\_ (Name of Traveler) is a minor under the age of 18 years.

That said \_\_\_\_\_ (Name of Traveler) intends to travel in \_\_\_\_\_ (Name of Country/Countries)  
from \_\_\_\_\_ to \_\_\_\_\_.  
(dates of travel)

The below named parents grant their consent to the said \_\_\_\_\_  
(Name of Traveler)

to so travel, and release Ridge Point Community Church from any and all liability resulting from the permission herein granted, except for the occurrences due solely to fault of Ridge Point Community Church. It is further agreed that no additional responsibility will be incurred by Ridge Point Community Church because of the minor age of said \_\_\_\_\_.  
(Name of Traveler)

Legal Father's Signature \_\_\_\_\_

Legal Father's Address \_\_\_\_\_  
\_\_\_\_\_

Legal Mother's Signature \_\_\_\_\_

Legal Mother's Address \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

Notary Public \_\_\_\_\_  
County, MICHIGAN.

**BACKGROUND CHECK APPLICATION****Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")**

Legal Name: \_\_\_\_\_

First

Middle

Last

Nickname: \_\_\_\_\_ Other names used (maiden): \_\_\_\_\_

Current address: \_\_\_\_\_ Dates: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

Country

Former address: \_\_\_\_\_ Dates: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

Country

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for a ministry position with this organization.

**BACKGROUND INFORMATION**

The questions below are part of a process that helps us provide a safe and secure environment for our faith community. In caring for the faith community of Ridge Point, we believe it is our responsibility to seek volunteers that are able to provide healthy, safe and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the pastoral staff.

Have you ever been arrested, convicted or pleaded guilty to a criminal offense? Yes\_\_ No\_\_

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or other? Yes\_\_ No\_\_

Have you ever gone through treatment for alcohol or drug use? Yes\_\_ No\_\_

Has anyone ever suggested that you may have a problem with any of the above? Yes\_\_ No\_\_

Are you using illegal drugs? Yes\_\_ No\_\_

Has there been alcohol abuse, drug abuse, physical or sexual abuse in your family background? Yes\_\_ No\_\_

Are you taking prescription or over the counter drugs? Yes\_\_ No\_\_

Have you ever been treated for psychiatric disorder? Yes\_\_ No\_\_

Have you had any sexual relations with any minor after you became an adult? Yes\_\_ No\_\_

Have you ever been accused, charged or convicted of any form of child abuse or neglect (sexual, physical, etc.)? Yes\_\_ No\_\_

Have you ever been victim of any form of child abuse or neglect (sexual, physical, etc.)? Yes\_\_ No\_\_

If you have been a victim, have you seen a counselor or sought professional treatment regarding this issue? Yes\_\_ No\_\_

Would you be willing to discuss any of the above matters with a pastor or counselor? Yes\_\_ No\_\_

**PERMISSION TO OBTAIN A BACKGROUND CHECK (REQUIRED)****"Notice, Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report"**

This form authorizes the Ridge Point Community Church ("Ridge Point") to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.

I, the undersigned applicant (also known as "consumer"), authorize Ridge Point Community Church through its independent contractor to produce background information (also known as a "consumer report and/or investigate consumer report" about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Ridge Point Community Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_