

ADULT REGISTRATION AND SCREENING FORM 2010

Identity must be confirmed with a valid driver's license or other photographic identification by a church designee. Some information requested is necessary in order to accurately conduct a background check which is required for adults who are involved in the supervision and care of minors or vulnerable adults.

NAME _____ Email _____

Print all aliases or maiden name (if applicable) _____

Date of Birth _____ Driver's License No. _____ Social Security No. _____

Complete Address _____

Day Phone _____ Cell Phone _____

Occupation _____ Employer _____ City/State _____

Name of church you are attending camp with _____ State _____

City/State _____

City/State _____

EMERGENCY CONTACTS

Name _____ Relationship _____

Day Phone _____ Evening _____ Cell _____

Name _____ Relationship _____

Day Phone _____ Evening _____ Cell _____

GENERAL HEALTH INFORMATION

List any health information that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or recurring illnesses or diseases: _____

List any medications that you currently take: _____

List any food, medicine, or other significant allergies: _____

Note: You may attach copies of your personal health insurance policy identification cards to this application.

PERSONAL REFERENCES List three persons, not related to you, who have knowledge of your qualifications to supervise and care for minors.

Provide complete addresses and contact numbers.

1. _____

2. _____

3. _____

CONFIDENTIAL INFORMATION (circle response)

1. Have you ever been convicted of, or pleaded guilty or no contest to any crime against any person, child, or vulnerable adult under federal law or the laws of any state or foreign country? Yes No

2. Have you ever been convicted of, or pleaded guilty or no contest to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect in this state or any other state or foreign country? Yes No

3. Are there any current criminal proceedings pending against you? Yes No

4. Are you the subject of a child abuse or maltreatment report in this state or any other state or country? Yes No

5. Have you ever had a lawsuit alleging actual or attempted sexual harassment, sexual exploitation, sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired? Yes No

6. Have you ever been denied the opportunity to work with minors or vulnerable adults? Yes No

7. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated for reasons related to allegations of actual or attempted sexual harassment, sexual exploitation, sexual misconduct, physical abuse or child abuse? Yes No

8. Is there any fact or circumstance involving you or your background, including church discipline, which would call into question you being entrusted with the supervision and care of minors or vulnerable adults? Yes No

NAME _____ CHURCH _____

CAMP NAME: _____ DATE: _____

ADULT STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGEMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with all camp activities, as well as, the inherent risks of being on camp property. Further, I hereby personally assume all risks in connection with my attendance and participation in the events at Mt. Lebanon.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/ or dental services rendered to me.

3. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees' agents, and representatives from any claim by me, or by my family, estate, heirs or assigns out of my participation in activities at Mt. Lebanon.

4. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

If I am unable to make a decision on my own behalf regarding medical care, I authorize the Mt. Lebanon Health Center staff, the camp director, or group leader to make emergency medical decisions for me. I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care to be rendered to me as needed in the judgment of the treating physician, who is chosen by my group leader, the camp director or any employee working under him/ her, as circumstances require.

5. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Mt. Lebanon for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/ medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filled within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

6. CONSENT FOR CRIMINAL RECORD AND BACKGROUND CHECK

I hereby authorize any appropriate organization and/ or its designees, including Mt. Lebanon or the church I am attended with, to conduct a criminal record and a background/ reference check. A criminal record, as received from the reporting agencies, may include arrest and conviction information as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility to serve in the supervision or care of minors or vulnerable adults. I understand that I will have an opportunity to review my criminal record for clarification if I dispute the record as received. I, the undersigned, do, for myself., my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify any reporting agency and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to serve in the supervision or care of minors or vulnerable adults.

7. APPLICANTS STATEMENT, WAIVER, AND INDEMNITY

The information contained in this application and screening form is correct to the best of my knowledge. I authorize any reference to give any information that they have regarding my character and fitness to work with and supervise minors or vulnerable adults. In consideration of the receipt and evaluation of this form by the church I am attending with, Mt. Lebanon Encampment, or the Dallas Baptist Association, I hereby release any individual, church, charity, employer, reference or any person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

Should my application be accepted, I agree to follow and be bound by the policies of Mt .Lebanon Encampment and the Dallas Baptist Association, and to refrain from unscriptural conduct in the performance of my services on behalf of Mt. Lebanon Encampment and the Dallas Baptist Association.

By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S AUTHORIZATION TO WORK WITH AND SUPERVISE MINORS OR VULNERABLE ADULTS

1. Applicant has been screened, which included a background check, and is authorized to work with and supervise minors or vulnerable adults.
2. Applicant has been active as a volunteer, or staff member, in the ministry and life of the church named below for at least six months.
3. Applicant has taken an authorized *Child Protection Training Course* conducted by the church named below, and has received a *Course Certification*.

CHURCH AUTHORITY'S NAME _____ CHURCH POSITION _____

CHURCH AUTHORITY'S SIGNATURE _____ DATE _____

CHURCH NAME _____

CHURCH ADDRESS _____

CHURCH PHONE _____ CHURCH FAX _____

NOTICE TO CHURCH LEADER

This completed application must be presented upon arrival at Mt. Lebanon. Application must be signed by the applicant, as well as, signed by a church authority or official. A copy of the *Child Protection Training Course Certification* must be attached to this application. The church leader should make copies of each application and the *CPT Certification*, and have available during camp. Copies of this application are confidential, and should be securely stored.