

Carmel Baptist Church  
Release & Consent Agreement for Youth  
Valid September 3, 2014 – August 30, 2015

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 youth 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 give my consent and permission for the taking of photograph and/or video of my child during the described event and waive and/or assign any and all rights (including copyright) for use in various media including website.

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

\* Participants SS #

Participant's Name:

(Please Print)	Last	First	Middle
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Address:

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Do you take any medication on a regular basis?	Yes	No
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If yes, please describe: \_\_\_\_\_  
(If you are on medication, please notify the adults in charge.)

In the event parents cannot be reached, please call:

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Insured Person's Name:

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

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

Signature of Parent or Guardian: \_\_\_\_\_

**\* Your child's social security number is OPTIONAL. If your child has to go to the hospital, the hospital will bill your insurance company if you have their social security number; if you don't have the social security number the hospital will bill you and you will submit the bill to your insurance company.**

**CARMEL BAPTIST CHURCH  
RELEASE AND CONSENT FORM**

2-06-13

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 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.

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** \_\_\_\_\_ **YOUR PASSPORT NUMBER** \_\_\_\_\_

**PARTICIPANT'S NAME:** \_\_\_\_\_  
Last Middle First

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP

**DAYTIME PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**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**

\_\_\_\_\_  
**Signature of Parent (if applicant is under 18 years of age)**

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

**Screening Form for Volunteer Children and Youth Workers**  
**Confidential – Carmel Baptist Church**

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. 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 DDS substantiated the abuse shall discuss their desire to work with children or youth with the Director of Counseling Ministries prior to engaging in any volunteer work.
3. All adult volunteers working with youth or children are required to be members 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 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 Director of Counseling Ministries 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 above policy and agree to observe the safeguards listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Parent's Signature (if volunteer is under age 18)

\_\_\_\_\_  
Date

**CONFIDENTIAL**

**Background Check Authorization**

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: \_\_\_\_\_

# Parental Consent Form for Minors



1145 Pineville-Matthews Road, Matthews, NC 28105

Mission trip team members under the age of 18 are required to obtain parental consent from both parents in order to participate on a Carmel sponsored mission trip. However, if one of the parents is accompanying their child on the trip, then the parental consent form is only required from the parent not going on the trip. If both parents are accompanying their child on the trip, then no consent forms are required from either parent. Parental consent is often required by governmental officials when minors are leaving the country without a parent(s).

I, \_\_\_\_\_, consent to allowing my minor child(ren) to travel out of the United States on a Carmel Baptist Church mission trip on the dates and destination indicated:

Name of Child(ren): \_\_\_\_\_

Consenting Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Destination: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

Signature (Notarized): \_\_\_\_\_

## Notary:

State of \_\_\_\_\_, County of \_\_\_\_\_, subscribed and sworn to (or affirmed) before me, \_\_\_\_\_ (insert name and title of the notarizing officer) on \_\_\_\_\_, by \_\_\_\_\_, who personally appeared and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and who acknowledges to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal,

Notary Public: \_\_\_\_\_ Expiration Date: \_\_\_\_\_