

	<p>NORTHEAST AREA of the CHRISTIAN CHURCH (Disciples of Christ) 2009 Fall Rally</p> <p><u>Staff Registration Form</u></p>	
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These **ORIGINAL COMPLETED FORMS** must be on file with the Area Office and cleared **BEFORE** you will be permitted to be on staff at any event.

*****Please Print or Type in Blue or Black ink. DO NOT fill out in pencil.*****

Event: _____ Date of Event: _____

Name: _____ Gender: M F Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile: (____) _____ Birth Date: ____/____/____

E-mail Address: _____

Sponsoring Church: _____ Minister/Youth Minister: _____

EMERGENCY CONTACT

Name: _____ Relationship to You: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Office: (____) _____ Mobile: (____) _____

Please initial here ____ if you **DO NOT** want your voice, picture, image/ likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (The Areas would still seek permission for any major advertisements such as television ads or programs where you would have a primary or central role.)

BECAUSE OF OUR COMMITMENT TO THE CARE OF CHILDREN AND YOUTH, IT IS IMPORTANT THAT THEY BE PROTECTED IN ALL ASPECTS.

*Have you ever sexually molested a child or youth and/or been charged or arrested for that crime? _____

*Do you presently have a chemical dependency of any kind? _____

*Have you had any serious mental or physical problems which might interfere with your effectiveness as a counselor? _____

(An affirmative answer to any of these questions will require further discussion.)

References (Three (3) non-family and non Area Office staff- filled out completely):

Name: _____ *Name:* _____ *Name:* _____

Address: _____ *Address:* _____ *Address:* _____

City: _____ *City:* _____ *City:* _____

State & Zip: _____ *State & Zip:* _____ *State & Zip:* _____

Phone: _____ *Phone:* _____ *Phone:* _____

E-mail: _____ *E-mail:* _____ *E-mail:* _____

Northeast Area Office Use Only – DO NOT FILL OUT!

Check/Cash _____	Amount \$ _____	Date _____	Approved: _____
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Background Verification Release Form



Applicant Full Name (Last, First, MI as printed on Driver's License)				
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFIY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

Tri-Area Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**
- I agree to refrain from the following:
 - Possession and/or use of **LEGAL** or illegal substances (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks and explosive devices)
 - Sneaking out of the doors after lights out or leaving the event facility at any time without explicit permission of the event director.
 - Sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
 - Willful or thoughtless destruction or abuse of property
 - Wearing inappropriate clothing. *See Tri-Area Rules for clarification.*

I understand that any violation of this covenant will bring the following specific consequences:

- Ø Immediate expulsion from the event at the expense of the participant's family.
- Ø If the violation involves possession of a weapon and/or illegal substances that local law enforcement will be summoned.
- Ø I also understand that the minister of my sponsoring church will be contacted regarding serious violations of the Code of Conduct.
- Ø Required letter of apology to the sponsoring congregation and to the Tri-Area Camp and Conference Team before being allowed back to any event.

Participant: *I have read the Participant Covenant for the Tri-Area Camp and Conference programs. I have discussed my participation with my minister/youth sponsor. I am prepared to attend Tri-Area sponsored event with a spirit of Christian cooperation and goodwill. I have read and agree to abide by the above covenant.*

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

Minister/Church Board Officer: *I have read the covenant and am familiar with the Tri-Area policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants this week that God's love may be a transforming presence. I know and recommend this person for participation in the Tri-Area camp and conference program.*

MINISTER OR CHURCH

BOARD OFFICER'S SIGNATURE _____ **DATE:** _____

(If you are the only minister in the congregation, this must be signed by an officer of your Church Board)

Code of Ethics and Rules for Tri-Area Camp Counselors/Staff

While acting in your capacity as a volunteer staff of a Tri-Area event of the Christian Church (Disciples of Christ) in the Southwest Camp and/or Conference, the following Code of Ethics and rules shall apply:

1. Smoking or using tobacco products at the camp is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
3. Youth counselors and/or staff shall not abuse children or youth including, but not limited to:
 - A. Physical abuse: strike, spank, shake, slap
 - B. Verbal/Mental/ Emotional abuse: humiliate, degrade, threaten
 - C. Sexual abuse: including inappropriate touching and exposure.
4. Youth counselors and/or staff must treat children and youth of all races, religions, socio-economic backgrounds, sexual orientations, genders, and cultures with respect and consideration.
5. Youth counselors and/or staff must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison or criticism.
6. Youth sponsors and/or staff shall not use or tolerate profanity in the presence of children or youth.
7. Youth sponsors and/or staff will refrain from inappropriate display of affection toward others in the presence of children, parents and other staff, and shall abide by the Tri-Area dress code.
8. Youth counselors and/or staff must be free of physical and psychological conditions that might adversely affect children's or youth's health, including, but not limited to, contagious diseases.
9. Youth counselors and/or staff will portray a positive role model for youth and children by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
10. Youth counselors and/or staff will be expected to act and react with Christian love and understanding in all situations. Youth counselors and/or staff will be expected to safeguard and hold confidential any information gained through administrative duties involving supervision of youth or volunteers and/or any other information identified by the Tri-Area as being confidential.
11. After camp parties conducted by a youth counselor and/or staff person for youth campers is not permitted! Any further contact with youth must be done with the knowledge of the youth's parents and the minister of the church that sent the youth to camp and/or conference.
12. Youth counselors and/or staff will do everything in their power to avoid being put in a situation where they are alone with a child or youth other than their own.
13. Texas state law requires that all citizens report any suspected abuse or neglect of a child or a youth to age 18 to the Texas Department of Protective and Regulatory Services.
14. I understand that as a youth counselor and/or staff for the Tri-Area of the Christian Church (Disciples of Christ) in the Southwest, I will be subject to a background check, including criminal history.
15. I understand that any violation of this code may be grounds for removal as a youth counselor and/or staff person at a Tri-Area camp and/or conference.

Signature

Date

Tri-Area Participant Acknowledgment

Please Initial Each Indicating that you are aware then sign and date at the bottom:

_____ I understand that I am to report as soon as practicable any accidents or injuries to children or youth, other staff, or myself to a Director(s).

_____ I understand that I am required by law to report known or suspected instances of child abuse and that not doing so is considered a misdemeanor, and I agree to follow the policy of the TRI-AREA on reporting child abuse or molestation. I have received a copy of said policy.

_____ I understand the policy of the TRI-AREA is to cooperate with the authorities in the investigation of suspected child abuse and molestation situations. I, as a youth counselor and/or staff person, agree to cooperate with the investigation as requested.

_____ I have read and understand the TRI-AREA Drugs and Weapons Policy.

_____ I understand that if I use my automobile that my personal insurance is the primary coverage.

_____ I understand that only adults may transport campers and/or staff. Moreover, **I understand that there will be a seatbelt for any person transported in my automobile and seatbelts will be used.**

_____ I acknowledge that I have received and read a copy of the TRI-AREA Code of Ethics and Rules.

Signature

Date

NEA Youth Event Health Record Form One Per Person



Group

Name _____ Gender **M** **F** Date of Birth _____
 Spouse/Parent/Guardian's Name _____
 Phone Numbers: home _____ work _____ cell _____
 Address _____ City _____ State _____ ZIP _____

Please fill insurance section out completely to expedite medical treatment.

Insurance Company _____ Group # _____
 Insurance Company Claim Address _____ Phone #: _____
 Individual/ Parent's Policy # _____ Relation of Participant to Policy: _____
 Other Insurance Information _____
 Emergency Contact Name _____ Relation to participant _____
 Emergency Contact Phone: home _____ work _____ cell _____
 Give dates and type of operations/accidents within the last two years _____

First Name

Check all that apply (please note treatments below and feel free to make comments)

Allergies Asthma Clotting Disorders Convulsions Diabetes Fainting Freq.
 Ear Infections High Blood Pressure Hypertension Headaches (frequent) Incontinence
 Insect Sting/Bite Reactions Joint Problems Upset Stomach Other: _____

Any chronic illnesses or regularly occurring pain (please specify) _____

List and describe all known allergic reactions _____

Immunization History (Please give date of immunization or last booster)

DTP _____ **OR** Diphtheria _____ Tetanus _____ Polio _____
 MMR _____ **OR** Measles _____ Mumps _____ Rubella _____
 Hepatitis B _____ Varicella (Chicken Pox) _____

Date of last health exam _____ Were any complicating problems noted? _____

Is the camper currently under a physician's care for any medical problems? _____

Detail any Physical, Mental, Behavioral, or Emotional Limitations _____

Has the participant ever required psychiatric counseling (including depression), hospitalization or medication? If yes, please specify. _____

Last Name

Activities to be discouraged _____

Activities to be encouraged _____

Please give any information that you feel will assist in camp assimilation of the participant _____

Has the participant been exposed to any contagious diseases? If so, when? _____

All MEDICATIONS (prescription & over the counter) MUST BE turned in at registration. They MUST BE IN ORIGINAL CONTAINER with original label and all instructions attached. If participant is using multiple medications, please put Medication Vials in Zip Lock Bag with Name written on it in Magic Marker. Adults must do this as well.

Is Participant taking any form of medication? Yes No

List Drugs and Dosages: _____

Has the participant had **any** recent illnesses? _____

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Other Doctors _____ Specialty _____ Phone _____

In order to provide the best care for all participants, updates or changes to the information on the form is the responsibility of the parents/ legal guardians.

BASIC MEDICAL AUTHORIZATION for MINORS

May the Northeast Area, and/or First Christian Church of Nacogdoches, and/or Disciples Crossing give your child Tylenol, Benadryl and/or topical solutions to treat them for minor aches, pains and ailments as they should become evident. All medications will be administered in accordance with manufacturer's directions and/ or with the physician on call.

YES **NO** **Parent's Signature** _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____ (adult participant, parent, or legal guardian's name), hereby authorize the Northeast Area, and/or First Christian Church of Nacogdoches, and/or Disciples Crossing and its staff to seek and authorize emergency medical treatment for _____ (name of participant). This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physicians.

Signature **X** _____

(Under 18 – Parent's signature required. Age 18 or Older – Sign for yourself.)

Please do not bring/send your child to camp if they are ill or show signs of becoming ill. Fever, Nausea, etc.
In accordance with Texas State Health Laws: If your camper should be found to have a contagious illness/disease, they will be sequestered and you will be called to pick your camper up. Disciples Crossing reserves the right to check campers to protect the health of all campers.