

2012 WHC SHORT-TERM MISSIONS TRIP APPLICATION



MEDICAL INFORMATION

Name _____

Do you have any physical/health limitations? _____ If yes, please explain below:

Have you had any major illness during the past year? Yes ____ No ____

If yes, please explain: _____

Do you take medication regularly? Yes ____ No ____

If yes, please explain and list medications: _____

Any allergies? Yes ____ No ____

If yes, please explain: _____

Is your tetanus shot current? Yes ____ No ____ Your blood type: _____

Do you have adequate medical insurance that will cover you in a foreign country? Yes ____ No ____

Company _____ Policy # _____

Family Physician _____ Phone Number () _____

Who would we contact in case of an emergency?

Name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Relationship to you: _____

THE HEIGHTS COMMUNITY **ADULT VOLUNTEER BACKGROUND SCREENING**

The purpose of background screening at The Heights Community is to determine whether an individual has been convicted of a crime, or has a supported finding of child abuse or neglect. This is done in order to aid in protecting the children who attend The Heights Community campuses. This application asks some very personal and private questions. All information received as a result of background screening will be kept confidential and no details regarding the screening will be released or disclosed. A representative of The Heights Community will notify a volunteer applicant if background screening is not passed.

Last Name _____ First Name and Middle Initial _____
Address _____ City, State and Zip Code _____
Home Phone _____ Other Phone _____
Date of Birth _____ Birth Place _____
Driver's License # and State Issued _____ Social Security Number _____

Answering "yes" to any of these questions does not necessarily disqualify you from serving.

1. Have you ever been accused, charged, or convicted of a crime involving the abuse or mistreatment of a minor child? Yes No
2. Have you ever been accused, charged, or convicted of any other criminal (including misdemeanor) matters? Yes No
3. Are you presently involved with use of illegal drugs, alcohol, pornography, or any other addiction? Yes No
4. Are there any reasons why you might not be considered to serve with minors? Yes No

If you answered "Yes" to any of these questions please explain: _____

CONSENT AND RELEASE OF LIABILITY

I certify that I have read and understand this form and that my answers to the questions on this release contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. I authorize a representative of The Heights Community to investigate my past and present records of law enforcement, Division of Child and Family Services, driver's license, and any and all information which may be pertinent to my working with minor children in the ministries of The Heights Community as an adult leader. I do hereby release The Heights Community, its employees, agents and representative from any claims or damages resulting from furnishing this information.

Signature _____ Date _____

For Church Office Use

<input type="checkbox"/> Screening Submitted Date _____ Initials _____	<input type="checkbox"/> Screening Results Rcvd. Date _____ Initials _____	<input type="checkbox"/> References Contacted Date _____ Initials _____	<input type="checkbox"/> Checked on SOR Date _____ Initials _____	<input type="checkbox"/> Cleared to volunteer Date _____ Initials _____
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ASSUMPTION-OF-RISK FORM FOR SHORT-TERM MISSIONS VOLUNTEERS

Note: This form is for use by adult members who participate on short-term missions trips in the USA or abroad. Because Washington Heights Church may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising foreign activities, we ask members who participate on such trips to assume all risks associated with the trip as a condition of their participation.

All reasonable precautions have been taken and no problems are expected. Nevertheless, individuals, rather than Washington Heights Church, are asked to assume their own risk for the trip.

I, _____ [name of volunteer], in consideration of my acceptance as a short-term volunteer on a mission trip sponsored by Washington Heights Church 1770 E 6200 S, Ogden UT 84405

to _____ [destination of trip], represent and agree that:

1. I am a volunteer worker and not an employee of Washington Heights Church for the purpose of this mission trip.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and only with respect to my church and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release Washington Heights Church and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration, and warrant that this commitment constitutes a legal, valid, and binding obligation upon me, enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that Washington Heights Church may not have insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING THIS RELEASE.

Date: _____

Print Name: _____

Signature: _____

Address: _____

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IMPORTANT INFORMATION REGARDING DONATIONS TO YOUR MISSION TRIP

When you or others give money towards your mission trip (including the deposit amount), it is considered a tax deductible donation. **IRS regulations prohibit the return of any money given as a tax deductible donation.** Please be aware that any money given towards your mission trip, either by you or by someone else, **is non-refundable.** If for some reason you are not able to go, any money donated to your trip will be used to help with the general mission trip fund.

It is very important that you meet the deadlines for your mission trip payments on time. Missing deadlines for payment creates problems with purchasing airline tickets, etc.

Thank you for your cooperation and for your commitment to short-term missions at WHC!

Please sign this document and return application to the church office.

I have read and agree to the above, acknowledging that the information in this packet is true.

Signature

Date