



**General Information:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (mm/dd/yyyy)

**Emergency Contact Information:**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Health Information:**

Allergies: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Any special diet? (vegetarian, lactose intolerant, etc.) \_\_\_\_\_

**Medical Release**

**NOTE:** To be completed by parents or legal guardian of participants under 18 years of age.

I, \_\_\_\_\_, Parent or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give this minor my permission to go to **Galveston, TX March 17 – 20, 2010**. I further grant my permission for this child to participate in all activities of said event. I have listed any physical limitations or medical problems that may need attention. In the event there arises an emergency, necessitating medical attention, I hereby consent and give my permission to Brazos Pointe Fellowship’s representatives, mission trip leaders, or any attending physician to make such decisions and to perform such medical treatment and/or surgery upon said minor, which may in their sole discretion, be necessary and proper under the circumstances. I understand that every effort will be made to contact me in the event of such an emergency. I do release, acquit, discharge and covenant to hold harmless **Brazos Pointe Fellowship, Lake Jackson, TX** and all representatives of **Brazos Pointe Fellowship, Lake Jackson, TX**, from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by said child during the trip dates. I also give authority and permission to trip sponsors to inspect my student’s belongings while on the trip for the safety and protection of all participants if circumstances make it necessary.

Parent and/or Guardian (or student 18 years of age or over in agreement with above waiver).

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



**Release Statement:**

“I hereby release Brazos Pointe Fellowship from any and all liability or responsibility for injury to myself of any kind, including but not limited to, bodily injury, emotional distress, death or economic loss, that I may sustain, or may otherwise incur, while I am acting as a volunteer of my own free will in the service of Jesus Christ through Brazos Pointe Fellowship.”

I voluntarily assume any and all risks of being detained and/or incarcerated by the authorities of the country or countries where I travel while engaged in my voluntary duties with or on behalf of Brazos Pointe Fellowship. I agree to hold Brazos Pointe Fellowship blameless in all respects that should occur.”

**Name** (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

The information in this application will be held confidential by the professional church staff and mission trip ministry leaders.

**Background Check Consent Form:**

Please fill out the following consent form for background check that follows on pages 4-5. Background checks are being completed for all Brazos Pointe Fellowship mission trip participants, in consistence with the practices and policies of BPF Children/Student Ministry, because of the relationship between missions projects and interaction with children.

Please indicate by checking here if you have previously completed a consent for background check at Brazos Pointe Fellowship for another area of volunteer service. If so, you do not have to complete pages 4-5.





3. \_\_\_YES \_\_\_NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_YES \_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_YES \_\_\_NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Details of pending charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.**

CITY/TOWN	COUNTY	STATE	YEARS LIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_