

2016 ADULT/VOLUNTEER



Please Print

Teen Girl Retreat Consent Form

Church Name: _____ Church City: _____

Adult/Volunteer's Name: _____

D.O.B.: _____

It is the legal requirement and the policy of the TN Assemblies of God Ministry Network, for all cooperating churches in the TN Network to obtain a current background check on all children and youth workers. It is the responsibility of the local church to keep these background forms on file.

A copy of each background check should be submitted with registration. If for some reason you do not have a current background check on all adults that will be accompanying minors, please contact our office for assistance.

Your role at the church: ☐ Youth Pastor ☐ Kids Pastor ☐ Senior Pastor ☐ Girls Ministries Leader
☐ Youth Leader ☐ Volunteer/Chaperone

Email Address: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

The following information **MUST BE COMPLETED** to be accepted at the Tennessee Network Teen Girl Retreat at Jackson Conference Center

Statement of Health for _____
(full name)

► Is there any information we should have regarding your welfare; handicaps, restrictions, diets, etc?

► Do you have any physical handicaps or conditions that prevent you from performing certain types of activities? ☐ Yes ☐ No

If yes, please explain:

► Check if you have ever had the following:

☐ Measles ☐ Polio ☐ Mumps ☐ Chicken Pox ☐ Whooping Cough

List any allergies you have:

List information concerning medications to be given while away from home:

Are you covered by insurance? ☐ Yes ☐ No

If yes, Insurance Company _____

Policy# _____

Social Security Number (*optional*): _____

Adult/Volunteer's Name: _____

Medical Consent: While I am a registered adult at any Tennessee Assemblies of God Ministry Network event, I hereby authorize any director, staff member, nurse, dean, lifeguard, or other responsible person of said event to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I further understand that my personal health insurance will be the primary policy coverage in the case of accident or illness. Furthermore, if no personal health insurance policy information is provided, I will be personally responsible for any medical charges incurred. I also give my permission for over-the-counter medication from the event first aid station to be given me if necessary.

_____ (adult volunteer initials)

♦ **Discipline/Property Consent:** I understand that the Tennessee Assemblies of God Ministry Network and the rented facility make rules and guidelines that I will abide by while attending event. I understand that if I behave inappropriately, disregard the event rules and guidelines, and/or do not respond in a positive manner when any issue is addressed, I may be asked to leave the event facilities. If necessary, I will also be responsible for acquiring someone to pick me up from the event facilities. Warnings will be given, but if inappropriate behavior continues, I will be required to leave and no refund will be issued for my incurred expenses. In addition, I will pay for any damage that is done at the event and/or to personal property belonging to another individual. I give permission to the event director and/or assistant event director to inspect the contents of any or all of my personal belongings, and to withhold and/or dispose of any improper or illegal contents.

_____ (adult volunteer initials)

♦ **Promotional Consent:** I consent to the use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which I may appear by the Tennessee Assemblies of God Ministry Network. I release the Tennessee Assemblies of God Ministry Network from any liability connected with the use of picture or voice recording as part of any promotion, recruitment, or fund-raising program.

_____ (adult volunteer initials)

Signature: _____ Date: _____