

# SERVANT STAFF APPLICATION

*(Only for individuals recruited by Super Summer Planning Team)*



## REGISTRATION INFORMATION

### Registration Fee - \$75 (non-refundable)

If your church is paying your registration fee, make sure you include your fee in your church's payment to Super Summer.

\_\_\_\_\_ Church will be paying my fee.

\_\_\_\_\_ Fee enclosed

### OFFICE USE ONLY

\_\_\_\_\_ Release Form

\_\_\_\_\_ Fee Paid

\_\_\_\_\_ MS Completion Date

## PLEASE PRINT LEGIBLY *(please use the name you prefer for correspondence)*

### SCHOOL YOU WILL SERVE IN

FIRST NAME

LAST NAME

Gender assigned at birth M/F

T-SHIRT SIZE

MAILING ADDRESS (please use the one you actually check)

CITY

ZIP

CELL PHONE

EMAIL ADDRESS

CHURCH

CHURCH ADDRESS

CITY

ZIP

\*Do you have any character or spiritual weaknesses, which would jeopardize your leadership at Super Summer or damage your ministry during the week? \_\_\_Yes \_\_\_No

*If you wish to talk about the above question, please contact the SUPER SUMMER director at 601-292-3286*

## SERVANT STAFF COVENANT

As a member of the servant staff team I make this covenant to:

1. Model the standards expected of Super Summer students.
2. Arrive at Prep Weekend fully prepared to teach, lead and serve.
3. Keep informed of and follow all established policies and procedures.
4. Be fully engaged in my school during all sessions as well as the worship celebration.
5. Teach the assigned curriculum in my school, so my students will be prepared for the next level of Super Summer and have a resource to use upon returning home.
6. Fully participate in planning meetings and **Prep Weekend, July 6-7, 2024**. Any exceptions to the Prep Weekend participation must be discussed with the director BEFORE the end of May.
7. Complete online *Ministry Safe* Training. (*good for 2 years*) \*Link will be sent via email after acceptance.

**\*All deans MUST be present the entire time of Prep Weekend.**

*\*I acknowledge and agree to commit to the above covenant and understand that I am accountable to the standards of Super Summer and the calling as a Christian leader.*

SIGNATURE

DATE

# SERVANT STAFF MEDICAL INFORMATION FORM

Please complete **all** information.

FIRST AND LAST NAME

BIRTHDATE

AGE

EMERGENCY CONTACT

RELATIONSHIP

EMERGENCY CONTACT PHONE

EMERGENCY SECOND PHONE

FAMILY PHYSICIAN

PHYSICIAN CITY

PHYSICIAN PHONE

INSURANCE COMPANY

ID #

GROUP #

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## PAST MEDICAL HISTORY

Immunizations current? \_\_\_Yes \_\_\_No Date of last tetanus shot? \_\_\_\_\_

Special needs? (wheelchair accessibility, handicap room, etc.) \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Any medical conditions that our medical team needs to be aware of:

\_\_\_\_\_

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## PHOTO PERMISSION RELEASE

Photographs and videos will be taken during Super Summer. These are used for posting on our website and for promotion in various publications.

*I give my permission to be photographed/filmed at Super Summer.*

**SIGNATURE**

**DATE**

# MISSISSIPPI BAPTIST CONVENTION BOARD DISCLOSURE & AUTHORIZATION RELEASE FORM - VOLUNTEER



## DISCLOSURE

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As a **volunteer** for the Mississippi Baptist Convention Board, certain consumer reports may be requested from **First Advantage**. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, professional credentials, and drugs/alcohol use. Such reports may also contain public record information concerning your driving record, workers' compensation claims, criminal records (both felonies and misdemeanors), etc., from federal, state, and other agencies which maintain such records; as well as information from **First Advantage** concerning previous driving record requests made by others from such state agencies and state provided driving records. Furthermore, the Mississippi Baptist Convention Board may obtain information from law enforcement files concerning any history of sex offenses or offenses against children with which you may have been charged or convicted.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting **First Advantage**, P. O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004.

## RELEASE

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**I AUTHORIZE, WITHOUT RESERVATION, First Advantage, AND ANY PARTY OR AGENCY CONTACTED BY First Advantage, TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

**First Advantage** is authorized to disclose all information obtained to the Mississippi Baptist Convention Board for the purpose of making a determination as to my eligibility to participate as a volunteer for the Mississippi Baptist Convention Board. This authorization shall remain on file and shall serve as ongoing authorization for the procurement of such consumer reports at any time during my tenure as a volunteer.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given any opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my eligibility to serve as a volunteer for the Mississippi Baptist Convention Board.

<b>PRINTED FULL NAME (FIRST, MIDDLE, LAST)</b>			<b>SOCIAL SECURITY NUMBER</b>			<b>DATE OF BIRTH</b>		
<b>PERMANENT ADDRESS (NO P.O. BOXES)</b>								
<b>CITY</b>			<b>STATE</b>			<b>ZIP</b>		
<b>PHONE</b>				<b>EMAIL</b>				
<b>SIGNATURE</b>				<b>DATE</b>				
<b>PARENT/GUARDIAN SIGNATURE (REQUIRED IF APPLICANT IS UNDER AGE 18)</b>								

**THIS FORM IS FOR VOLUNTEERS WORKING WITH THE MISSISSIPPI BAPTIST CONVENTION BOARD (MBCB). THIS FORM CANNOT BE PROCESSED THROUGH THE EXECUTIVE DIRECTOR-TREASURER'S OFFICE OF THE MBCB UNLESS WE KNOW THE NAME OF THE DEPARTMENT THAT HAS REQUESTED YOU TO SERVE WITH THEM.**

**NAME OF MBCB DEPARTMENT REQUESTING INFORMATION:** Discipleship/Sunday School - Super Summer

**POSITION APPLIED FOR:** Servant Staff

Please send this form to the **department** requesting the information at the following address: MISSISSIPPI BAPTIST CONVENTION BOARD  
PO Box 530  
Jackson MS 39205-0530

**VOLUNTEER RELEASE FORM**

**05-2021**