

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, you may send in application without the 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

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

SCHOOL YOU WILL SERVE IN

FIRST NAME **LAST NAME** **M/F** **T-SHIRT SIZE**

MAILING ADDRESS (please use the one you actually check) **CITY** **ST** **ZIP**

CELL PHONE **EMAIL ADDRESS**

CHURCH **CITY**

*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 8-9, 2023**. Any exceptions to the Prep Weekend participation must be discussed with the director BEFORE the end of May.

***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

NAME	BIRTHDATE	AGE
EMERGENCY CONTACT	RELATIONSHIP	
EMERGENCY CONTACT PHONE	EMERGENCY SECOND PHONE	
FAMILY PHYSICIAN	PHYSICIAN CITY	PHYSICIAN PHONE
INSURANCE COMPANY	ID #	GROUP #

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: _____

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

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

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.

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

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