

SERVANT STAFF REGISTRATION

(Only for individuals recruited by Super Summer Planning Team)



REGISTRATION INFORMATION

Registration Fee - \$75 (non-refundable) \$265 if received after April 1
All servant staff must mail registration form, background check, and fee by April 1 to the Mississippi Baptist Convention Board. 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 your fee.
 ✓ Fee enclosed

OFFICE USE ONLY
_____ Release Form
_____ Fee Paid

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

SCHOOL YOU WILL BE SERVING IN

(Red I, Red II, Red III, Red IV, Orange, Silver, Gold, Blue I, Blue II, Brown I, Brown II, Yellow, Lime, Green, Purple, Plaid, Not Sure)

First Name	Last Name	Gender (M/F)	T-Shirt Size
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Mailing Address (address that all your Super Summer correspondence will be mailed to)

Cell Phone	e-mail address
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Church you represent	Address	City	St	Zip	Phone
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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 601-292-3283.

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 11-12. 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 upon signing this covenant that I am accountable to the standards of Super Summer and the calling as a Christian leader.

YOUR SIGNATURE

DATE

SERVANT STAFF MEDICAL INFORMATION FORM

Please complete all information

NAME	BIRTHDATE	AGE
EMERGENCY CONTACT PERSON	CELL PHONE	WORK PHONE
RELATIONSHIP		
PHYSICIAN	PHYSICIAN PHONE	
INSURANCE COMPANY	I.D. NUMBER	GROUP NUMBER
INSURANCE COMPANY PHONE NUMBER		

PAST MEDICAL HISTORY

Immunizations current? ___Yes ___No Date of last tetanus shot (if known) _____

Special physical needs (wheelchair accessibility, etc.?) _____

Special diet needs/food allergies: _____

Drug allergies: _____

Other allergies: _____

ANY special medical conditions that medical personnel 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. Permission is given to be photographed/filmed at Super Summer.

YOUR SIGNATURE

DATE

