



# SUPER SUMMER MEDICAL RELEASE FORM

(Attach a copy of medical insurance copy)

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

## PAST MEDICAL HISTORY

Immunizations current?  Yes  No Date of last tetanus shot?(If known) \_\_\_\_\_

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

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

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

**Prescription Medications:** \_\_\_\_\_ **Condition Taken For:** \_\_\_\_\_

**Non-Prescription Medications:** \_\_\_\_\_ **Condition Taken For:** \_\_\_\_\_

Please list any current medical conditions: \_\_\_\_\_

Please list previous surgeries: \_\_\_\_\_

Did you attach a copy of Insurance I.D. card to this form?  Yes  No (if no, please explain): \_\_\_\_\_

***\*Changes in medication or medical status must be reported to camp nurse at registration.\****

## PERMISSION FOR TREATMENT (COMPLETE IF UNDER 21 YEARS OF AGE)

My permission is granted for the Super Summer Mississippi coordinator (director), assistant coordinator (director), camp nurse, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Discipleship and Family Ministry Department of the Mississippi Baptist Convention Board from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Super Summer, Mississippi.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, State of \_\_\_\_\_ County of \_\_\_\_\_

Parent's Signature \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_,

personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

# 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:** Team Leader

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**

**TEAM LEADER QUESTIONNAIRE**

**\*WE WILL BE IN CONTACT WITH YOU ON A REGULAR BASIS. IT IS IMPORTANT THAT YOU GIVE US USPS/EMAIL THAT YOU CHECK REGULARLY!\***

Name: \_\_\_\_\_ Gender assigned at birth M/F \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address for the month of July \_\_\_\_\_

Church Currently Attending \_\_\_\_\_ City \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor/Student Minister: \_\_\_\_\_

Please complete the following questions. IF you need extra space to answer questions, feel free to write on the back of the page or add an additional page.

1. Discuss areas where you have been involved in ministry and had experience leading small groups with your home church/college church/campus ministry or other ministry/mission endeavors within the past two years:

2. Are you currently in college? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what year are you in college? \_\_\_\_\_ If you are not a college student, what is your occupation? \_\_\_\_\_

3. How old will you be at the time Super Summer starts? \_\_\_\_\_

4. Have you attended Super Summer as a student? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many years did you attend? \_\_\_\_\_ What schools were you in? \_\_\_\_\_

5. Have you served as a Team Leader before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many years? \_\_\_\_\_ What schools did you serve in? \_\_\_\_\_

6. Have you been recruited by a particular school or Dean? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, the name of who recruited you \_\_\_\_\_

7. Do you have a Dean or School Color request? *(it is not guaranteed that we can honor this request)* \_\_\_\_\_

8. Church group you need to room near (if any). \_\_\_\_\_

9. ANY special room needs? \_\_\_\_\_

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

11. Briefly share your testimony of faith:

12. Declare what you believe about Jesus:

13. State what you believe about The Bible:

14. What is the reference of your favorite Bible Verse? \_\_\_\_\_

15. What Scripture(s) are you currently memorizing? \_\_\_\_\_

16. Discuss an area of your walk with Christ where you are growing:

17. Discuss an area of your walk with Christ where you are struggling:

18. List personal prayer requests so that we might pray for you as we prepare for Super Summer:

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

Please answer the following questions concerning your spiritual leadership in an honest manner:

19. Are you living a Christian life worthy of imitation? (*1 Cor. 11:1; Eph. 4: 1-3*) \_\_\_\_\_ Yes \_\_\_\_\_ No (*If no please explain*) .

20. Are you faithful to the Lord's Church where you live/when you come home? (*Heb. 10:25; Psalm 122:1; Deut. 5:12-15*)  
\_\_\_\_\_ Yes \_\_\_\_\_ No (*If no please explain*)

21. Please list your social media account profiles here:

22. Are you currently alcohol and drug free? \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, explain)

23. Are you committed to a life of sexual purity? \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, explain)

## **REFERENCES: (Required)**

Please provide **two** references: must be different than the individual who signed on page 1.

*\*Can be another minister/church leader, college professor, administrator, coach, employer, etc.*

**#1**

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

Relationship to You: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**# 2**

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

Relationship to You: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**IF YOU HAVE ANY TEAM LEADER QUESTIONS, CONTACT MALLORY MCCOY [mallory.mssupersummer@gmail.com](mailto:mallory.mssupersummer@gmail.com) / 601-813-6255**