



Trek..... building faith for life 2010

2010 Trek Registration Checklist

(Please submit Checklist on top of Registration Papers & Payment for smooth processing, Thanks!)

Name _____

Adult Volunteer

- ___ Counselor Application (2 pages)
- ___ Adult Volunteer Form
- ___ Adult Release Form
- ___ Medical Information & Copy of Medical Card
- ___ Fee Schedule
- ___ Payment \$60 / Week



OXFORD BIBLE FELLOWSHIP CHURCH

Trek Counselor Application

CONFIDENTIAL

PERSONAL INFORMATION

Name _____ Male/Female _____ Date _____

Present address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth: ____/____/____ Place of Birth: _____

CHRSTIAN EXPERIENCE:

1. Have you made a public profession of saving faith in Jesus Christ?
2. Your local Church? _____
How long have you attended: _____
3. Do you agree with Oxford Bible Fellowship Church's "Our Beliefs" available at <http://www.obf.org> ? _____
4. List (name and address) other churches which you have regularly attended in the last 5 years:
5. List your most recent church work involving children (name, type of work, dates, supervisor):

Initial here that we have your permission to check with your former church(es) for any information about you which they may have: _____

PERSONAL REFERENCES

Please provide the names and phone numbers of three personal references not related to you:

	Name	Work Phone	Home Phone	Email
1.	_____	(_____)	(_____)	_____
2.	_____	(_____)	(_____)	_____
3.	_____	(_____)	(_____)	_____



Trek Counselor Application (Page 2)

CONFIDENTIAL

PERSONAL INFORMATION

1. Are you currently struggling with addiction to drugs/alcohol/pornography, etc., that might keep you from effectively working with children/youth or might cause them potential harm? _____

If yes, please explain:

2. Do you have any physical limitations/health issues that might affect your working with children/youth (i.e. back problems that keeps you from lifting anything heavy) ? _____

If yes, please explain:

LEGAL RECORD

1. Have you ever been known by any other name? _____

If yes, list all other names (including maiden):

2. Would you be willing to be fingerprinted? _____

Child Related Offenses (To Be Completed by All Who Work with Children/Youth)

Have you ever been charged with, indicted for, convicted of, or plead guilty to an offense involving a minor or other harm to another person? _____

Have you ever been charged with, indicted for, convicted of, or plead guilty to any offense involving actual or attempted sexual molestation of a child or teenager? _____

Driving Related Offenses (To Be Completed by All Who Transport Children/Youth)

Have you ever been convicted of a traffic violation, other than parking tickets, in the last five years? _____

If yes, please list each offense and date of occurrence:

Would you be willing to speak with the pastor about your answers to any of these questions? _____



Trek Counselor Application (Page 3)

CONFIDENTIAL

PERSONAL INFORMATION

STATEMENT OF RELEASE & CONSENT

I understand that this application is to be completed for any position involving the supervision or custody of minors and that the legal issues addressed herein are mandated federally by the Child Protection Act of 1993. It is being used to help Oxford Bible Fellowship Church provide a safe and secure environment for those children and youth who participate in their programs and use their facilities. I certify that the information contained in this application is correct, complete, accurate and not misleading in any material way to the best of my knowledge. I authorize Oxford Bible Fellowship to obtain information from references and churches listed herein if deemed appropriate, and to run a criminal records check if necessary. I also give permission for any of the references you check to give you any information that they have regarding my suitability and fitness for children's work. I fully and voluntarily release all such references from any liability they might otherwise have for furnishing any information to you, including stating their own subjective opinions. I waive any right that I might have to read or examine information given to you by my references. I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization.

Should my application be accepted as a volunteer for any position at the Oxford Bible Fellowship Church, I agree to abide by all policies of the church, including the Corporate Constitution and Bylaws. I understand that the position I am applying for is strictly an "At will" volunteer position, and that I or the church may end the volunteer position at any time, without liability. I further state that I have carefully read the foregoing release and know the contents thereof, and sign this release of my own free act. This is a legally binding agreement which I have read and understood.

Signature / Date



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Trek 2010 Adult Volunteer Form

LastName,FirstName:

Name: _____

Gender: Male Female Birthdate: _____

Current / School address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

T-Shirt Size: XS Small Medium Large XL 2XL

Attendance

Please indicate role you wish to serve each week: (circle)

Week 1:

Counselor Staff Other _____

Week 2:

Counselor Staff Other _____

Transportation:

To Island

OBF Group Transportation Mansfield Group Transportation

Other: Arrival Date, Time, Location _____

From Island

OBF Group Transportation Mansfield Group Transportation

Other: Departure Date, Time, Location _____

+++++Office Use+++++

Forms	
Payment	
Medical Card	
Reviewed	



Trek... building faith for life 2010

Adult Release Form

Tennessee Trek
2010

I _____ the undersigned, covenanting and acknowledging that I will be participating as an adult/volunteer as I join Oxford Bible Fellowship Church (hereinafter referred to as sponsor) as they go on the Tennessee Trek (hereinafter referred to as the trip) taking place at Dale Hollow Lake in Tennessee from June 12-26, 2010.

Participant's Initials _____

I understand that there are risks of injury in a camping trip, outing, and transportation to/from the event inherent in the activities including but not limited to swimming, boating, hiking, cooking, camping, etc.

Participant's Initials _____

In consideration of the sponsors permitting me (hereinafter referred to as the participant) to participate in the camping trip and outing, I do hereby release and discharge the sponsors, their employees, principals, agents, insurers, successors, and assigns, for and from any and all liability, claims, demands, controversies, damages, actions, and cases of action arising out of, or resulting from the participant's participation in the Tennessee Trek, including, but not limited to transportation to and from Dale Hollow Lake, Tennessee and all activities supervised and/or sponsored by Oxford Bible Fellowship for the duration of said camping trip.

Participant's Initials _____

In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

Participant's Initials _____

Participant's Full Legal Name (Printed) _____

Participant's Signature _____

LastName, FirstName:



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Trek 2010 Medical Information

Print last name _____ First _____

Primary Emergency Contact Name _____

Phone Number(s) _____

Secondary Emergency Contact Name _____

Phone Number(s) _____

Existing Medical Conditions _____

Allergies / Reactions & Severity / Is an Epi-Pen prescribed? _____

Current Medications, Dose, Frequency & Purpose

Medical History (check all that apply & explain briefly at right)

Heart/Circulatory Problems (i.e. high blood pressure) _____

Respiratory Problems (i.e. asthma) _____

Gastrointestinal Problems (i.e. ulcers) _____

Urinary Tract Problems _____

Nervous System Problems (i.e. epilepsy) _____

Mental/Behavioral/Delays/Disorder (i.e. ADD) _____

Endocrine Disorders (i.e. Diabetes) _____

Sensory Disorders (i.e. hearing/sight impairment) _____

Skin Disorders (i.e. eczema) _____

Other Physical Handicaps / Limitations or Relevant Medical Information _____

Date of Last Tetanus Shot _____

Medical Insurance Company _____

Policy Number _____

Member's Full Name _____

Attach copy of the front and back of the Medical Card

+++++Office Use+++++

Medical Reviewed _____ Card Copy Provided



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LastName, FirstName:

2010 Trek Fee Schedule

Name _____ Date _____

Make Checks Payable to Oxford Bible Fellowship. Write "Trek on line item"

\$60 Registration Fee due with Application

Individual Camper @ \$250/camper \$ _____

Family Camper Discount (must have more than one camper from the same family)

Each Camper @ \$225/camper \$ _____

1st Time Camper

Each 1st Time Camper @ \$150 \$ _____

Counselors, Adult Staff, Counselors-In-Training

Each Person @ \$60/week \$ _____

Camper Kids (Age 3 years - 4th grade)

Each Camper Kid @ \$60/week \$ _____

Late fee of \$50 if full payment not received prior to 5/31/2010

TOTAL TREK FEES DUE \$ _____

Amount Paid with Application (minimum \$60 required)

(Check # _____) \$ _____

Balance Due (Full payment due by 5/31/2010) \$ _____

Check here if you are paying by credit card (and provide email:) _____

Email:

+++++Office Use+++++

___ Correct Calculations ___ Payment Plan Amount Due / Date _____ / _____

___ Payment Received ___ \$60 ___ Part ___ Full Amount Due / Date _____ / _____

___ Balance Outstanding \$ _____ Amount Due / Date _____ / _____