

# Spring Break Serve!

6th-12th graders | \$100

March 13th-16th

**NOPOYO**  
(north point youth)

**Each day we'll work hard at Camp Summit to make the camp a safer, better, more beautiful place.**

Every night we'll go to this sweet retreat center just down the street from Camp Summit, where we'll eat, sleep, play games, and have some lessons.

**March 13th:** Leave after second service  
Grab lunch (bring \$)

**March 14th:** Work, eat, learn, hang out

**March 15th:** Work, eat, learn, hang out

**March 16th:** Work, eat, learn, hang out  
Return to church in the early evening

**Bring:** Work & comfy clothes, work & comfy shoes, work gloves, toiletries (shampoo, toothbrush, deodorant, etc.), flashlight, bedding (sleeping bag, pillow), 2 towels, \$12 (for food), Bible, pen, notebook, Radical book, friends, games, cards, footballs, frisbees, etc.

**Don't bring:** iPod, iPad, laptop, stereo, cell phone (seriously), video game devices, weapons, drugs, alcohol, bad attitude.

**Get both filled-out forms and money (\$100) turned in to the church office ASAP to reserve your spot!**

More info:

<http://nopoyo.npcc.cc/spring-break-serve-2011>

# North Point Christian Church - Trip/Event Sign-up and Authorization Form

I, \_\_\_\_\_, the undersigned parent or legal guardian of \_\_\_\_\_, hereby consent to his or her full participation in the activities and trips of North Point Christian Church. I understand that accidents do happen, and hereby generally release North Point Christian Church and its minister, youth leaders, and other employees, agents, and representatives from any liability or other legal or financial responsibility for any accidental injury to the above-named child while he or she is under the supervision of such person(s).

In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth leader, or other employee, agent, or representative of North Point Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child; and further authorize any physician, dentist, other medical personnel, or medical or health care facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray and other diagnostic procedures, administration of anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder.

## **Parent and primary emergency contact information:**

↑ Name (first, last)	↑ Email (for info updates)	↑ Cell (or home) #	↑ Work #
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## **Alternative persons (other than parent listed above) to try to contact in case of an emergency:**

	Name (first, last) ↓	Relation to child ↓	Cell (or home) # ↓	Work # ↓
1				
2				
3				

## **The child's physician:**

↑ Physician's name	↑ Physician's Phone #
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## **Information regarding medical insurance covering the child is as follows:**

↑ Insurance Company	↑ Name of primary beneficiary	↑ Contract #
↑ Name of employer (if applicable)	↑ Group (if applicable)	↑ Phone #

## **Information regarding the child's health:**

↑ Date of birth	↑ Last tetanus shot	↑ Blood type
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Current medication(s):

Drug allergies:

Other allergies:

Recent illness, surgery, or other medical conditions or problems, or other medical information:

x

↑ Signature of Parent or Guardian	↑ Date
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## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name		
Contact Name			
Agency's Main Phone Number		Agency's Fax Number	

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used		
Current Address					
City		State		Zip Code	County
Social Security Number		Date of Birth	Driver's License Number		State Issued
Position Applied For					
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			

I hereby authorize VERIFIY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFIY for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)