

Servant Staff plans and implements the individual school program during Super Summer. Servant Staff is recruited directly by the Super Summer Planning Team. If you have not been recruited by the Super Summer director or planning team, please contact Ken Hall before filling out these forms.

All Servant Staff must have a registration form, insurance card and background check form on file along with the **\$75 fee (non-refundable/non-transferable)**. If your church is paying your fee with its other registrations, please make note of that on your form.

Servant Staff is expected to attend Super Summer Prep Weekend, July 14-15, 2018. Starting time will be announced at a later time. ***Please make arrangements now to cover your duties at church, so that you can be here.***

PACKETS ARE DUE **March 1, 2018.**

\*All forms must be complete and in the Super Summer Office by this date or you will be charged the regular student fee of \$265.

# SERVANT STAFF REGISTRATION

(Only for individuals recruited by Super Summer Planning Team)



SCHOOL/COLOR

ROOMMATE PREFERENCE

## REGISTRATION INFORMATION

**Registration Fee – \$75 (non-refundable) \$265 if received after March 1**

All servant staff must mail registration form, insurance card, background check, and fee by **March 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.

Please check box if your church will be sending your fee.

Please check box if you will be paying individually.

### OFFICE USE ONLY

\_\_\_\_ Release Form

\_\_\_\_ Fee Paid

\_\_\_\_ Insurance Card

NAME OF CHURCH

CITY

CHURCH PHONE

**PLEASE PRINT LEGIBLY (USE THE NAME YOU NORMALLY GO BY)**

NAME

GENDER (M/F)

T-SHIRT SIZE

ADDRESS WHERE YOU WANT TO RECEIVE SUPER SUMMER MAIL

IS THIS HOME OR CHURCH ADDRESS?

CITY

STATE

ZIP

CELL PHONE

E-MAIL

EMERGENCY CONTACT

RELATIONSHIP

EMERGENCY CONTACT NUMBER

CELL NUMBER

Are you on church or ministry staff? \_\_\_\_\_ If yes, what position? \_\_\_\_\_

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 call Ken Hall, MBCB, at 1.800.748.1651 ext. 286 or 601.292.3286 in Jackson.

## 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 14-15. Any exceptions to the Prep Weekend participation must be discussed with the director BEFORE the end of May.

**All deans absolutely must be present the entire Prep Weekend.**

YOUR SIGNATURE

# SERVANT STAFF MEDICAL INFORMATION

Please complete all information and attach a copy of insurance I.D.card

NAME	BIRTH DATE	AGE
EMERGENCY CONTACT PERSON		
RELATIONSHIP	CELL PHONE	WORK PHONE
FAMILY PHYSICIAN	PHONE	
INSURANCE COMPANY (ATTACH COPY OF I.D. CARD)	ID NO.	GROUP NO.
INSURANCE COMPANY PHONE NUMBER		

## PAST MEDICAL HISTORY

Immunizations current? \_\_\_ Yes \_\_\_ No Date of last tetanus shot? \_\_\_\_\_

Does applicant have any special needs (wheelchair accessibility, food allergies, etc.)? \_\_\_\_\_

Special diet? \_\_\_\_\_

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

Other allergies: \_\_\_\_\_

PRESCRIPTION MEDICATIONS: \_\_\_\_\_  
CONDITION TAKEN FOR: \_\_\_\_\_

NON-PRESCRIPTION MEDICATIONS: \_\_\_\_\_  
CONDITION TAKEN FOR: \_\_\_\_\_

Past and Present Illnesses: \_\_\_\_\_  
Please list 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.*

## 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



**SERVANT STAFF**  
**MISSISSIPPI BAPTIST CONVENTION BOARD**  
**DISCLOSURE & AUTHORIZATION RELEASE FORM - VOLUNTEER**

**DISCLOSURE**

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As a volunteer for the Mississippi Baptist Convention Board, certain consumer reports may be requested from First Advantage Screening Solutions Inc. ("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 Screening Solutions Inc, P. O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004.**

**RELEASE**

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**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.

\_\_\_\_\_

FULL NAME (First, Middle & Last)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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\_\_\_\_\_

STREET ADDRESS (NO P.O. BOXES)

\_\_\_\_\_

CITY	STATE	ZIP
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\_\_\_\_\_

CELL PHONE	HOME PHONE
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\_\_\_\_\_

SIGNATURE	DATE
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PARENT/GUARDIAN SIGNATURE (REQUIRED IF APPLICANT IS UNDER AGE 18)

**THIS FORM IS FOR VOLUNTEERS WORKING FOR 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 WORK FOR THEM.**

**NAME OF MBCB DEPARTMENT REQUESTING INFORMATION: SUPER SUMMER**

**POSITION APPLIED FOR:**                     **SERVANT STAFF**                    

Please send this form to the department requesting the information at the following address by March 1.  
**Rene' Edwards**  
**MISSISSIPPI BAPTIST CONVENTION BOARD**  
**P O. Box 530**  
**Jackson MS 39205-0530**