

SERVANT STAFF REGISTRATION

(Only for individuals recruited by Super Summer Planning Team)



REGISTRATION INFORMATION

Registration Fee - \$75 (non-refundable) \$265 if received after March 1
All servant staff must mail registration form, 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.

✓ 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)

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 13 – 14. 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



**MISSISSIPPI BAPTIST CONVENTION BOARD
SUPER SUMMER SERVANT STAFF
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 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.

PRINT FULL NAME (First, Middle & Last)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
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PHYSICAL ADDRESS (NO P.O. Boxes)		
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CITY	STATE	ZIP
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CELL PHONE	HOME PHONE	
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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: **SUPER SUMMER**

POSITION APPLIED FOR: **SERVANT STAFF**

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