



X Project: Individual Mission Trip Participation Form

Directions: Complete this form and submit by mail or fax with a copy of your passport to: Amor Ministries, 1664 Precision Park Lane, San Diego, CA 92173 or 619.662.1295.

I Will Participate In:

- One-Day Build: May 1, 2010 October 9, 2010
- Three-Day Build: August 13, 14, 15, 2010 September 3, 4, 5, 2010

Name _____

Date of Birth _____ Gender M F

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Age: 1-10 11-17 Adult

T-Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

What is your construction skill level?

- What's construction? I can recognize a hammer. I have used tools in the past. I can instruct others on how to use tools.

How many previous Amor Mission Trips have you participated in? _____

Please list all relatives that are on this trip (full name and relationship to you).

Release of Liability/Consent

I have volunteered to participate with the X Project on a Mission Trip coordinated through Amor Ministries, 1664 Precision Park Lane, San Diego CA 92173 on the date indicated above.

I have recognized that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging Amor Ministries and all its officers, agents, servants and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on this Mission Trip. I further understand that although Amor Ministries may make food and water available for my use, through Camping Pros, I partake at my own risk. I understand that neither Amor Ministries nor Camping Pros guarantees the potability of the food or water it may make available. I agree that Amor Ministries is not responsible for any loss or damage arising out of my use of such food or water. Amor Ministries may facilitate payment of my transportation by collecting my fees and paying the bus company on my behalf. I agree that by facilitating payment, Amor Ministries is not (a) retaining the bus company on my behalf, (b) leasing the vehicles on my behalf, or (c) leasing the vehicles to me. I further agree that Amor Ministries is not liable for any acts or omissions by the bus company or its agents or employees, and is not responsible for any loss or damage arising out of such transportation.

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, and any information listed above in any and all media worldwide, by Amor Ministries, or anyone authorized by or acting on behalf of Amor Ministries, for promotional, fund-raising, advertising, marketing and/or public relations purposes. The information may be used by Amor Ministries in the regular course of business, but will not be disseminated to others except if required by law.

Participant Signature _____ Date _____

Parental Consent (required for participants under age 18)

Father/Guardian's Name (please print) _____

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Name (please print) _____

Mother/Guardian's Signature _____ Date _____

VOLUNTEER BACKGROUND AUTHORIZATION

- I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. When I responded to questions on this application, I continued on a separate sheet of paper and attached it to this application when I required more space to fully answer all questions.
- I understand that an investigative report may be generated on me that may include information as to written, oral, or other -- from a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all-federal, state, city and county jurisdictions. Included as well but not limited to State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. As well as Military National Personnel Record Center, Educational institutions including but not limited to transcripts or any individual, company, firm, corporation, present and/or past employers, public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that Amor Ministries and /or their agent Gall & Gall Company, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.
- If applicable all medical and workers' compensation information will be requested in compliance with all Federal and State laws including the Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- Minnesota, Oklahoma, and New York applicants only: Please check this box if you want a copy of the consumer report if one is obtained by Amor Ministries
- California applicants only: By signing below, you acknowledge receipt of the "Notice Regarding Background Investigation Pursuant to California Law". Please check this box if you would like to receive a copy of the investigative consumer report or consumer credit report if one is obtained by Amor Ministries at no charge whenever you have the right to receive such a copy under California law.
- I hereby authorize, without reservation, any one contacted by Amor Ministries. and /or their agent Gall & Gall Company, Inc., to furnish the information described in Section 1.
- If employed by Amor Ministries I hereby authorize, without reservation, Amor Ministries and/or their agent Gall & Gall Company, Inc., to re-investigate me as described in the above paragraphs at anytime during my volunteer position.

APPLICANT COMPLETE THE FOLLOWING:

Signature	Today's Date
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Please, print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please, print other names you have used	Social Security Number	Date of Birth
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Home Address	City	State	Zip
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Driver's License Number and State	Name as it appears on License
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Have you ever been convicted of or plead guilty to a crime? No Yes If yes, please explain: _____

A "Conviction" will not automatically disqualify you from being considered as a candidate for volunteer position.

FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy. Gall & Gall Company, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement and maintain original release forms of the applicant for 2 years to comply with the F.C.R.A. This assures Gall & Gall Company, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. Gall & Gall Company, Inc., 8555 N. Dixie Drive, Dayton, Ohio 45414, 937-264-4900 or 1-800-759-4255



X Project: Medical Release Form

DIRECTIONS: Complete form, along with (participation form and background check agreement) and submit forms (3) by mail with a copy of your passport to:
Amor Ministries, 1664 Precision Park Lane, San Diego, CA 92173

Name _____

Insurance Carrier _____

Policy Number _____ Group Number _____

Doctor's Name _____ Phone Number _____

Medical History _____

Allergies _____

Please list all medications taken regularly (both prescription and non-prescription) _____

Medical Problems:

Diabetes:____ Fainting Spells:____ Epilepsy:____ Hepatitis:____ High Blood Pressure:____ Asthma:____

Bleeding/Clotting Disorder:____ Heart Defect/Disease:____ Other:____ Please explain:_____

Emergency Phone Numbers: (Please list two, including name and relationship to applicant)

In case of emergency, please notify

1. Name _____ Relationship _____

2. Name _____ Relationship _____

Consent for Emergency Medical Treatment

AUTHORIZATION

In the event that I am unable to authorize treatment for myself, I hereby authorize an Amor Ministries representative to procure emergency medical, hospital, or dental care in the event of injury or illness, while I am serving on the mission field in Mexico. I understand and agree that I am financially responsible for any care so procured. The undersigned volunteer grants consent to an Amor Ministries staff member to give written authorization for medical treatment including x-ray examinations, medical or surgical diagnosis, and/or treatment and hospital care to be rendered under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the Medicine Provisions Act; or to x-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to volunteer by a dentist licensed under the provisions of the Dental Practice Act.

Participant Signature _____ Date _____

Parental Consent (required for participants under age 18)

Father/Guardian's Name (please print) _____

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Name (please print) _____

Mother/Guardian's Signature _____ Date _____

Please Note: It is understood that every attempt will be made to notify the volunteer's emergency support system before treatment is given.