



**Mideast Baptist Conference**  
 A DISTRICT OF THE BAPTIST GENERAL CONFERENCE

20 E. McKinley Way, Suite 5 Poland, OH 44514-2066 Phone (330) 757-7970 Fax (330) 757-7729 www.bgcmideast.com

**Children/Youth Worker Application**  
**VOLUNTEERS AND EMPLOYEES**

Name: \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Address: \_\_\_\_\_

Age range:     under 18                       18—25                       over 25

Name of the church you are currently involved? \_\_\_\_\_

In which children/youth program(s) are you currently involved? \_\_\_\_\_

In what other children/youth program(s), if any, do you plan to become involved? \_\_\_\_\_

**Have you at any time ever:**

- Been arrested for any reason?  Yes  No
- Been convicted of, or pled no contest to, any crime?  Yes  No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

**Are you aware of:**

- Having any traits or tendencies that could pose any threat to children, youth, or others?  Yes  No
- Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is “yes,” please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*(Please attach additional pages if more space is needed)*

**Applicant Verification and Release**

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children/youth at all times.

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PARENTAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
Parent(s) business phones \_\_\_\_\_  
\_\_\_\_\_

## To whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
\_\_\_\_\_ to attend and participate in  
(name of child)

\_\_\_\_\_ (Activity)  
sponsored by \_\_\_\_\_ on \_\_\_\_\_  
(church/group) (Date)

I give my permission for my child to participate in this activity with the above named group and hereby authorize the staff to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risk of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored.

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Legal Guardian Date

Health Insurance  Yes  No

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Emergency contacts phone numbers

**On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.**

**Medical Consent:**

Are all childhood immunizations current, including tetanus?  Yes  No

Does your child currently have any serious health problems, behavior disorders, allergies, or sight, hearing, or mobility limitations?  Yes  No

If yes, please list and describe condition completely.

**Allergies or Special Medical Problems:**

Describe any allergies in detail (type, severity, allergen, and impact on participation in activities):

**Medicine:**

List of any prescription medications, including dosages, and state whether able to self administer them:

**Other information we may need to know:**

## Parental Permission to Use Pictures and Video

I hereby give the right and permission to use, display, reproduce, copyright, and or publish pictures or video of my child \_\_\_\_\_ (name of child under 18). The Mideast Baptist Conference uses pictures and video in newsletters, on our web site ([www.bgc-mideast.com](http://www.bgc-mideast.com)), in promotional videos, and in a variety of other public formats to promote our ministries. I hereby waive the right to inspect or approve the finished photo or video and the promotional material that may be used in conjunction with this media or the promotional use to which it may be applied. I hereby release, discharge, and agree to save harmless the Mideast Baptist Conference, its representatives, assigns, employees, or any person or other entity acting under permission or authority of the Mideast Baptist Conference, from and against any liability as a result of taking, processing, or reproducing picture media or its publication distribution or display. I understand and agree that I will not be compensated for the reproduction and publication of these pictures.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Church Name \_\_\_\_\_