



OMP zark Mission Project FAMILY CAMP April 10-12, 2015

Questions???
Contact: Rev. Jacob Lynn
664-3600
jlynn@phumc.com

Pulaski Height UMC is partnering with Ozark Mission Project for our first annual family mission camp!
Be the hands and feet of Christ to our Arkansan neighbors with the whole family.
Adults and children of all ages are welcome!

Location: Bear Creek Camp (Marianna, AR)

Cost: \$40/person \$150 max. per family (2 years and under=free)

Mission Opportunities: Painting, yardwork, light construction, food preparation, children's activities and care

Parent(s)/Guardian(s): First/Last Names

Number of Adults: _____

Background check and Child Maltreatment forms must be completed for each adult.

Contact Info:

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Family Email(s): _____

Tool/Work Experience

Child(ren): First/Last Names/Age/ Gender

Number of Children: _____

Which children will need children's activities or childcare during the work day? (Names and ages)

***Applications Must Include Completed Background Check and Child Maltreatment Forms for All Participating Adults**

Pulaski Heights United Methodist Church

Permission for Medical Treatment/Transportation

Ozark Mission Project Family Camp
April 10-12, 2015

Camper 1

First Name of Participant: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Check One: Male Female

Camper 2

First Name of Participant: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Check One: Male Female

Camper 3

First Name of Participant: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Check One: Male Female

Camper 4

First Name of Participant: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Check One: Male Female

*If more than 4 participants, write information on back of page.

Insurance (Please provide photo copy of insurance card)

Medical Insurance Company: _____

Insurance ID #: _____ (If none, please note.)
Group or Policy #: _____

Allergies: _____ Wear contact lenses? _____

Current medications: _____
(Prescription and over the counter)

Emergency Contact

Name of emergency contact person (not attending camp) : _____

Street and/or mailing address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

AUTHORIZATION

I hereby waive, release and covenant not to sue Pulaski Heights United Methodist Church and its officers, agents, employees, volunteers or activity chaperones from any and all negligence or fault which might proximately cause any claim, injury, death or liability resulting from mine or my child's participation in church sponsored activities.

I further give my permission for myself and/or child to be transported by church employees, volunteers or chaperones as part of his/her participation in this activity. I further hereby authorize and direct that the sponsors for this event be authorized to consent to medical treatment by qualified and licensed medical practitioners in the event of a medical or dental emergency, which, in the opinion of the attending physician, should be administered.

I grant do not grant permission to use photos of my child in publications for Pulaski Heights UMC.

**Print
Clearly
Please!**

(Signature of Parent/Guardian)

(Date)

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Pulaski Heights United Methodist Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Pulaski Heights United Methodist Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Pulaski Heights United Methodist Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash.** If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. **Please allow 7-10 business days for processing.**

This information should be addressed to:

(Please include a contact person's name and phone number.)

Name of Person Making the Request: Jacob Lynn

Company Name: Pulaski Heights United Methodist Church

Address 4823 Woodlawn, Little Rock, AR 72205

(Include Post Office Box and Street Address)

Telephone Number: 664-3600

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name and DOB children

Race Age and DOB

Full Name and DOB children

Present Address:

Full Name and DOB children

From _____ to _____

Full Name and DOB children

Past address:

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 201__.
My commission expires: _____

Notary Public