

Bring original and one copy of this form to registration

Ocoee Outreach Medical/ Photo and Video Permission and Release Form

Church/Group Name _____ Leader/sponsor's Name _____

Participant's Name _____ Social Security # _____

Address _____ City _____ St _____ Zip _____

Date of Birth ____/____/____ Age _____ School Grade _____

Parent/Guardian (if under age 18) _____ Social Security # _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Health Information

Health Insurance Co. _____ Group/Policy # _____

Family Physician _____ Phone (____) _____

Medications: _____

Dosage/Frequency/Side Effects: _____

Allergies: _____

Symptoms: _____ Antidote _____

Date of Last Tetanus Shot: _____

Other Information/Medical Conditions: _____

AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Ocoee Outreach Staff and the physician or hospital staff during the Ocoee Outreach Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Ocoee Outreach and the CrossNet Baptist Network from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give Ocoee Outreach the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Ocoee Outreach Project. I hereby give Ocoee Outreach permission to contact me via mail, email or phone about the latest news and info. Ocoee Outreach will not sell email addresses to third parties. If I am 18 years old or older, I authorize my church or Ocoee Outreach to conduct a background check.

PLEASE COMPLETE AND SIGN BELOW - Parent/Custodial Signatures Required for Participants Under 18 Years of Age Only

Participant Signature _____ Date _____

Father/Custodial Parent Signature _____ Phone _____ Date _____

Mother/Custodial Parent Signature _____ Phone _____ Date _____

NOTARY PUBLIC - Participants Under 18 Years of Age Only

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date _____

_____ Notary Public

My commission Expires: _____

SUPPLEMENTAL FORM FOR SUMMER MISSION TRIP

WEAKLEY COUNTY BAPTIST ASSOCIATION

195 Hunt Street, Dresden, Tennessee 38225

DATE OF TRIP: July 8-14, 2023

PLACE OF MISSION TRIP: Ocoee Outreach
Cleveland, TN

NAME: _____

SEX: M F

SHIRT SIZE (Circle One): Small Medium Large XLarge XXLarge XXXLarge

EMAIL: _____

CHURCH MEMBERSHIP: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO VOLUNTEER: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Have you participated in a previous associational mission trip? Yes No

Please check the areas which you are interested in serving:

Construction VBS Other _____

SIGNATURE OF VOLUNTEER: _____ DATE: _____

FOLLOWING TO BE COMPLETED BY VOLUNTEER'S PASTOR OR CHAIRMAN OF DEACONS

We certify that the above named volunteer is a member in good standing of our church and that they are faithful in attendance and support of the church program and pastor. We recommend them to you as they endeavor to serve the Lord in missions.

SIGNED: _____ DATE: _____

The trip fee for 2023 is \$190. To be considered a part of the mission team, this form, the 3 Ocoee Outreach forms and the trip fee must be returned to the WCBA office by June 19, 2023.



OCOEE
OUTREACH
Access & Empowerment.

Team Member Covenant

This covenant is for all Ocoee Outreach Staff members and volunteers.

As a member of our mission team, you will have a special opportunity to fulfill the Great Commission in a variety of ways: through going, praying, reaching and serving. To be a member of our mission team carries special responsibilities and expectations, as listed below:

A Summer Missionary must...

- Be a maturing follower of Jesus Christ
- Be an active and supportive church member
- Be a supportive team player and work toward building genuine biblical community amongst our team
- Be a person committed to fervent prayer for the people group we will serve, the missionaries with whom we will partner and the other members of our team
- Attend and participate faithfully in team preparation and training meetings
- Be responsible by turning in paperwork on time, showing up on time, and always staying in communication regarding the schedule and any issues that come up.
- Guard the health of the team and the mission experience by limiting behaviors that are either culturally insensitive, divisive, or call into question the integrity of our Christian witness, including (but not limited to) the use of alcohol or tobacco, or inappropriate sexual behavior.
- Be willing to avoid exclusive or romantic relationships with other team members, locals, or ministry staff
- Be prepared this summer to engage in major effort, long days of ministry, lots of walking, learning and respecting others, forgoing the comforts of home, possible excessive heat and working alongside other volunteers & staff from Ocoee Outreach.
- Be willing to comply with and support decisions made by our team leadership, our missionaries, the Ocoee Outreach staff and other ministry leaders with whom we partner.

I agree to the above, and I covenant to faithfully serve as a member of the Ocoee Outreach mission team in accordance with the heart and passion of Jesus Christ and His church.

Participant Name

Date

Participant Signature

Parent/Guardian (for those under 18)



Ocoee Outreach
Child Protection Policy and Procedure
18 years and older

Please read the following carefully before signing below:

I expressly authorize Ocoee Outreach to make such investigations as it deems necessary in its sole discretion regarding *any* criminal charges which may have been brought against me and *any* charges which might have been brought against for child abuse or attempted sexual molestation of a minor. I hereby release *any* person or agency furnishing such information as well as the directors, staff, board, and employees of Ocoee Outreach and CrossNet Baptist Network from any and all liability. I also understand that by signing this application, I am authorizing Ocoee Outreach to conduct this background check.

Name: _____

Address: _____

Phone Number: _____

State of Birth: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Signature: _____ Date: _____

*Please Note: All information necessary.

Ocoee Outreach
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Cleveland, TN 37312

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Email: callie@crossnet.com