



**Cristo Vive International** • P. O.Box 1515, Soldotna, AK 99669  
 907-953-6325 • [www.cristovive.net](http://www.cristovive.net) [cvi@cristovive.net](mailto:cvi@cristovive.net)

**Returning Team Member Application/Notification of Interest for Missions**

**\*Note: If you have reached the age of 18 years of age since you completed a Full Application, you must complete and return a Full Application, not a Returning Team Member Application.**

Camp(s) you are applying for: Country(ies): \_\_\_\_\_

Dates (see schedule or contact CVI for more information): \_\_\_\_\_

**Personal Information:**

Name (full name on passport): \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_ (Optional for children under 18yrs.)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

T-shirt size? (adult sizes) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ Other \_\_\_\_\_

What area of ministry would you like to participate in? (Staff leader, music, crafts, friend, activities, etc.)

\_\_\_\_\_

Are you still attending the church that you listed on your initial application? \_\_\_ Yes \_\_\_ No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

**Background Check Authorization:**

I authorize Cristo Vive International (representative thereof) to conduct a review and criminal background check through the civil organizations and legal entities that may have information concerning my criminal behavior.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been convicted of any felony or misdemeanor relating to domestic abuse or sexual misconduct?

Yes  No

If yes, please provide information concerning date of conviction, city/county/state of conviction, the program of recovery and any other information that may be used to determine your acceptance to this ministry.



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Authorization for Medical Attention, Ministry Activity and Waiver for Liability / Minors

**WAIVER FOR LIABILITY FOR MINORS (UNDER 18YRS OF AGE)**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Guardian's Name, Please Print) (Complete Address)  
am the \_\_\_\_\_ of \_\_\_\_\_  
(Father/Mother/Legal Guardian) (Child's Full Name)  
\_\_\_\_\_ in the event all reasonable attempts to contact me at \_\_\_\_\_  
(Age) (Phone No.)  
or \_\_\_\_\_ have been unsuccessful, I hereby give my consent to  
(Alternate Phone No.)

the Director, Cristo Vive International Ministries or designated representative to (1) obtain emergency treatment (such as X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed in the country of participation to practice such medical care, and (2) the transfer of the minor child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians, concur in the necessity of the surgery. I agree to release Cristo Vive International or any of its designated representatives from all financial responsibility for any medical expense which may be incurred in the event such action needs to be taken as, I either have medical insurance or, I intend to furnish payment at my own expense.

Pertinent facts to which a physician should be alerted, ie: allergies, medication being taken, physical impairments:

It is important for parents/legal guardians to understand that their minor child must be sponsored/accompanied by an adult. \_\_\_\_\_ is the designated adult to take supervisory responsibility for above said child.  
(Name of adult Sponsor)

*PERMISSION FOR A MINOR CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES AND MINISTRY*

Travel to and participate in a camp activity for persons with a disability. The child/minor will be functioning in a ministerial role as an assistant, counselor and friend. As a part of this ministry, the child/minor will be conducting physical activity in a camp facility which will include activities such as horseback riding, swimming, running, ball playing and other typical children's activities normally conducted at summer camps. The child/minor will also be accompanying adults on sightseeing trips throughout various locations in the country of the ministry.

WAIVER FOR LIABILITY: I hereby affirm that I am the lawful guardian, and give my consent for the minor named above to participate in the event described in the application accompanying this form with Cristo Vive International. I am acquainted with CVI ministries. I will not hold this ministry liable or responsible for any injury to my child beyond the limits of my insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Cristo Vive International, and any person officially connected with this event from any and all liability for any and all injuries which my child may receive.

A photocopy of this authorization for medical care shall be as valid as the original, and in effect until revoked in writing. This signed release form signifies my agreement to all of the above:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) (Signature) (Printed name of parent/legal guardian)

Note: Cristo Vive International requires a form for each minor child to be completed and signed by the minor's parent or legal guardian before travel begins and acceptance on the ministry team or participation with the ministry event. No minor will be allowed to travel to or participate in any of the ministry functions without having this form completed and signed and in the possession of a designated representative of Cristo Vive International. Thank you for your cooperation.

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Authorization for Medical Attention, Ministry Activity and Waiver for Adults

**WAIVER FOR LIABILITY FOR ADULTS (18yrs of age and older)**

I, \_\_\_\_\_ a Legal Adult residing at \_\_\_\_\_  
(Name-please print) (Complete address)  
\_\_\_\_\_ desire to participate in the Cristo Vive International ministries camp and other activities as stated on the application accompanying this form.

*PARTICIPATION WITH CRISTO VIVE INTERNATIONAL INCLUDES BUT NOT LIMITED TO THE FOLLOWING ACTIVITIES AND MINISTRY*

Travel to and participate in a camp activity for persons with disabilities. Participants will be functioning in a ministerial role as a staff member, ministry assistant, counselor, friend or other roles as needed to conduct the ministry. As a part of this ministry, the participant will be conducting physical activity in a camp facility which will include activities such as horseback riding, swimming, running, ball playing, and other typical activities normally conducted at summer camps. The participant will also be accompanying others on sightseeing trips throughout various locations in the country of ministry.

Waiver For Liability I am acquainted with Cristo Vive International ministries. I will not hold this ministry liable or responsible for any injury to myself beyond the limits of my insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Cristo Vive International, and any person officially connected with this event from any and all liability for any and all injuries, which I may receive.

A photocopy of this authorization for medical care shall be as valid as the original, and in effect until revoked in writing.

This signed release form signifies my agreement to all of the above:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) (Signature) (Printed name)

Note: Cristo Vive International requires a separate form for each adult person to be completed and signed before travel begins and acceptance on the ministry team or participation with the ministry event. No adult person will be allowed to travel to or participate in any of the ministry functions without having this form completed and signed and in the possession of a designated representative of Cristo Vive International.

Thank you for your cooperation.

# **Cristo Vive International**

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## **AUTHORIZATION FOR USE OF PHOTOS**

I \_\_\_\_\_ DO / DO NOT give permission for  
(name of self or parent/legal guardian) (circle one)  
Cristo Vive International to use any photographs taken of myself or my child  
\_\_\_\_\_ while participating in activities with  
Cristo Vive International.

I agree to allow Cristo Vive International to use these photos for advertising, marketing, publicity and other legal purposes for the ministry of Cristo Vive. Use of this photo will be limited to a period not to exceed five years beyond the date of this release, without prior written approval from me.

I further agree that I will not receive any compensation for the use of these photos, nor will I receive any royalties or monies received by Cristo Vive International as these photos are used.

I also understand that these photos will not be released or sold to any other party for use of any purpose without my specific written consent.

\_\_\_\_\_  
Signature (Self or Parent/Legal Guardian)

\_\_\_\_\_  
Printed Name (Self or Parent/Legal Guardian)

\_\_\_\_\_  
Date