



Cristo Vive International: c/o Rachel Larson 702 Barbara Ln Conroe, TX 77301
 832-703-3733 email: cviconroecamp@gmail.com or website: www.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.

Letter of Application: (Please explain your reason, purpose, and objective for participating with Cristo Vive International for a second or additional short-term mission opportunity.)

By signing this application, I am stating that the information on this application is accurate and truthful to the best of my knowledge. My signature also makes a statement that I will submit to the leadership of CVI while participating in any role. It is absolutely essential for all team members participating in any function of the ministry to strictly comply with the guidelines of personal conduct and behavior outlined by the Director, CVI. I agree that while on any ministry function, meeting, camp, trip or other events of which I am participating with or on behalf of Cristo Vive International that I will not engage in any dishonorable conduct, drink any alcoholic beverages, consume or engage in the use of tobacco or any illegal drug. I agree to maintain an attitude of personal ministry at all times while in the host nation, and to not give an impression that I am just on vacation. I understand that CVI will not be responsible for medical expenses incurred during my participation with ministry or traveling in conjunction with the ministry. The ministry will be responsible to be sure emergency medical assistance is available at my expense. I am responsible to provide my own medical or health insurance should I desire to have medical coverage during participation with the ministry.

Signed: _____ Date: _____

Please mail this application immediately to: Cristo Vive International
c/o Rachel Larson
702 Barbara Ln.
Conroe, TX 77301

Note: If you have any questions concerning Cristo Vive International, please contact us at the address above or at our email: cviconroecamp@gmail.com. We will provide any answers to you concerning the short-term missions' opportunities, ministry affiliations with denominations or churches, statements of faith, or any other concerns you may have.

Each applicant must complete the release of liability statement included with this application. If you have not received a release of liability form please contact us and we will get it to you as soon as possible.

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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