



Dear Applicant:

Thank you for expressing an interest in joining the Cristo Vive Team as a participant with the camp ministries for children and youth with disabilities. Please read and complete the entire application. Completion of this application does not obligate you to this ministry nor does it guarantee your acceptance to be a member of any Cristo Vive International ministry team. However, this is your next step in the process of being available to serve with a team in ministry. Upon receipt of your application we will carefully review it and begin the process to find a position for you on a team using your references provided, experiences, desires, talents and availability.

It is very important for you to agree with the terms stated at the end of the application and personally sign it (or have a parent/guardian sign it for those under 18 years old) along with all the attached forms.

Return the completed application along with a nonrefundable \$20.00 deposit to: Mayra Green, 4300 S US HWY 281, Edinburg, TX 78539.

Upon receipt of the completed application, we will contact you with pertinent information required to have you join the team and prepare for your ministry program. In most cases there will be a meeting scheduled for all team members prior to the actual ministry event, plan to attend. The dates of each meeting will be forwarded to you once they are scheduled.

If you have any questions concerning the application process, do not hesitate to contact us soon.

Looking forward to serving with you soon,

Gene & Jordana Engebretsen
Directors

Cristo Vive International

Please fill out on your computer, then print out, sign in all required areas and mail in.

RETURNING TEAM MEMBER APPLICATION/NOTIFICATION OF INTEREST FOR MISSIONS

Name: _____

Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mission Country: _____

Dates of Desired Attendance: _____

Passport # _____ Expiration Date: _____

Year of first travel with Cristo Vive? _____

Year of most recent travel with Cristo Vive? _____

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, clowns, puppets, drama, nursing, etc.) _____

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

If No, please explain: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address: _____

IMPORTANT: Along with this application we must have a copy of your full application on file that explains your reason, purpose, and objective for participating with Cristo Vive International for a second or additional short-term mission opportunity.

NOTE: If you have reached the age of 18 years of age since you completed a full application, you must complete and return a new application.

Cristo Vive International

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

WAIVER FOR LIABILITY FOR MINORS (UNDER 18 YRS 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 _____
(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:

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,

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
(Name of Adult Sponsor)
supervisory responsibility for above said child.

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:

/ / **X**

(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.

Cristo Vive International

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

WAIVER FOR LIABILITY FOR ADULTS (18 YEARS OF AGE AND OLDER)

I, _____ a Legal Adult residing at _____
(Name, Please Print) (Complete Address)

_____ desire to participate in 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:

/ / X

(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

AUTHORIZATION FOR USE OF PHOTOS

I _____ DO DO NOT give permission for
(name of self or parent/legal guardian) (check 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) **X** _____

Printed Name (Self or Parent/Legal Guardian) _____

Date _____