

First United Methodist Church
1200 South Street, Castle Rock, Co 80104
303-688-3047

Parent/Guardian Consent Form --- Child and Youth Ministry activities

Youth Name _____ Birth Date _____ Age _____

Address: _____ Grade _____

House Phone _____ Youth's Cell _____

Youth's E-mail _____ School _____

*May we add your child/youth's cell and e-mail to our list so you will receive updated information? Yes _____ No _____

Parent's Name: _____

Dad's Work Phone: _____ Mom's Work Phone: _____

Dad's Cell Phone: _____ Mom's Cell Phone: _____

Dad's Home Phone: _____ Mom's Home Phone: _____

Dad's E-mail _____

Mom's E-mail _____

- May we add your e-mail to our parents e-mail list so that you will receive updated information. Yes ___ or No ___

AREAS OF INTEREST:

Emergency Contact: _____ EC _____

To whom it may concern:

The undersigned hereby understand the potential risks involved in child/youth group activities and give permission for our (my) child/youth,

_____ ,
To attend and participate in child and youth activities sponsored by First United Methodist Church for this period _____. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician, incensed under the provisions of the Colorado Medical Practice Act or Similar licensing laws, any dentist licensed under the provisions of the Colorado Dental Practice Act or similar licensing laws, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician, dentist, or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any medical, dental, hospital or any other services rendered to the after mentioned child/youth pursuant to this authorization.

Should it be necessary for our (my) child/youth to return home due to medical reasons or otherwise, the undersigned shall assume all costs including, but not limited to, transportation, lodging, meals, and other related costs.

The undersigned also hereby gives permission for our (my) child/youth to ride in any vehicle designated by the adult in sole care that the minor has been entrusted while attending and participating in activities sponsored by First United Methodist Church.

The authorization contained in the Parental/Guardian Consent Form can only be revoked in writing, signed by the persons whose signatures appear below, and hand delivered to the Director of Children's Ministr, Director Of Youth Ministry, or the Senior Pastor of First Methodst Church.

Please Sign Below

Father: _____ Date: _____

Mother: _____ Date: _____

Guardian: _____ Date: _____

Parent/Guardian Consent form- Child and Youth Ministry Activities (Continued)

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Child/Youth's Physician: _____

Physician's Phone Number: _____

Dental Insurance Company: _____

Dentist's Name: _____

Dentist's Phone Number: _____

Allergies:

Medications:

Date of Last Tetanus/DPT: _____

Other Medical Conditions: _____

Please sign below

Father : _____ Date: _____

Mother: _____ Date: _____

First United Methodist Church of Castle Rock, Colorado

Emergency Information Card

Name: _____ Date of Birth: _____ Age: _____ Sex: M / F
Address: _____

Parents'/Guardians' Names: _____ Home Phone: _____

Father's Daytime Phone: _____ Mother's Daytime Phone: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

Name: _____ Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

I hereby give my consent for medical treatment deemed necessary and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her participation. I understand this authorization will only be enforced when I cannot personally be contacted to authorize immediate treatment.

Signed (Parent or Guardian)

Date

First United Methodist Church

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

Name of Minors:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I, Parent/Guardian of the above named child/children, hereby consent that the photographs, and/or motion pictures, and/or videotapes of which a family member or family members images were taken, and/or audio recordings were made of voices, may be used by First United Methodist Church in whatever way they desire, including television and electronic media (i.e., newsletter, church website). Furthermore, I hereby consent that such photographs, printed material, films, recordings, or tapes are the property of the church.

Signature of Parent/Guardian

Date: _____

APPENDIX C-2

First United Methodist Church
1200 South Street, Castle Rock, Colorado 80104
(303) 688-3047
Children/Youth Ministries Student Volunteer Application

Name (Include Middle Initial) _____

Date of Birth (M/D/Y) _____

Address (Include City, State, and Zip) _____

Home Telephone _____ E-Mail Address _____

In what area will you be serving: _____

In case of emergency, please contact:

1. _____ Phone: _____

2. _____ Phone: _____

As a volunteer at First United Methodist Church, do you agree to observe all church policies? Yes No

Have you ever been convicted of a criminal offense? Yes No

Do you have any criminal charges pending? Yes No

Have you ever been convicted of child neglect or abuse? Yes No

Do you have any charges of child neglect or abuse pending? Yes No

List two references, other than family members, who are familiar with your character:
(Name/Address/Telephone Number/Relationship)

Example: Ruth Jones, 1200 South Street, Castle Rock, CO 80104 (303) 688-3047 Neighbor

1. _____

2. _____

Participant/Parent Covenant:

As a volunteer in ministry here at First United Methodist Church, I agree to:

- 1. Be sincere in my motives for attending and to make foremost the goals of personal growth and Christian fellowship.
2. Not bring or use any alcohol, tobacco products, illegal drugs, or weapons.
3. Not participate in any behavior that endangers others.
4. Follow all rules.
5. Exhibit appropriate and respectful behavior, attire, and language.

Participant Signature: _____ Date: _____

Parent/Guardian Names: _____ Relationship _____

Parent/Guardian Signature: _____ Date: _____

Please return form to your program director or the Church office.

List all organizations through which you have volunteered with minors in the past 5 years (Include Location)

The information that I have provided may be verified by contacting persons named in this application, or by contacting any person or organization that may have any information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I waive any right to inspect any information provided about me by any person, organization, or investigative agency. In signing this application, I acknowledge receipt of the Children and Youth Protection Policy and agree to be guided by the policies and regulations of First United Methodist Church of Castle Rock. I affirm that the information I have given on this form is true, correct, and complete.

Signature of Applicant

Date