



5 Steps Required for Background Check

Community Presbyterian Church

Thank you for your time and heart concerning the youth of this ministry! We appreciate your completing the background check (live scan). Please follow the steps below to avoid any confusion. It will take approximately 2 weeks for us to get the results. If you have any questions or hesitations, please contact me or our Student Ministries administrator, Mary Jannasch (mary@cpcdanville.org).

Thanks,

Guy Blatt
High School Ministry Director
guy@cpcdanville.org

STEP 1: Print the provided "Request for Live Scan Service" application or pick one up from the Youth Ministry Office.

STEP 2: Fill out the Yellow Highlighted portions for applicants. Note that the top portion of the application has already been filled in for you.

STEP 3: Call Danville Police Department (925)314-3700 to schedule an appointment to get the live scan completed. (Please go to this police department only as we are set up to be billed directly and receive a discount). Appointment will take approximately 15-20 minutes

STEP 4: Go to live scan appointment. ROCK High School Ministry will cover the fee, which is charged directly to the church. Once complete, be sure to get a copy of your signed and completed application form.

Address: 510 La Gonda Way, Danville, CA 94526

STEP 5: Deliver, fax or email the signed application copy to CPC, Attention: Chris Cousin, Controller or Mary Jannasch, Student Ministries Administrative Assistant.

Address: 222 West El Pintado Road, Danville, CA 94526

FAX: (925)820-3845

Email: chris@cpcdanville.org (preferred) or mary@cpcdanville.org



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6304
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Ramon Valley Christian Academy
Agency Authorized to Receive Criminal Record Information
220 W. El Pintado Rd
Street Address or P.O. Box
Danville CA 94526
City State ZIP Code

05619
Mail Code (five-digit code assigned by DOJ)
Patti Kerrigan
Contact Name (mandatory for all school submissions)
(925) 837-5525 x326
Contact Telephone Number

Applicant Information:

Last Name _____
Other Name (AKA or Alias) Last _____
Date of Birth _____ Sex Male Female
Height _____ Weight _____ Eye Color _____ Hair Color _____
Place of Birth (State or Country) _____ Social Security Number _____
Home Address Street Address or P.O. Box _____

First Name _____ Middle Initial _____ Suffix _____
First _____ Suffix _____
Driver's License Number _____
Billing Number 142829
(Agency Billing Number)
Misc. Number _____
(Other Identification Number)
City _____ State _____ ZIP Code _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____
Street Address or P.O. Box _____
City _____ State _____ ZIP Code _____

05619
Mail Code (five digit code assigned by DOJ)
Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____ Amount Collected/Billed _____

SONSHINE SPECIALIZED CAMPING MINISTRIES INC. REGISTRATION & MEDICAL CONSENT FORM

Please complete the following questions on all campers. This form becomes part of SSCM's permanent file in compliance with California Law. Those 18 years and older may fill out and sign form. Those under 18 must have a parent or guardian sign this form.

FORM IS INCOMPLETE WITHOUT 2 SIGNATURES.

Name: _____ Age: _____ Gender: _____ Grade: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Camp: 6 / 4 - 9 , 2018 Church/Organization: _____

Emergency Information

Parents/Guardian: _____ Phone (Home) _____ (Cell) _____

Medical Insurance company & policy #: _____ Email _____

Alternate contact: _____ Phone(Home) _____ (Cell) _____

(Form is incomplete without signature)

Health History (check all that apply)

(Form is incomplete without signature)

Allergies:	Major Problems:		If you have checked any of the conditions please give details: _____
____ Drug Allergies	____ Diabetes	____ Physical Disability	_____
____ Asthma	____ Cardiac	____ Emotional Disability	_____
____ Hay Fever	____ Chronic Asthma	____ Mental Disability	Activity Restriction: _____
____ Insect Stings	____ Nervous Disorder	____ Seizure Disorder	_____
____ Other	____ Epilepsy*(see below)	____ Other	Date of last Tetanus Shot: _____

IMPORTANT: Please notify SSCM and your Group if your child has been exposed to a communicable disease in the 3 weeks prior to camp. This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities except as noted below in the Activity Exclusion Section. **SSCM DOES NOT CARRY ANY MEDICAL OR HOSPITALIZATION INSURANCE.** It is the responsibility of the sponsoring church, group or individual's family to obtain health/medical insurance. Sickness is the responsibility of the parents involved. Parent, camper or group member acknowledges that they have their own medical insurance and releases Sonshine Specialized Camping Ministries from any and all liability for the expenses of any medical care rendered, or the actions or inactions of SSCM related to seeking, or failing to seek, medical care. The parent and camper acknowledge that the campers are under the sole custody and control of the Church Group, Youth Group or Individual signing the SSCM Program Service Contract, and who are acting as the campers' guardians during the camp. In the event that I cannot be reached in an emergency during the camp dates noted on this form, I hereby give my permission to the physician or dentist selected by my Group or SSCM to hospitalize, secure proper treatment, including injection, anesthesia or surgery for my child as deemed necessary by the physician. I authorize the supervising personnel to administer medical aid as required for illness or injury under a physician's order. The parties to this registration agreement agree that any and all disputes will be litigated only in San Joaquin County and that the prevailing party is entitled to recover reasonable attorney fees.

***Any camper with a history of seizures or epileptic history is required to wear a flotation device (ski vest or PFD) when in the water at all times. Noncompliance with this policy will result in dismissal from the camp program.**

(Form is incomplete without signature)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____ / ____ / 2018

(Form is incomplete without signature)

Activity Exclusion Section

(Form is incomplete without signature)

Every child/participant is required to wear a flotation device (ski vest or PFD) when in a ski boat or participating in water skiing sports.

Parent requests child **NOT** participate in any of the following activities and acknowledges: (check those that apply and sign below)

____ Water Skiing Sports ____ Ski Boat Observer ____ Hiking ____ Swimming ____ Rock Jumping

Child will be in an open water swimming environment in a river or lake (not a pool). By checking this box I am requesting that my child wear a personal flotation device at all times (e.g. swimming) when in the water. I have communicated this to my child and to the Group taking my child to camp which is acting as my child's guardian during this trip.

Parent acknowledges by signing below and not checking activities above child has permission to participate in all activities.

(Form is incomplete without signature)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____ / ____ / 2018

Special Note - - Important! Out of concern for the safety of children with special needs, (physical, mental or emotional), we require that you please take the following steps to cover such situations: 1. Call or write SSCM's registrar for a special permission form at least three weeks prior to camp. 2. Complete and return the special form as soon as possible to enable a decision to be made on the advisability of the child's attendance. If a special needs child appears on SSCM boats without written authorization, the group or party bringing the child will be asked to return this child to his/her home. Please follow this procedure to save embarrassment and pain for the child, SSCM, and yourself.

**SONSHINE SPECIALIZED CAMPING MINISTRIES, INC.
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

FOR AND IN CONSIDERATION of being permitted to utilize the facilities, equipment, services and programs of Sonshine Specialized Camping Ministries, Inc. (or for such children identified below to so participate) for any purpose, including, but not limited to observation, use of the facilities or equipment, or receiving instruction, training, or supervision, participation in any program with, on behalf of, or affiliated with Sonshine Specialized Camping Ministries, Inc. (hereafter SSCM), THE UNDERSIGNED, for himself or herself and as parent or guardian of **any such children** and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has either personally inspected and considered, or relied upon the affiliated Group's inspection and careful consideration of, such premises, facilities, equipment and programs. It is further warranted that such occupation and/or use of SSCM premises, facilities and equipment or participation in any program constitutes an acknowledgment that such premises, facilities, equipment, and programs, have been inspected and/or carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such use or participation by the undersigned and such children and assumes the risks arising from the conditions of the premises, facilities, equipment and programs.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER ONTO ANY PREMISES OR FACILITIES, USE EQUIPMENT, OR PARTICIPATE IN SSCM CAMPING ACTIVITIES FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION, USE OF FACILITIES OR EQUIPMENT, RECEIVING INSTRUCTION OR TRAINING, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH SSCM, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE SSCM, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned and participating children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property, or resulting in death of the undersigned or such children, **whether caused by the negligence of the releasees or otherwise** while the undersigned, **or participating children** are in, upon, or about any SSCM-related premises or facilities, or using any SSCM-related equipment or participating in any program affiliated with SSCM, including, but not limited to boating and all related activities including, but not limited to water skiing, wake boarding and any other towing activities such as banana boating or inner tubing; swimming; wading; kayaking, hiking, diving, games, and skits. In consideration of accepting the registration and permitting the voluntary participation of the undersigned or such children in SSCM programs, **for myself and on behalf of the participant, I hereby release, discharge and agree to hold harmless SSCM, its employees, volunteers, officials, sponsors, and the agents, employees, officers, and directors of said persons or entities from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or damage that may result to said participant, including any physical or other injury or death caused by the negligence of any person or entity described above.**

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them, from any loss, liability, damage, or cost releasees may incur, including reasonable attorney fees and costs, due to the presence of the undersigned or such children in, about, or upon the premises of SSCM or in any way observing, or using the facilities, or equipment, or participating in any program affiliated with SSCM **whether caused by the negligence of releasees or otherwise.**

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned and such children due to the negligence of releasees or otherwise while in, about, or on any premises associated with SSCM and/or while using any premises, facilities or equipment or participating in any program affiliated with SSCM. The UNDERSIGNED, for myself and on behalf of such children, our heirs, assigns and next of kin, acknowledge that participation in such outdoor activities as boating, water skiing, wake boarding, other towing activities such as banana boating or inner tubing; swimming; wading; kayaking, hiking, diving, rock jumping necessarily involves physical risks including risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of such children, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any disputes will be litigated in the County of San Joaquin and the prevailing party is entitled to reasonable attorney fees and costs.

THE UNDERSIGNED IS OF LEGAL AGE, HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL MODIFICATIONS, REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I HAVE READ THIS RELEASE.

Signature of Adult Participant or Parent

Name of Child in Program or Adult Participant

Date: ____ / ____ / 2018

Acknowledgement of Risk Form

A certain amount of risk is involved for individuals engaging in most activities on National Forests. Forest visitors engaging in these activities are expected to assume these unusual risks.

I (we) recognize the element of risk in any adventure, sport or activity associated with the outdoors. I (we) am (are) fully aware of the risks and dangers inherent in our scheduled activity such as, but not inclusive, of: boating, swimming, water skiing, wake boarding, wading, hiking, diving.

Knowing the risks and danger, I (we) understand the possible consequences of participating in such activity are as follows: severe injury or death.

I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses.

I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by Sonshine Specialized Camping Ministries, Inc. I (we) further understand that Sonshine Specialized Camping Ministries, Inc. reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in the said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

Participants Name

Signature of Parent/Guardian

___/___/2018
Date

Sonshine Specialized Camping Ministries

P.O. Box 1527
Woodbridge, CA 95258-1527

SKI BOAT ACKNOWLEDGEMENT AND LIABILITY WAIVER

- Community Presbyterian Church's ROCK High School Ministry will be providing ski boats for recreational use during our week of camp. These boats, their use, and their operation are not a part of the program provided by Sonshine Specialized Camping Ministries.
- The church volunteers who are offering the use of their boats and operating them throughout the week have pledged a commitment to abide by the strictest standards and safety of California Boating Law. Nonetheless, recreational boating always involves risk of damages, injury, and loss.
- Sonshine Ministries assumes no liability for damages, injuries, or loss that may result from the use and operation of these ski boats.
- By signing below you, the parent/guardian, acknowledge the individuals listed below who will be operating the ski boats.
- Because the ski boat is not a part of Sonshine's program, Sonshine needs signed, written, verification from each camper's parent or guardian that the camper has permission to ride in and be pulled by this additional recreational equipment. By signing below you, the parent/guardian, grant permission for your child to ride in and be pulled behind a boat not affiliated with our camping program.
- Sonshine assumes no responsibility in notifying parents that their students will be using equipment not normally used in our program and not operated by our staff.
- The leadership of Community Presbyterian Church assumes full responsibility for clearly communicating to parents that the sponsoring organization is supplying additional equipment which is not part of Sonshine's program and all benefits, routine inspections, and safety controls which come from that program.
- We agree to this arrangement and we hold harmless Sonshine Specialized Camping Ministries, Inc. for any loss, damage, injury sustained by the undersigned by acts of the staff and volunteers of the sponsoring church (Community Presbyterian Church) in regard to the additional ski boats the sponsoring organization is adding to S.S.C.M.'s program.
- The following individuals will (*or may*) be ski boat operators during this week of camp, serving as volunteers for Community Presbyterian Church:

- | | | |
|------------------|--------------------|----------------------|
| • Michael Hicks | • Paul Glasson | • Eric Wolford |
| • Keith Haisley | • Ed Stracke | • Mark Thornton |
| • Pete Popovich | • George Cutler | • Jessie Chamberlain |
| • Todd Hogenson | • Mark Westgate | • J.D. Chamberlain |
| • Kevin Cuny | • Tracy Wisenor | • Larry Seiler |
| • Mark Appleget | • Kent Wisenor | • John Mulsante |
| • Craig McCullum | • Casey Taylor | • Dave Myers |
| • Tom Afdahl | • Steve Comes | • Bryan Dillingham |
| • Brian Schmidt | • Jess Ann Meadors | • Dan Sampson |
| • Marc Meadors | • Tami Afdahl | • Wayne Gross |

Name of Student/Participant: _____

Name of Parent/Guardian: _____ (Print Name)

Parent/Guardian Signature: _____ (Sign)

Parent/Guardian Driver's

License Number: _____ State: _____

(Sonshine Ministries requests this for identification verification)