



Individual Mission Trip Participation Form

1664 Precision Park Lane San Diego CA 92173
Phone: 619.662.1200 Fax: 619.512.4360
www.amor.org – missionservices@amor.org

First Name _____ M.I. _____ Last Name _____

Date of Birth _____ Gender M F

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Please indicate your age (check one box): 1-10 years 11-17 years Adult

Check the following that apply:

I am in High School and I will graduate in the year _____.

I am in College and I will graduate in the year _____.

College Name: _____

How many previous Amor mission trips have you participated in? _____

Please contact me about Volunteer or Intern opportunities (ages 18 and up).

Please email me Amor's prayer requests and ministry updates each month.

Please list all relatives that are on this trip (full name and relationship to you)

T-SHIRT SIZE
Please check: <input checked="" type="radio"/>
<input type="radio"/> SMALL
<input type="radio"/> MEDIUM
<input type="radio"/> LARGE
<input type="radio"/> X-LARGE
<input type="radio"/> XX-LARGE
<input type="radio"/> XXX-LARGE

Release of Liability/Consent

I have volunteered to participate with **Community Presbyterian Church, Danville**

This is NOT a Medical Release

on a Mission Trip coordinated through Amor Ministries, 1664 Precision Park Lane, San Diego CA 92173 on 4/3/16

I have recognized that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging Amor Ministries and all its officers, agents, servants and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on this Mission Trip. I further understand that the release herein incorporates each and every provision of the "Statement of Commitment" signed by my group leader and/or the person(s) in charge of my group. In the event that said group leader and/or person(s) in charge does not readily have available a copy of said "Statement of Commitment", I further understand that I may obtain said copy by contacting any of the Amor representatives at 1664 Precision Park Lane, San Diego CA 92173, 619.662.1200 fax 619.512.4360. **Notwithstanding the preceding, this release does not apply to claims arising out of Amor Ministries' gross negligence or intentional misconduct.**

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, and any information listed above in any and all media worldwide, by Amor Ministries, or anyone authorized by or acting on behalf of Amor Ministries, for promotional, fund-raising, advertising, marketing and/or public relations purposes. The information may be used by Amor Ministries in the regular course of business, but will not be disseminated to others except if required by law.

Participant _____ Date _____ Signature _____

Parental Consent

Parent _____ Name _____

Parent _____ Date _____

Signature Required for participants under age 18

MTID#: 160068



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) which only needs to be done once for CPC. 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: Myra Samson, Controller or Mary Jannasch, Student Ministries Administrative Assistant.

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

FAX: (925)820-3845

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



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6304
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Student Ministries Volunteer
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

05619
Mail Code (five-digit code assigned by DOJ)

220 W. El Pintado Rd.
Street Address or P.O. Box

Myra Samson
Contact Name (mandatory for all school submissions)

Danville CA 94526
City State ZIP Code

(925) 837-5525
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 142829
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

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

05619
Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed