



OCOEE OUTREACH

Access & Empowerment.

Volunteer Team Member Covenant

This covenant is for all Ocoee Outreach volunteers.

As a member of our mission team, you will have a special opportunity to fulfill the Great Commission in a variety of ways: through going, praying, reaching and serving. To be a member of our mission team carries special responsibilities and expectations, as listed below:

A team member must...

- Be a maturing follower of Jesus Christ
- Be an active part of the local church
- Be a supportive team player and work toward building genuine biblical community amongst our team
- Be a person committed to fervent prayer for the people group we will serve, the missionaries with whom we will partner and the other members of our team
- Attend and participate faithfully in team preparation and training meetings
- Be responsible by turning in paperwork on time, showing up on time, and always staying in communication regarding the schedule and any issues that come up.
- Guard the health of the team and the mission experience by limiting behaviors that are either culturally insensitive, divisive, or call into question the integrity of our Christian witness, including (but not limited to) the use of alcohol or tobacco, or inappropriate sexual behavior.
- Be willing to avoid exclusive or romantic relationships with other team members, locals, or ministry staff
- Be prepared this summer to engage in major effort, long days of ministry, lots of walking, learning and respecting others, forgoing the comforts of home, possible excessive heat and working alongside other volunteers & staff from Ocoee Outreach.
- Be willing to comply with and support decisions made by our team leadership, our missionaries, the Ocoee Outreach staff and other ministry leaders with whom we partner.

I agree to the above, and I covenant to faithfully serve as a member of the Ocoee Outreach mission team in accordance with the heart and passion of Jesus Christ and His church.

Participant Name

Date

Participant Signature

Parent/Guardian (for those under 18)

Bring original and one copy of this form to registration

Ocoee Outreach Medical/ Photo and Video Permission and Release Form

Church/Group Name _____ Leader/sponsor's Name _____

Participant's Name _____ Social Security # _____

Address _____ City _____ St _____ Zip _____

Date of Birth ____/____/____ Age _____ School Grade _____

Parent/Guardian (if under age 18) _____ Social Security # _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Health Information

Health Insurance Co. _____ Group/Policy # _____

Family Physician _____ Phone (____) _____

Medications: _____

Dosage/Frequency/Side Effects: _____

Allergies: _____

Symptoms: _____ Antidote _____

Date of Last Tetanus Shot: _____

Other Information/Medical Conditions: _____

AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Ocoee Outreach Staff and the physician or hospital staff during the Ocoee Outreach Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Ocoee Outreach from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give Ocoee Outreach the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Ocoee Outreach Project. I hereby give Ocoee Outreach permission to contact me via mail, email or phone about the latest news and info. Ocoee Outreach will not sell email addresses to third parties. If I am 18 years old or older, I authorize my church or Ocoee Outreach to conduct a background check.

PLEASE COMPLETE AND SIGN BELOW - Parent/Custodial Signatures Required for Participants Under 18 Years of Age Only

Participant Signature _____ Date _____

Father/Custodial Parent Signature _____ Phone _____ Date _____

Mother/Custodial Parent Signature _____ Phone _____ Date _____

NOTARY PUBLIC - Participants Under 18 Years of Age Only

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date _____

_____ Notary Public

My commission Expires: _____



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Background Check- Child Protection Policy & Procedure

*For all participants 18+

Please read the following carefully before signing below:

I expressly authorize Ocoee Outreach to make such investigations as it deems necessary in its sole discretion regarding any criminal charges which may have been brought against me and any charges which might have been brought against me for child abuse or attempted sexual molestation of a minor. I hereby release any person or agency furnishing such information as well as the directors, staff, board, and employees of Ocoee Outreach from any and all liability. I also understand by signing this form that I am authorizing Ocoee Outreach to conduct this background check.

**Please note: All information requested below is *NECESSARY*.

Name: _____
Address: _____
Phone #: _____
State of Birth: _____
Date of Birth: _____
Social Security #: _____
Driver's License # & State: _____
Signature: _____ Date: _____

Ocoee Outreach
P.O. Box 4606
Cleveland, TN 37320

423-464-6188
callie@ocoeeoutreach.org