

# S.L.A.M. TRIPS FORMS

**Bring to Site:** Please **do not** mail these forms to the S.L.A.M. TRIPS office

- 1. Participant Release Form- bring original and 1 additional copy to site**
  - Have all students and leaders complete the form and attach a copy of their insurance card.
    - For students under 18 years of age, the parental/guardian release portion must be completed as well.
    - Be sure to put the main Trip Leader's name in the "Medical Release" section.
- 2. Youth Covenant- bring only original document to site**
  - Each student and their parent/guardian need to read and sign the covenant.
  - Each adult leader needs to read the covenant (it is in the Adult Leader Guide).
- 3. Adult Leader Form- bring only original document**
  - Each adult leader needs to read and sign this form.
- 4. Roster- bring only original document to site**
  - Please fill out the form and list the names of each youth and adult leader that will be participating on the mission trip.
    - Be sure to include both first and last name, phone number and indicate if they are a student or adult leader and male or female.
- 5. Insurance Information**
  - Please fill out the proof of church liability insurance form prior to your trip. We are asking for general church liability insurance information- not personal or vehicle insurance info.
- 6. Background Check Form**
  - Please fill out the background check form and bring a copy to the S.L.A.M. TRIPS Site. Results from the background check do not need to be provided to S.L.A.M. TRIPS unless we ask you to.
    - Have questions about the Background Check Form? Answers to FAQs are included in this packet.
- 7. Volunteer Chore Service Form**
  - Please read through the Group Leader Orientation in order to understand a bit more about our community service project partners. Fill out the Group Roster Form with information on each, individual Slam Participant. In addition to this, each DRIVER of a church vehicle needs to complete the Project Service Agreement Form for insurance purposes. All completed Volunteer Chore Service Forms should be brought to the Slam Trips Site.

Bring Original Form  
and 1 copy to Site.

## S.L.A.M. TRIPS Release Form

(To be filled out by both Students and Adult Leaders)

Name of Participant (please print) \_\_\_\_\_  
Sponsored by (Church or Organization Name) \_\_\_\_\_  
Week Attending \_\_\_\_\_

### Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release S.L.A.M. TRIPS, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of your involvement with the S.L.A.M. TRIPS program. I understand that during the week participants may be photographed or video taped for promotional materials.

### Transportation Agreement for Students

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by S.L.A.M. TRIPS, or are of legal consenting age myself. I/we understand that a member of the S.L.A.M. TRIPS staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. S.L.A.M. TRIPS or the lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

### Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above names participant, a minor, have given our consent for him/her to attend a mission trip operated by S.L.A.M. TRIPS, or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize \_\_\_\_\_, the lead adult of our group, or a member of the S.L.A.M. TRIPS staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_ Known Allergies \_\_\_\_\_  
Date of Last Tuberculosis Test\* (if applicable) \_\_\_\_\_ Positive or Negative \_\_\_\_\_  
Current Medication or Health Conditions \_\_\_\_\_

Please attach a copy of your insurance card to this form.  
\*We are not requiring participant to get Tuberculosis testing.

Emergency Contact Information

1. \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

2. \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Insurance Information

Name of health insurance company \_\_\_\_\_  
Health insurance policy number \_\_\_\_\_  
Phone/address of health insurance company \_\_\_\_\_  
Name of policyholder \_\_\_\_\_  
Policyholder's phone number \_\_\_\_\_

Participation on a S.L.A.M. TRIPS trip is contingent upon compliance with all the policies stated on the previous page.

Liability Release  
Transport Home  
Medical Release

Participant/Adult Leader (print) \_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (1) (print) \_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (2) (print) \_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

**Bring Signed Form  
to Site**

**Youth Covenant**

In order to have a safe and life- changing mission experience, clear expectations are needed between all who are involved. We desire to serve our reservation community without bringing them any harm. As a result, we ask all participants of S.L.A.M. TRIPS to agree to the following expectations in accordance with the purpose of a S.L.A.M. TRIPS mission trip.

The goal of the covenant is to ensure the knowledge of S.L.A.M. TRIPS policies, solidify your commitment to your group, and demonstrate your respect of our Indian community that you will be serving.

- Because I want to truly help others as Yeshua did, I agree to bring a servant, joyful attitude. I understand that I am on the trip to serve Creator, to serve the Yakama Nation community, build new relationships, and learn new things. I agree to come prepared to do so!
- Because I am aware that my actions have consequences beyond myself, I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring weapons, illegal substances or use illegal substances on any S.L.A.M. TRIPS.
- Because I want nothing to distract me in this short week of serving others and because valuables will be susceptible to theft, I understand that I am not to bring to the site an iPod, Discman, electronic games, lap top, mp3 player, portable DVD player or any other devices that could potentially isolate me from those around me.
- Because I am coming and returning with a group, I agree that this mission week is a group experience. I will do my best to build community, create relationships, be welcoming, and include others. I agree to treat everyone- leaders, staff, other groups, and community members- with the utmost respect.
- Because I know that how I treat people's things makes a statement, I agree that I will respect the property of all participants, the community members, and the church building in which we stay. I will conduct myself as a follower of the Jesus Way at all times, remembering the purpose of the trip and my responsibility of respect toward the Yakama Nation community.
- Because I know my parents and leaders care about my well-being, and because I want to be safe, I agree to stay within the designated S.L.A.M. TRIPS boundaries, stay in groups of three or more, respect gender specific areas (sleeping rooms, restrooms and showers) and refrain from using my cell phone in these areas due to privacy concerns, follow rules and communicate with my group.
- Because I know that I am a follower of The Jesus Way and want to respect the people around me, I agree to follow the clothing policy. I understand that the way I dress can affect my ministry and I will respect my group, the community, and myself by dressing modestly.

***I agree to follow all the above expectations because I desire to represent Jesus in a positive manner at all times.***

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

**Bring Signed Form  
to Site**

## **Adult Leader Role What are we asking of you?**

Welcome to S.L.A.M. TRIPS! We appreciate the sacrifices you have made to be here. Your role as an Adult Leader is very important this week. Please join us in making this a life-changing experience for your students by taking the following actions:

### **ENGAGE STUDENTS**

**Processor-** Take every opportunity to engage your students in conversation about what they are observing and learning.

**Motivator-** Get students excited about serving! Be positive. Help them be involved and stay engaged at the work sites. Please don't leave work sites early.

**Encourager-** Encourage your students to do the work and look for ways to serve alongside them. Help students understand the importance and significance of serving others.

**Team Player-** Respect the people you are working alongside. Work together with your Adult Leaders. Handle conflict respectfully. Be conscientious of the other groups you might be working alongside. Set an example by exhibiting respect for the diverse beliefs and faith backgrounds of others.

### **LEAD STUDENTS**

**Activator-** Rally the "troops" by helping everyone to be where they're supposed to be when they're suppose to be there such as meals, work sites, activities, lights out, etc.

**Servant Leader-** Look for opportunities to serve each other, the students, and our community. You may be asked to do something that is out of your comfort zone. Be flexible and approach every task with a willing heart.

**Communicator-** Be proactive about communicating questions and concerns with the S.L.A.M. TRIPS staff. Attend all Adult Leader meetings (this is when details and info about upcoming activities will be given).

### **DIRECT STUDENTS**

**Safety Promoter-** Safety is top priority. Help us keep your students safe. Make sure your group is staying within the site boundaries and that everyone is following the "Rule of Three" at all times. Dehydration is a serious danger. Remind students to take breaks and drink plenty of water throughout the day.

**Upholder-** All students signed a S.L.A.M. TRIPS covenant. Please do your part in making sure students are upholding these expectations and are conducting themselves in a good way.

Throughout all these actions we need your help being an example of what a follower of The Jesus Way looks like. May all that you do be done with the mind of Yeshua. Let your attitude, actions, and speech honor Creator. Lead your students by example.

***Please sign below acknowledging that you have read the S.L.A.M. TRIPS Covenant and agree to help hold students accountable to the listed expectations.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Bring Form to Site**

(Do not send to S.L.A.M. TRIPS office)

**S.L.A.M. TRIPS Roster**

**Form**

**Please fill out this form and bring it to the mission site to give to the Director.**

Include both students and adult leaders on this form. If there is not enough space, please make additional copies.

Church/Group Name \_\_\_\_\_

Church/Group Address \_\_\_\_\_

Street Number      Street Name      City      State/Province      Zip/Postal code

Phone Number \_\_\_\_\_ Trip Leader \_\_\_\_\_

Trip Dates \_\_\_\_\_

Start Date                                      End Date

First & Last Name

Circle one

Phone Number (w/area code)

Circle one

Adult or Student

Male or Female

1 \_\_\_\_\_

A S

M F

2 \_\_\_\_\_

A S

M F

3 \_\_\_\_\_

A S

M F

4 \_\_\_\_\_

A S

M F

5 \_\_\_\_\_

A S

M F

6 \_\_\_\_\_

A S

M F

7 \_\_\_\_\_

A S

M F

8 \_\_\_\_\_

A S

M F

9 \_\_\_\_\_

A S

M F

10 \_\_\_\_\_

A S

M F

11 \_\_\_\_\_

A S

M F

12 \_\_\_\_\_

A S

M F

13 \_\_\_\_\_

A S

M F

14 \_\_\_\_\_

A S

M F

15 \_\_\_\_\_

A S

M F

16 \_\_\_\_\_

A S

M F

17 \_\_\_\_\_

A S

M F

18 \_\_\_\_\_

A S

M F

19 \_\_\_\_\_

A S

M F

A S

M F

A

20 \_\_\_\_\_

(S.L.A.M. TRIPS Roster Form Continued)

<u>First &amp; Last Name</u> Circle one	<u>Phone Number (w/area code)</u> Circle one	<u>Adult or Student</u>	<u>Male or Female</u>
_____	_____	A S	M F
21 _____	_____	A S	M F
22 _____	_____	A S	M F
23 _____	_____	A S	M F
24 _____	_____	A S	M F
25 _____	_____	A S	M F
26 _____	_____	A S	M F
27 _____	_____	A S	M F
28 _____	_____	A S	M F
29 _____	_____	A S	M F
30 _____	_____	A S	M F
31 _____	_____	A S	M F
32 _____	_____	A S	M F
33 _____	_____	A S	M F
34 _____	_____	A S	M F
35 _____	_____	A S	M F
36 _____	_____	A S	M F
37 _____	_____	A S	M F
38 _____	_____	A S	M F
39 _____	_____	A S	M F
40 _____	_____	A S	M F
41 _____	_____	A S	M F
42 _____	_____	A S	M F
43 _____	_____	A S	M F
44 _____	_____	A S	M F
45 _____	_____	A S	M F
46 _____	_____	A S	M F
47 _____	_____	A S	M F
48 _____	_____	A S	M F
49 _____	_____	A S	M F
50 _____	_____	A S	M F
51 _____	_____	A S	M F

**Send to S.L.A.M.  
TRIPS office.**

Se

## **Proof of Church Liability Insurance Information**

**Please fill out this form and submit to S.L.A.M. TRIPS with your Final Balance Payment**

**Church Name** \_\_\_\_\_

**Church Address** \_\_\_\_\_

Street Number      Street Name      City/Province      State      Zip/Postal Code

**Date of Trip** \_\_\_\_\_

**Trip Leader** \_\_\_\_\_

**Church Phone Number** \_\_\_\_\_

**Liability Insurance Provider** \_\_\_\_\_

**Liability Insurance Provider's Phone Number** \_\_\_\_\_

**Liability Policy Number** \_\_\_\_\_

**Liability Policy Expiration Date** \_\_\_\_\_

Please Note: Church liability insurance is different from vehicle insurance. Double check with your vehicle insurance provider to ensure that your group is able to drive participants from other groups. If your group is unable to transport others, please try to obtain insurance that will allow it.

**Bring Original Form to Site**

### **Background Check Form**

To promote a safety environment for this community that you will serve in and for participants on a S.L.A.M. TRIPS mission trip, each organization needs to conduct a **national (multi-state) criminal background check** on all adult leaders who are attending S.L.A.M. TRIPS mission trip.



Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Please print the names of each adult leader (including your own)

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I, \_\_\_\_\_ (trip leader's name) acknowledge that  
\_\_\_\_\_ (church/organization's name) has conducted a criminal  
background check on all adult leaders who are attending the S.L.A.M. TRIPS mission trip to  
\_\_\_\_\_ (site name & week) and has been approved to work with  
children, youth and adults. We agree to indemnify and hold harmless S.L.A.M. TRIPS for any liability  
created by any action of an adult being sent by \_\_\_\_\_  
(church/organization's name).

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Trip Leader's Signature

Date

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Senior Pastor/Priest Signature (other than the Trip Leader)

Date

**Why do I need to get background checks on my adult leaders?**

## Background Checks Frequently Asked Questions

We are asking for background checks to be completed on each adult leader (including the Trip Leader) to promote a safe environment for S.L.A.M. TRIPS participants and for our community that you will serve. Knowing that all adult leaders are getting a background check will give peace of mind to other groups that will be participating with you and for our community. It will also fulfill requirements from our partners that want background checks completed on adult leaders that will be volunteering with their programs.

### **Where should I go to get a background check done?**

Your church may already use a company to run background checks on employees and volunteers. If they do not, we suggest checking with your denomination or churches in your area to see if they recommend a company. Here are some vendors that you can explore as well:

- Praesidium
  - [www.praesidiuminc.com/](http://www.praesidiuminc.com/)
  - (800) 743-6354
- ChurchStaffing.com
  - [www.churchstaffing.com/Store/BackgroundCheck.aspx](http://www.churchstaffing.com/Store/BackgroundCheck.aspx)
- Safe Church
  - [www.afechurch.com/Pages/Default.aspx](http://www.afechurch.com/Pages/Default.aspx)
  - (800) 747-2154
- National Employment Screening
  - [www.nationalemploymentscreening.com](http://www.nationalemploymentscreening.com)
  - (800) 459-3034
- National Sex Offender Registry (not for Background Checks)
  - [www.nsopw.gov/Core/OffenderSearchCriteria.aspx](http://www.nsopw.gov/Core/OffenderSearchCriteria.aspx)

**Please Note:** Fingerprinting need not be included as part of the background check. We require that a national (or multi-state) criminal background check be completed, not a state or county check. Please check with the company that you are using for multi-state background checks. Different companies exclude different states due to the amount of records they feel they obtain from the databases from which they get their information.

### **What do I do with the results?**

We have not set parameters on who can or cannot attend the mission trip. We are entrusting you and your church leadership with the responsibility to give adult leaders approval to work with youth. Please do not send us the results of the background check. Keep the results for your files.

### **I have a background check on file for my leader. Do I need to run a new one?**

As long as the check was completed within the last three years by your organization, there is no need to run a new background.

### **My volunteer works at a school and has a background check on file there. Do I need to run one?**

Yes. We want the people who will approve the adult leaders to work with youth to see the results from the background check before allowing them to attend the mission trip.

## **Volunteer Chore Services Orientation of Group Leader**

Thank you for bringing together your group for a time of service. Before we roll up our sleeves and get to work, we need to sharpen our pencils and do some light paperwork. In order to cover all volunteers with insurance as well as record all the hard work accomplished, please fill out and return the attached paperwork.

**Group Project Service Agreement(s)**: If you have more than one vehicle being used during your time with VCS please copy appropriate amounts and fill out accordingly the upper section of this service agreement, plus:

**Group Leader(s)**: As the project leader, please be sure to sign at the bottom of the form. It states that you are the leader of the group and outlines the goals for the project as well as the date, time and location.

**Group Roster**: On the back side of this form there is room for each member of your team to fill in her/his name, address, gender, age, & the total number of hours spent on the project. Please be sure to include all necessary transportation time in this total. If the group leader has been involved in the planning activities as part of this project these hours should be included.

**Volunteer Permission Slips, for those under 18 years of age**: For those volunteers under the age of 18 a signed permission slip must be included with the Group Roster.

1. **Confidentiality**: You may hear or be given information about the individual(s) you are serving that is of a personal nature. An individual's privacy is important, and we request that you keep any such information confidential.
2. **Safety**: Please use good judgment about doing anything that might endanger you, the other volunteers, or the person receiving services. Wear latex or rubber gloves when cleaning, have help when moving heavy items, use ladder spotters, etc.
3. **Questions**: If you encounter a situation where you have a question, please talk with your VCS Program Coordinator. Err on the side of questioning instead of doing something unsafe.
4. **Insurance**: By signing in on the Group Project Service Agreement, you and the group are registered with our program and covered under our liability and accident insurance during the volunteer project.
5. **Sensitivity**: The individuals we serve are part of a vulnerable population. Please be sensitive and keep in mind that your efforts are part of what makes this person continue her/his independence.

**Thank you for your time and energy. Because of volunteer leaders like you, people are able to live with more dignity in a safer environment.**

**VCS Program Co-coordinator: Tom Blackeagle      509-930-9314**

#### **Volunteer Chore Service Group Roster**

**Group Name:**  
**Date of Service:**

**VOLUNTEER CHORE SERVICES  
GROUP PROJECT SERVICE AGREEMENT**

**Group Leader Information:**

Volunteer Name	Church Address and phone number (may be written one time and applied to group)	Hrs	Age	M or F	More info?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Optional; Gender: M F Ethnicity: \_\_\_\_\_

If you will be using your car at any time as a volunteer, it is necessary for our office to record the following information:

a. Valid Driver's License? Yes No  
If yes, please list driver's license number: \_\_\_\_\_ State: \_\_\_\_

b. I have at least the minimum auto insurance required by the Sate of Washington (\$25,000 liability per person, \$50,000 liability and \$10,000 property damage per occurrence.)  
Yes No If yes, please list insurance company name: \_\_\_\_\_

**As a leader, I confirm that those driving have a valid driver's license and the required auto insurance. Yes No**

Have you ever been convicted of a felony? Yes No

\*An affirmative answer does not necessarily bar you from volunteer work.

**Organization (group) Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**Project Outline:** \_\_\_\_\_

I understand that the responsibilities for this project are outlined within and that this registration is for one time only.

**VCS responsibilities:** Insurance information, orientation, time and place of service, all necessary information regarding confidentiality, infectious disease.

Other: \_\_\_\_\_

**Group responsibilities:** Transportation to site, coordination with all group members.

Other: \_\_\_\_\_

\_\_\_\_\_  
Group Leader's Signature Date Tom Blackeagle 509-930-9314  
VCS Contact Person Phone