

# 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.
    - o for students under 18 years of age, the parental/guardian release portion must be completed as well.
    - o 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.

Please bring  
Original Form  
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 all liability due to any injury, loss or damage to person or property that may occur during your involvement with the S.L.A.M. TRIPS program. I understand that during the week participants may be photographed or videotaped 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 because 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. If 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

\_\_\_\_\_

Relationship to

participant \_\_\_\_\_

Home

Phone \_\_\_\_\_

\_\_\_\_\_ Work

Phone \_\_\_\_\_

\_\_\_\_\_ Cell

Phone \_\_\_\_\_

\_\_\_\_\_

2.

\_\_\_\_\_

\_\_\_\_\_

**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**

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, laptop, 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 always conduct myself as a follower of the Jesus Way, 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 follow all the above expectations because I desire to always represent Jesus in a positive manner.

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

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **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 supposed 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 always following the “Rule of Three”. Dehydration is dangerous. 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 \_\_\_\_\_

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

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

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 City State/Province Zip/Postal  
Code

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

Trips Dates \_\_\_\_\_  
Start Date End Date

First & last Name                      T-shirt Size                      Adult/ Student Male/Female

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15 \_\_\_\_\_  
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16 \_\_\_\_\_  
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First & Last Name

T-shirt Size

Adult/Student Male/Female

17 \_\_\_\_\_  
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18 \_\_\_\_\_  
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First & Last Name

T-shirt Size

Adult/Student Male/Female

46 \_\_\_\_\_  
\_\_\_\_\_

47 \_\_\_\_\_  
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48 \_\_\_\_\_  
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**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 Address      Street Name      City/Province.      State      Zip

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 can drive participants from other groups. If your group is unable to transport others, please try to obtain insurance that will allow it.**

## **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:

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Organization Address:

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Organization Phone:

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

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I, \_\_\_\_\_ (Main Leaders 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 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 & Printed Name	Date
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Senior Pastor/ Priest Signature (other than leader)	Date
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### **Why do we ask for a Background Check form to be done?**

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

If 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.