FIRST PRESBYTERIAN CHURCH Preschool

Child's Name:						
Class:	3's	4's Please check the class your child is attending:				
M	WFam	MWF pm	T/TH am	T/TH pm		
Adult Nar	me:					
Relations	nip to Child:					

Attachment B Confidential Security Form First Presbyterian Church Holland

This application is to be completed by all persons who will regularly engage in the supervision of children/youth at First Presbyterian Church Holland. It is being used to help the church provide a safe and secure environment for the children and youth who participate in our programs; it is used to protect the volunteers who work with children and youth.

First Presbyterian Church Holland will run a criminal background check on its applicants and will check references. The information requested is necessary to complete these checks.

Personal Information

Please print clearly						
Name (legal)						
Other names you are known by such as maiden, former last names:						
Current address						
City/zip	Phone	Cell Phone				
Date of Birth	Race	Sex				
Social Security number confidential manner, please info	(if yo orm your interviewer)	u wish to provide this number in a more				
Drivers License number _	rivers License numberIf none, please provide picture ID					
List (names and city) othe	r churches you have attended regula	rly during the past six years:				
Member	Non Member	(check one)				
List all previous work invowork)	olving children and youth (identify p	place/organization and type of				
In what area of children's	work do you want to participate?					

Have you ever been convicted of child at or any other crime? Yes No	buse, actual or attempted sexual molestation of a minor
confidence with the head of staff rather to	hese questions, or you may discuss your answers in han answering it on this form. Answering yes, or To automatically disqualify an applicant for children or
I have been a member of First Presbyteria	an Church Holland since
Do you have any health related condition necessary to your assigned position?	s that may prevent you from performing certain tasks
Personal References (not related to you)	
Name	Name
Address	Address
City/Zip	City/zip
Phone	Phone
Applicant's Statement	
any references of churches listed in this a	ation is correct to the best of my knowledge. I authorize application to give you information that they may have ildren and youth work. I understand that this ial.
I agree to be bound by the laws of the Fir harmful conduct in the performance of m	est Presbyterian Church Holland and to refrain from any sy service on behalf of the church.
Applicant's Signature	Date
Witness	Date

Attachment E

<u>Limited Power of Attorney for Emergency Medical Treatment</u> Name of Dependent Child Date of Birth Name of Parent/Legal Guardian Date of Event _____ Adult Supervisors _____ I hereby grant to the following persons: And to persons designated in writing by them; who serve as advisors for First Presbyterian Church Holland, 659 State St. Holland MI, phone 616-392-9022, the limited power of attorney to act for me and give the required consents and authorizations for the delivery of necessary medical care, diagnoses, and treatment to the above named child and to do all other necessary things as I might or could do if personally present. This limited power of attorney is given to authorize the above mentioned advisors to act in my place and stead in all states of the United States. I understand that one of the above named advisors will make repeated attempts to contact me prior to seeking any medical treatment for the above named child except in situations that appear to be life threatening. I agree that First Presbyterian Church Holland, and its employees, boards, ministers, and advisors are free of any liability for decisions and/or actions taken in connection with this limited power of attorney and that I will accept responsibility for all expenses incurred for medical treatment for the above named child. Signature of Parent/Legal Guardian Relationship to child Parent's address

Work Phone

Cell Phone

Home Phone

Back-up person to call	Relationship	Phone #
Medical Insurance Company a	and Policy Number	
Primary Care Physician	Phone Number	<u>. </u>
Known Allergies	Medical Condi	itions and Medications
	Attachment F Permission Slip*	
	(activity) I under night be incurred while on this	articipate in the First Presbyterian rstand that the church's insurance trip, and that in such an event, the vered by your family's health insurance).
Date	<u> </u>	
Signature (parent/guardian)		