

**SOLUTIONS CHURCH VACATION BIBLE SCHOOL
AUTHORIZATION AND REQUEST FOR BACKGROUND AND CRIMINAL RECORDS CHECK**

Print FULL NAME of applicant: _____
(First) (Middle) (Last)

Print all other names and nicknames used by applicants: _____

Present Address: _____
(Street) (Apt) (City) (County) (State) (Zip)

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ - _____ - _____ Phone #: _____

Driver's License #: _____ Issuing State: _____ Expiration Date: _____

I affirm that the information I have provided on this application form are true and complete to the best of my knowledge.

I understand and agree that I have provided inaccurate this may result in discharge from service, even if I did not know of the inaccuracy, and regardless of when the inaccuracy is discovered. I understand and agree that any position I may have at Solutions Church is a volunteer position, and that I have no expectation of pay, compensation, or benefits of any kind, or an expectation of future employment, in exchange for such volunteer services. I understand and agree that my volunteer service is at will. This means that Solutions Church is free to terminate my service at any time, with or without advance notice, and for any reason, and that I am free to resign from service at any time, with or without advance notice, and for any reason.

I authorize Solutions Church to conduct an investigation concerning my background, record and suitability for service with Solutions Church. I specifically authorize Solutions Church, as it deems appropriate, to contact all references, educational institutions, past employers, churches, organizations and persons identified by me. I authorize all such persons or organizations to release to Solutions Church any information they may have regarding my record, character, and fitness for working with children/youth. I also authorize Solutions Church to conduct a criminal background investigation concerning me, again, as Solutions Church deems appropriate. I hereby waive and release Solutions Church and its directors, pastors, employees, and agents, from any and all claims that might arise from reviewing and processing my application and conducting the above-referenced background investigations. I waive any right that I may have to inspect any such information provided on my behalf. I agree to being fingerprinted and to have my photograph taken, as necessary.

I agree to any policies created for children/youth workers, including but not limited to the Safety Program guidelines. I also agree to refrain from any unscriptural conduct in the performance of my services on behalf of the Church. Guardian signature on behalf of child volunteer worker agrees to all above on behalf of applicant.

Signature of Applicant or Guardian of Applicant Date

Print Name

Address

City State Zip

confidential

SOLUTIONS CHURCH: 4818 Southwick Drive, Matteson, IL 60443

VOLUNTEER PERMISSION/WAIVER FORM

Vacation Bible School 2026

Name of Child or Adult Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

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

08/03/26 through 08/05/26

or ANY and ALL Events planned and associated with the Solutions Church VBS 2026

I give permission for the child named above to participate in the activities of **Solutions Church**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **Solutions Church**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and myself if I am a participant, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I give permission for my family's or child's images to be photographed, filmed, or used in video, print, and web publications.

It is my understanding that participating in programs, recreational and other activities at **Solutions Church**, is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Guardian's Agreement

I understand that if there is a problem with my son or daughter, as determined by Authorized Agent of Solutions Church, I will have to come and pick them up at my expense and account for any damages that may occur.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activity described above. I expressly assume all risks of the child or me participating in the activities at **Solutions Church**, whether such risks are known or unknown to me at this time. I further release and hold harmless **Solutions Church** and its pastors, ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of my participation in the activities mentioned above. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child, my family or estate, heirs, representatives, or assigns may have against **Solutions Church** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Solutions Church** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in activities or programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Solutions Church** or other appropriate persons, to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I understand that the individual named above, or I, will be involved in different events and games as a participant, and/or I will be playing as a participant.

I further understand that during this period my child/ward or I, if I am a participant, may take part in the above-mentioned activities and other activities consistent with the purposes of church.

Health Insurance Information

Insurance Company _____

Policy Number _____ Phone # _____

Medical Doctor _____ Phone # _____

Emergency Contacts

Names of persons and telephone numbers to call in case of an emergency:

Parent/Guardian or Other _____

Home Phone _____ Cell Phone _____

Guardian or Participant Signature:

Date:

X _____

**MUST BE
SIGNED**

