

BACKGROUND CHECK DISCLOSURE

The General Council of the Assemblies of God

Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed.

I, _____, hereby authorize The General Council of the Assemblies of God (Assemblies of God) and/or the _____ District to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentialing now and, if applicable, during the tenure of my credentials with the Assemblies of God.

I release the Assemblies of God and/or the _____ District and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Legal Name (Printed or typed)

Name as it appears on your driver's license (Printed or typed)

Maiden Name or Other Names Used – including nicknames (Printed or typed)

*Date of Birth

Social Security Number

Signature

Date

**NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for credentialing.*

If you would like to receive a copy of your background report, please contact the First Advantage Consumer Center at 800.845.6004.

ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT
Domestic Travel

What an honor it is to have you volunteer for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God. We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to Assemblies of God. Your application cannot be processed without the proper signatures on this form.

Participant Information
(Please Print Legibly)

Name of Participant: _____

Email: _____

Address: _____

Telephone: _____

Name of Emergency Contact: _____

Daytime Phone: _____

Evening Phone: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

Dates and Locations of Activities:

I, _____ IN CONSIDERATION of my acceptance as a volunteer on this missionary trip in cooperation with the Assemblies of God, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. Status. I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of the General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.

2. Risks of travel. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I also acknowledge that in working, living and traveling in cities, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand and agree that if, during my participation in the above-described activities, the travel leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the travel leader may contact the person whose name I have provided as my "emergency contact." I understand that the travel leader ordinarily will not initiate such contact without first having a discussion with me.

3. GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT

LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

4. Insurance Election - I am aware of the hazards and risks to myself associated with serving in a mission's capacity. I further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.



Travel Insurance Program



	Domestic U.S. Missions	Foreign Missions
Administered by	AG Financial Insurance	AG Financial Insurance
Accidental Death & Dismemberment	\$100,000	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	\$50,000 benefit, \$0 deductible	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000	\$10,000
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	\$100,000 benefit, \$0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Family Coordination / Emergency Medical Reunion	None	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	\$100,000
Foreign General Liability/Auto Liability	None	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	Worldwide

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

5. Minor children. In the event that I have minor children who will accompany me on my assignment, I take full responsibility for their supervision and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
8. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

signature of participant

printed name of participant

witness signature

date witnessed



ACE American Insurance Company
Philadelphia, PA 19106

**BENEFICIARY
DESIGNATION/CHANGE
FORM**

The insurance company automatically designates beneficiaries to the first surviving class of the following class of persons: your spouse; your child or children; your mother or father; your sisters or brothers; and finally, your estate. If you wish to designate your beneficiaries differently than this sequence, you must complete this form and return it to the Policy Holder.

Policy Information	
Policy Number:	Policy Effective Date:

Insured Information			
Insured Name:	Social Security No.:	Home Phone Number:	Work Phone Number:
Address:			

Primary Beneficiary Information			
List your beneficiary(ies) and the percentage payable to each. If no percentage is indicated, the beneficiaries will share the benefit equally.			
Name	Social Security No.	Relationship	Percentage
Total:			0

Contingent Beneficiary Information			
A contingent beneficiary will only receive a benefit if all primary beneficiaries are deceased. The contingent beneficiary for all benefit plans is your estate unless you choose another beneficiary. If you choose a contingent beneficiary other than your estate, list this beneficiary(ies) and the percentage payable to each below. If no percentage is indicated, the beneficiaries will share the benefit equally.			
Name	Social Security No.	Relationship	Percentage
Total:			0

Insured's Signature: _____

Date: _____