

## Be the Change Volunteers Permission Form

We are so excited to welcome you to BTCV. As part of our process, individuals under the age of 18 are required to participate in a reference check and have advanced written permission to participate on a BTCV project. Please complete the following steps to confirm whether your child will be allowed to participate.

- Step 1: Review the Trip Information provided.
- Step 2: Complete the Reference Contact Section in full.
- Step 3: Initial the Participation Permission for which you give your approval.
- Step 4: Complete the Parent/Guardian Signature section in full.
- Step 5: Return your completed form within 30 days.

Step 1: Trip Information	
Destination	
Departure Date	
Return Date	
Team Leader(s)	
Team Leader(s) Contact Information	
Important Notes/Supplies	Please review BTCV Travel Notes for a list of supplies, including medications and vaccines.

Step 2: Reference Contacts	
<p>Prior to participating on a BTCV project, individuals over 18 are required to complete a background check. Individuals <u>under 18</u> are required to ask <b>two</b> adults to serve as references. Background checks for adults and reference checks for minors strengthen our protection of the children in our care and for the communities BTCV cares about.</p>	
Participant's Full Name	
Principal/Administrator/Faith Leader  Name/Phone/Email	
Teacher/Counselor Scout Leader/Sunday School Teacher  Name/Phone/Email	

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<b>Step 3: Participation Permissions</b>	<b>Parent/Guardian's Initials</b>
<p>I give permission for my child to participate on a BTCV Trip.</p> <p>As such:</p> <ul style="list-style-type: none"> <li>✓ <i>While I expect BTCV leaders to contact me when making major medical decisions, I authorize BTCV team leaders, adults in whose care the minor child has been entrusted during the trip, to do any acts which may be necessary or proper to provide for the health care of the minor child, including but not limited to the power to: (1) provide for health care at any hospital or other institution and employ any physician, dentist, nurse, or other person whose services may be needed for such health care; and (2) consent to and authorize any health care, including administration of anesthesia, X-ray examination, and performance of life-sustaining procedures. This consent shall be effective only during the BTCV trip described herein. By signing, I indicate that I have the understanding and capacity to grant the power of health-care decisions; that I am fully informed as to the contents of this document; and that I understand the full import of this grant of powers to the leaders named herein.</i></li> <li>✓ <i>I agree to accept responsibility for and to pay any fees or charges for emergency care authorized by the team leaders or BTCV directors in an emergency.</i></li> <li>✓ <i>I further agree to indemnify and hold harmless BTCV staff, the BTCV Board (including its agents, employees, and representatives) from and against any and all claims, suits, or causes of action which I or my child may have or claim to have for any injuries arising from, out of, during, or in connection with participation in the BTCV trip or the rendering of emergency medical care or treatment, except for injuries caused by gross negligence or intentional wrongdoing.</i></li> </ul>	

<b>Step 4: Participation Permissions</b>	<b>Adult's Initials</b>	<b>Child's Initials</b>
<p>Additionally, I acknowledge we both understand:</p> <ul style="list-style-type: none"> <li>✓ <i>All school districts have conduct policies. The same rules of conduct that apply to the behavior of a student at school apply on a BCTV trip.</i></li> <li>✓ <i>Participants are expected to follow all directions and instructions given by the team leaders.</i></li> <li>✓ <i>Failure to follow the rules of behavior, directions, or instructions may result in being sent home by the most reasonable and appropriate means of transportation, at the family's personal expense</i></li> </ul>		

<b>Step 5: Parent/Guardian Signature</b>	
Full Name	
Signature	
Date	