



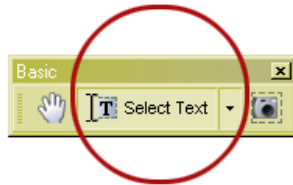
REGISTRATION PACKAGE INSTRUCTIONS

Step 1:

Fill out PDF registration package that was sent to you. It is also available on the web at the following address:

<http://www.agathosfoundation.org/OurWork/Projects/ProjectForms.aspx>

- Filling out the PDF registration package can be done in Acrobat software or it can be done by hand. When file is open in Acrobat, select the Select Text Tool (shown below). You can then type your information into the spaces provided, and check any boxes that apply.



- You cannot save the file to your computer, though you should print out 2 copies - one for you, and one for you to sign and send to the Agathos Foundation.

Step 2:

Compile together all the information listed in the following checklist. You will find the first four forms listed on the checklist in the PDF registration package.

- Retain a copy of all compiled forms, including this instruction sheet and checklist, for your records.

Step 3:

Mail to:

Agathos Foundation
PO Box 778
Everett, WA 98206-0778

Team member information

Name: _____

Date: _____

Please gather and send all the forms together in one batch.

Registration Package Checklist (*1 page*)

Project Trip Registration Form (*1 page*)

Critical Information (*1 page*)

Liability Release (*1 page*)

Washington Background Check (3 pages)

Copy of Passport

Copy of Birth Certificate

Copy of Driver's License

Once your registration is received, you should receive a Team Member Training Manual. In the meantime, an Info Sheet and a Travel Info sheet are available on the website listed below. These are great ways to begin to prepare for your trip.

<http://www.agathosfoundation.org/OurWork/Projects/ProjectForms.aspx>

Thank you again for your heart for serving the Lord. God bless you!



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SHORT TERM PROJECT TRIP REGISTRATION

Full Legal Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

Sex: M F Date of Birth: _____ (MM/DD/YYYY)

Have you signed up for Operation Act No? Y N

If not, please read about Operation Act Now by typing the following address into your web browser: : <http://www.agathosfoundation.org/Give.aspx>

In which trip do you want to participate? _____ (MM/YYYY)

How long do you want to stay? (1 week) (2 weeks) (3 weeks)

Please indicate any special medical conditions or limitations of which you would like to make us aware: _____

Please indicate areas of service that you are willing to assist in:

Cooking Transportation Pre-trip Coordination Prayer

Lead Bible Study Painting Janitorial Carpentry

Child Care Music Agricultural Gardening

Other: _____

EMERGENCY CONTACT INFORMATION:

Full Legal Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

If possible, is there anyone with whom you would prefer to share accommodations?

Will you participate in raising support for yourself or others through Operation Act Now?

Y N

Please provide us with your driver's license details

Number: _____ State: _____ Expiration: _____



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CRITICAL INFORMATION FORM

Date: _____

Name: _____

Family Doctor's Name: _____

Doctor's Phone Number: _____

Doctor's Address: _____

Doctor's Email: _____

Insurance Company: _____

Policy #: _____

Check any that apply:

Major Medical

Life

Evacuation

Blood Type: _____

Do you have any food/ medical allergies or physical conditions your team leader needs to know about? Be specific.

Medications you may be taking:



INDEMNITY / HOLD HARMLESS / RELEASE AGREEMENT

I, _____ (name of participant), understand that travel into South Africa offers an unfamiliar and unique environment and risk of injury to both persons and property are inherent. I understand that, by my participating in the ministry of Agathos Foundation, I willingly and freely accept these risks.

I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity; such hazards and risks including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of possibility of such risks, and I voluntarily assume all responsibility of death, injury, illness, and/or damage to myself and my property.

I do hereby release Agathos Foundation, its Board of Directors, it's donors, and staff members from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by me during the course of involvement with Agathos Foundation. I understand that I am responsible for providing Medical and accident insurance while participating in Agathos Foundation programs.

Signature of Applicant _____ Date _____

Washington State Patrol Criminal Background Check

The Child/Adult Abuse Information background check response is limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. Agathos Foundation shall use this record only in determining suitability for contact with the persons in its care. Further dissemination of the record is prohibited without written permission from the applicant (see Criminal History Information Supplement).

Instructions

- All personnel (volunteer and paid) and all other persons who may, on behalf of Agathos Foundation, come into contact with persons under the care of Agathos Foundation must complete this form. Type or print clearly in ink.**
- The completed form must be submitted to the Agathos office at least one week prior to departure.**

Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.

<p>APPLICANT OF INQUIRY</p> <p>Applicant's Name: _____ Last First Middle</p> <p>Alias/Maiden Name: _____</p> <p>Date of Birth: _____ Drivers Lic Number/State: _____</p> <p>Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050</p> <p>_____ Signature</p>
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Criminal History Information Supplement-

Self Disclosure Form and Authorization for Repeat Background Checks and Dissemination of Results

Criminal History Information Supplement Child/Adult Abuse Information Act RCW 43.43.830-43.43.842

Name: _____
(print) Last First MI

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of any crime against children or other persons?

Yes If yes, specify _____
No _____

RCW 43.43.830 (5) "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any other crimes as they may be renamed in the future."

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

Yes If yes, specify _____
No _____

RCW 43.43.830 (6) "Crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first, second, or third degree robbery; forgery; or any of these crimes as they may be renamed in the future.

RCW 43.43.830 (9) "Vulnerable adult" means "vulnerable adult" as defined in chapter 74.34 RCW, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.

RCW 74.34.020 (8) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself.

RCW 43.43.830 (10) "Financial exploitation" means the illegal or improper use of a vulnerable adult of that adult's resources for another person's profit or advantage.

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes If yes, specify _____
No _____

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes If yes, specify: _____
No _____

Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Yes If yes, specify: _____
No _____

Have you ever been found by a court of law in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes If yes, specify: _____
No _____

I certify, under the penalty of perjury, that the statements above are true and correct.

Signature Date

Certification Concerning Criminal History Outside the State of Washington

I certify, under the penalty of perjury that I have not been convicted of any of the above-listed crimes or had findings against me concerning the above listed proceedings outside the State of Washington.

Signature Date

If you cannot so certify, please specify why not: _____

Authorization for Repeat Background Checks and Dissemination of Results

I authorize repeat background checks and dissemination of my self-disclosure information, background check results, and conviction records to practicum sites, whether in or outside the state of Washington, as deemed necessary by Agathos Foundation during the tenure of my work with Agathos Foundation. I understand that Agathos Foundation will not provide the records listed above with any other party without my further consent, unless in compliance with RCW 10.97.050.

Signature Date