

3) Requirements for interested Applicants

Please initial next to each item and sign at the bottom

_____ I agree to attend Tuesday morning Bible study at 6:30 a.m. each week.

_____ I agree to write 2 essays during the summer.

_____ I agree to attend Wednesday lunches with Ms. Elizabeth each week.

_____ I agree to be on early and late duty, which requires that I be on time each day.

_____ I agree to have a positive attitude and to be a role model for the children in camp.

_____ I agree to attend a weekend Civil Rights trip to Memphis and to pay \$30 dollars for this trip.

_____ I agree to attend a weekend Civil Rights trip to Birmingham, Montgomery, and Selma and to pay \$50 dollars for this trip.

_____ I agree to prepare and participate in morning chapel.

_____ I agree to attend all community nights. (No excuses)

_____ I agree to be open to growing spiritually.

_____ I agree to respect those in authority over me and to complete the tasks asked of me to the best of my ability.

_____ I agree to contribute to making the Summer Program a fun and productive environment for growth.

_____ I agree to open a bank account and deposit \$30 a week of my stipend. (This teaches them thrift principles.)

_____ I agree to allow my pay to be docked if I fail to meet any of these requirements.

Print Name _____



Perkins Center Junior Internship

Application 2008

1831 Robinson Street Jackson, MS 39209

Office: 601-354-1563 • Fax: 601-362-6882

E-mail: info@jmpf.org

Circle One: Children Shirt Sizes: S M L XL

Adult Shirt Sizes: S M L XL 1XL

Name _____ SS# _____ - _____ - _____ Age _____ Sex _____
Date of Birth _____ Place of Birth: City _____ State _____ Country _____
Home Address _____ City _____ State _____ Zip _____
Phone # _____

School attended last year: _____ Homeroom Teacher: _____
School attending this fall: _____ Grade _____ School Phone # () _____

Father/Legal Guardian _____ SS# _____ - _____ - _____ Phone # () _____
Home Address _____ City _____ State _____ Zip _____
Place of Employment _____ Phone # () _____ Hours _____

Mother/Legal Guardian _____ SS# _____ - _____ - _____ Phone # () _____
Home Address _____ City _____ State _____ Zip _____
Place of Employment _____ Phone # () _____ Hours _____

In case of emergency:

1) Name _____ Phone #1. _____ Phone #2. _____
Address _____ Relationship _____
2) Name _____ Phone #1. _____ Phone #2. _____
Address _____ Relationship _____

Medical Release and Authorization

If parent of legal guardian cannot be contacted during the time of emergency, the undersigned parent/legal guardian authorizes a representative of JMPF and SPC to give consent to X-ray, anesthetic, or surgery if the need arises. I certify by my signature below that I have read, understand, and give consent to all the statements contained in this authorization.

Print – Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ **Date** _____

List any known allergies of your child: _____

List special medications _____

Name of Family Physician _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Insurance Company _____ Insur. Plan # _____

Important: Each participant must have a signed "Release and Waiver of Liability" on file. Please complete this form now in order to be considered. Please print information in blanks provided.

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

John M. Perkins Foundation, Inc. Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 2008 by _____ (the parent/guardian) in favor of JOHN M. PERKINS FOUNDATION, INC. (JMPF) AND THE SPENCER PERKINS CENTER (SPC), a nonprofit corporation organized and existing under the laws of the State of Mississippi, USA, its affiliated organizations in other names, its, directors, officers, employees, and agents (collectively, the "Foundation").

I _____ (parent/guardian), give my permission to the John M. Perkins Foundation, Inc. /Spencer Perkins Center (JMPF/SPC), for my child, _____, to engage in the activities related to being a day camper. I understand that the activities may include, but are not limited to, traveling to and from other cities and towns, consuming food and participating in light work projects on the grounds of the JMPF/SPC.

I _____, hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I, _____, release and forever discharge and hold harmless the JMPF/SPC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's participation at the JMPF/SPC.
- 2. Insurance.** I, _____, understand that, except as otherwise agreed to by the JMPF/SPC in writing; JMPF/SPC does not carry or maintain health, medical, or disability insurance coverage for any student, volunteer or day camper.
- 3. Medical Treatment.** Except as otherwise agreed to JMPF/SPC in writing, I hereby release and forever discharge JMPF/SPC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my child's time with the JMPF/SPC.
- 4.** I hereby expressly and specifically assume the risk of injury, illness death or property damage resulting from the activities of my time with the JMPF/SPC.
- 5. Photographic Release.** I grant and convey unto the JMPF/SPC right title, and interest in any and all photographic images and video or audio recordings made by the JMPF/SPC during my child's participation at the JMPF/SPC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

To express my understanding of this release, I sign here with a witness.

This release is for _____ (child's name)

Parent/Guardian Name (Please print) _____ Signature _____

Address _____ Date _____

Witness: Name (Please print) _____ Signature _____

Phone (H) _____ (W) _____ Date _____