

Christian Family NETWORK

Teen Transport.org is a subsidiary of Christian Family Network. Oftentimes, those we help are defiant, unmotivated, truant, and involved in immoral lifestyles, including promiscuity, drug abuse, alcohol and outright rebellion. Although our name is "Teen Transport", we provide help for all ages, from young teens through adults.

Thank you for considering us for your adolescent transport needs. You can be assured that the men and women on our search and rescue team are Christians with a heart for youth.

The following information and forms will assist you in getting the process going.

Steps:

1. **Fill out this packet.**
2. **Fax or e-mail the application to us. Our fax number is 888-488-HOPE, or email help@hope4teens.org.**
3. **Once we have received the application, you will be notified.**
4. **Once the fee has been paid a time for transport will be set up with you.**

Please feel free to contact our Life Coaches with any questions you may have along the way.

Thank You,

Life Coach
602-996-9100

Teen Transport Form

Parents Information

Parents Name _____ Parents Name _____

Street Address _____ City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Email Address _____

Which number should we contact you at? ___Home ___ Home ___ Work

Description of Student

Student Full Name _____ Birth date _____ Birthplace _____ Gender _____

Hair Color _____ Eye Color _____ Complexion _____ Weight _____ Height _____ Race / Nationality _____

Other Descriptions _____

Style

Please use this section to describe the student’s “style”, or more descriptively the type of friend group(s) he/she has.

Custody

Special notes or conditions concerning custody:

Directions

Directions to your residence from the nearest major airport:

Pick-up Location

Address of student pick up. Address of exactly where the teen will be at the start of the transport.

Street Address

City, State, Zip

Facility Name (juvenile detention, court name)

Contact Person

History

Describe in detail and include any required medication information, disabilities and medical problems:

Do you know if your child has been involved with drugs or alcohol? If yes, do you know what type and frequency of use?

Do you feel that your child is a flight risk? If yes, please explain:

Other Information/Notes

Please provide any other information about your teen, their circumstance, or any information that you feel is important for us to know about so that we can conduct an informed and safe transport:

Date of Transport

What date would you like this transport to take place?

Service and Financial Agreement

This document spells out the agreement between parties. The first party, Christian Family Network, is hereinafter referred to as "Provider", which is the provider of services. The second party being the parent or guardian is responsible for the payment of services rendered is, hereinafter, referred to as "Guarantor." The person receiving services will, hereinafter, be referred to as "Client."

CUSTODY

I/we have full legal custody and or rights to place this minor child in a school or program, and to contract the transport services of Hope for Teens.

EXPENSES NOT COVERED

Guarantor will maintain medical and dental insurance at all times and be responsible for all medical, dental and optical expenses; Provider will to provide all clothing and pay for property damaged or stolen items by their Client.

DUE AND PAYABLE

Guarantor must pay fee prior transporting Client. Provider can provide a receipt upon request.

FEES

Transport & Escort Service

- One woman or a man for girls. Two men for boys
- Includes a one-day excursion. Multiple days are \$500 each day.
- Cost: \$2,500.00
- Flight: Two round-trip airline tickets to be booked in advance unless a vehicle is used.
- Expenses (car rental, fuel, lodging, meals): \$1,000 deposit. The difference along with receipts will be returned.

Form of payment will be : **(Make payment out to Christian Family Network.)**

Cashiers Check Student Loan Wiring of Funds Credit Card

Other:

Make payment out to Christian Family Network.

INDEMNIFICATION

The Guarantor(s) agrees to indemnify Christian Family Network and/or assigns, its employees, nominees, officers, directors, affiliates or volunteers from and against all actions, proceedings, claims or demands which may be made by reason of act, deed, matter or thing done or omitted to be done by any one of them and to pay all costs and expenses which may be incurred in the connection with any such action, proceedings, claims or demands.

By signing this Service and Financial Agreement, both the Provider and Guarantor acknowledge having read, understood and agreed upon the terms and conditions herein stated on all pages of this agreement. This agreement does not come into effect until both the Provider and Guarantor have signed.

Guarantor

Date

Guarantor

Date

SPECIAL POWER OF ATTORNEY: TEMPORARY LEGAL CUSTODY OF MINOR CHILD

The undersigned, _____ and _____
(circle the one that applies) are the natural parents, guardian, or custodial parent, and hereby declare that they have the authority to sign this document as they are the legal guardian(s) of _____
(hereinafter the minor child). In the event that the parties signing this document are the minor child's legal guardian(s) please attach a copy of the guardianship paperwork as exhibit A. In the event that one parent has sole custody or the equivalent, please attach the custody order as exhibit B. Exhibit A and B, if any, attached is incorporated herein by this reference.

This special power of attorney is hereby given to _____.

The parent/guardian/custodial parent is hereby delegating to the named person(s) listed above any and all powers that they have with regard to the minor child, except the power to authorize marriage, which will include but not be limited to Disciple in Christ using the Holy Bible and other printed materials, Christian discipleship videos, Christian Music, preaching, teaching, instructing, exhorting, disciplining according to the Word of God. Authorization is further given for physical exams, lab tests, and medical treatment authorization for said minor child. This Special Power of Attorney specifically gives the above named person(s) any and all authority to authorize medical treatment.

This Special Power of Attorney gives authority for above named person(s) listed above to retrieve and escort the above-named minor child, if needed, in order to place said minor child into above named person(s) home. If the minor child listed above runs away, authority is given to retrieve and escort the above-named minor child back to safety.

This special power of attorney is only good for six months from the date listed below. Further, the parent / guardian / custodial parent reserves the right to withdraw and annul this special power of attorney at any time by notifying above named person(s) of their intentions by phone call or in writing, signed and dated. This withdrawal can be faxed or mailed and will be effective upon receipt and will result in the Child's termination of stay with the above named person(s).

Signed and made effective this _____ day of _____, _____

Primary Care Giver

Primary Care Giver

STATE OF)
)
COUNTY OF)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____, by
_____ and/or _____.

My Commission Expires: _____

Notary Public

STATE OF)
)
COUNTY OF)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____, by
_____ and/or _____.

My Commission Expires: _____

_____, Notary Public