

Registration for
Trinity Lutheran Church
Young Adults Service Trip 2018
David, Kentucky (Appalachian Mountains)
Sunday-Sunday, July 29-Aug. 5, 2018

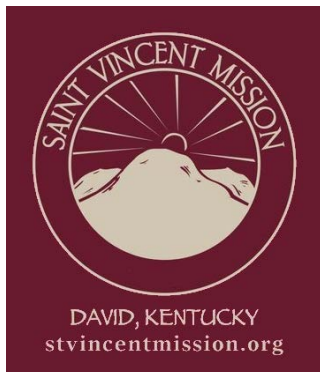
Name: _____
Address: _____
E-mail: _____
Phone: _____ Cell: _____
Parent(s) cell: _____
Are you on Facebook? _____ Do you prefer texting? _____
Age at time of trip: _____ Birthdate: _____
T-shirt size (S, M, L, XL, XXL): _____

Registration Fee of \$150 (non-refundable)

due with this page and the attached forms
by **Thursday, June 21, 2016**

The \$150 fee is the only upfront cost for this trip, but travelers will also be expected to buy their own meals and contribute toward the cost of group meals and activities.

Direct any questions or cost concerns to Pastor Andy at abehrendt@tlcwaupaca.org. Friends within or outside Trinity are welcome to take part. Travelers must be 18 or older by July 29.



We will partner with St. Vincent Mission, a community of people in Appalachia dedicated to sharing the expression of Christian values in ways such as undertaking building projects and providing people with basic needs. No construction expertise is required. We will take the Trinity bus and stay at St. Vincent's volunteer house for six nights and stay at a hotel one night on the return trip. Participants will need to cover the cost of meals as well as activities. **Please return this form, along with the attached forms from Trinity and St. Vincent Mission, and \$150 payment to the church office. Trip is limited to 15 people, so register early to secure a spot!**

TRINITY LUTHERAN CHURCH
206 Badger Street, Waupaca, WI 54981

ADULT MEDICAL RELEASE AND CONSENT FORM

(Each participant must complete this form)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

NAME OF PHYSICIAN: _____ PHONE: _____

NAME OF DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

(Please attach a photocopy of your insurance card)

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (LIST MEDICATION AND DOSAGE):

HEALTH HISTORY (MAJOR ILLNESSES, LAST TETANUS SHOT, ALLERGIES, ETC.):

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

PHONE (PRIMARY): _____ SECONDARY: _____

This form will be presented to the hospital and attending physician if you need medical treatment and are unable to consent. This will prevent the delay of treatment with your signature and photocopied insurance card.

I hereby authorize the treatment, administration of anesthesia and surgical treatment for myself _____
(Print name)

in the event of medical emergency occurring when I cannot respond for myself due to injury, accident or illness. This authorization extends to all medical facilities and personnel regardless of setting and/or facility in the treatment of me if I am incapacitated to respond my direct wishes for medical treatment.

Signature of participant Date

Signature of Witness Date

07/27/2009

St. Vincent Mission Inc.

ERIN BOTTOMLEE
Executive Director
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6369 HWY 404
David, KY 41616

Phone: 606-886-2511
Fax: 606-889-0759
Email:erin@stvincentmission.org
Website: stvincentmission.org

Welcome, Friends to St. Vincent Mission!

Thank you for serving with us to show the people of Appalachia the love of Christ. We could never do what we do without your support, prayers and hearts of service to God that you all bring to this Mission.

Goals

1. Live a life of service to God
2. To serve our participants and show them the love of Christ through your actions and words.
3. Meet a need for those in distress in Appalachia.
4. Practice good stewardship of all the resources entrusted to us.
5. Leave here with an understanding of life in Appalachia and how you can continue to advocate and serve the Appalachian people.
6. Pray for the work of the Mission to continue and to continue to glorify God through all that we do.
7. Be ambassadors for St. Vincent Mission.

1. QUALITY – When we work on a house or trailer, we work as if it were our own. Even if it is the worse place we have ever seen, we will do quality work. We never take the attitude, “well at least it is better than what they had before”. Be sure when using St. Vincent Mission equipment that you take care of everything. Return tools to their proper containers and place. Don’t wait for someone else to do it.

2. HOMEOWNER INTERACTION – Even though we are coming to help make a situation better, we are still guests of the participant. It is important for the volunteers to talk with the home owners and get them involved in the process as much as they are able. We are not a “company” coming in doing repairs for a customer. One thing that is important to understand about this culture is that they do not want to disappoint you. Be sure you always ask the participant to work with you and allow them to help in every way.

3. JOB COMPLETION – We do our best to complete the job we have set out to do. Be sure to turn in all bills to the Home Repair Supervisor or appointee as you receive them so that at the end of your stay we will be able to give you a recap of each job site. This also helps with paying the bills. Please only do the tasks assigned to your group. We cannot fix every problem on every home so we focus on the priorities. If you do more then assigned on one job another home owner may not get their home worked on.

4. PARTNERSHIP – We are partners. You are not just some group coming in to do good. You are partners with St. Vincent Mission, the people you serve and those who helped to send you here. Be respectful in all that you do and say.

ST. VINCENT MISSION VOLUNTEER GUIDELINES AND CODE OF CONDUCT

PRAYER - There should be times set aside each day for prayer and reflection. Each person is expected to participate. Only through prayer and reflection will one have the strength and insight to benefit from the mission experiences.

WORK/PERSONAL EXPERIENCE AND GROWTH - The Mission Volunteer Program is intended to provide help to people in need. It is intended to allow participants to become involved in the lives of those they serve, to become aware of the social and political problems they encounter, and to show the love of Christ to all who they are around.

LIFESTYLE - The Mission Program emphasizes a simple lifestyle. Volunteers are asked to live simply. This means few material possessions.

NO STYROFOAM or DISPOSAL WATER BOTTLES

HOUSE RULES - Rules are for the benefit of all. **No use of drugs, tobacco or alcohol is allowed.** Any breach of this policy will result in the individual being or group asked to leave **Immediately**. Each person is to take responsibility for cleaning the areas in which he or she is living or working.

CLOTHING - It is important that dress be appropriate. "Every day" clothes are acceptable. Work clothes are a must, including sturdy work shoes, no sandals are to be worn at worksites, no halter tops or cut t-shirts.

PHOTOGRAPHY - Pictures of worksites or individuals should only be taken after a relationship has been established, and permission given, otherwise the people might feel that they are the objects of curiosity, or that volunteers have come as tourists.

YOUR COMMITMENT – We are here to glorify God. In all that you do seek to Glorify Him and show the love of Christ to those you are around both on the job site and when you return to where you are staying. When you serve seek the good of someone else and always focus on how you can help someone else. Your service here is not an experience, but a life style that must continue long after you leave here.

- Beds are provided. However, each person is to bring their own bedding, including pillows and towels.
- No roaming the grounds after 10:00pm
- No eating in bedrooms/cabins.
- At the end of the stay volunteers must clean the residence/cabins for the next group.
- All garbage must be properly disposed of in the dumpster/garbage cans.
- **ABSOLUTELY NO SMOKING OR ALCOHOL USE IS PERMITTED.**
- Only ride in vehicles belonging to the group, or the mission. No 4-wheeling or motorcycles, even if offered.

**St. Vincent Mission Inc.
David KY 41616**

RELEASE AND WAIVER OF LIABILITY

READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this ___ day of ___, 20___, by _____ (the "Volunteer") in favor of St. Vincent Mission, Inc., a nonprofit corporation, their directors, officers, employees, and agents.

The Volunteer desires to work as a volunteer with St. Vincent Mission, Inc., and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the St. Vincent Mission, Inc. office, and living in housing provided for volunteers of St. Vincent Mission, Inc. by the David School/and or local church.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1 Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless St. Vincent Mission, Inc. and/or the David School, local church 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 form Volunteer's Activities with St. Vincent Mission, Inc. and/or the David School and/or local church.

Volunteers understand that this Release discharges St. Vincent Mission, Inc. and/or David School, and/or local church from any liability or claim that the Volunteer may have against St. Vincent Mission, Inc. and/or the David School and/or local church with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with St. Vincent Mission, Inc. and/or the David School and/or local church whether caused by the negligence of St. Vincent Mission, Inc. and/or the David School and/or local church or its officers, directors, employees, or agents or otherwise. The volunteer also understands that St. Vincent Mission, Inc. and/or the David School and/or local church does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment. Volunteer does hereby release and forever discharge St. Vincent Mission, Inc. and /or the David School and/or local church from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with St. Vincent Mission., Inc. and/or the David School, and/or local church.

3. Assumption of the Risk. The Volunteer understands that the Activities with St. Vincent Mission., Inc. and/or David School and/or local church include work that may be hazardous to the Volunteer, including, but not limited, to construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases St. Vincent Mission, Inc. and/or the David School and/or local church from all liability for injury, illness, death, or property damage resulting from the Activities.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by St. Vincent Mission, Inc. and/or the David School, local church in writing, St. Vincent Mission, Inc. and/or the David School, and/or local church does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. Photographic Release. Volunteer does hereby grant and convey unto St. Vincent Mission, Inc. and/or the David School or local church all right, title, and interest in any and all photographic images and video or audio recordings made by St. Vincent Mission, Inc. and/or the David School or local church during the Volunteer's Activities, including, but not limited, to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kentucky and that this Release shall be governed by and interpreted in accordance with the laws of the State of Kentucky. Volunteer agrees 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.

IN WITNESS WHERE OF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Signature _____ Witness Signature _____

Parental Signature _____

Volunteer's telephone (home) _____ (cell) _____

Volunteer's home address _____

INTERNET AND ELECTRONIC COMMUNICATIONS
ACCEPTABLE USE AND SAFETY POLICY

_____ I hereby **give permission** for my image or my child's image to be used in St. Vincent Mission Inc. literature and materials, including St. Vincent Mission Inc. websites and other St. Vincent Mission postings.

_____ I hereby **deny permission** for my image or my child's image to be used in St. Vincent Mission Inc. literature and materials, including St. Vincent Mission Inc. websites and other St. Vincent Mission postings.

Parent or Guardian (Print) _____

Parent or Guardian Signature _____ Date _____

RELEASE of LIABILITY

In exchange for participation in the 2018 Young Adults Service Trip organized by Trinity Lutheran Church from the dates of July 29 through Aug. 5, 2018, I agree to the following.

I recognize that there are certain inherent risks associated with the above described activity, and I assume full responsibility for personal injury to myself and further release and discharge Trinity Lutheran Church for injury, loss, or damage arising out of my use of or presence upon the activity/event afore-mentioned, whether caused by myself, Trinity Lutheran Church, or other third parties.

Signature: _____

Print: _____

Date: _____