

Intergenerational Mission Trip **INFORMATION SHEET**

Dates: July 9-15, 2017

Destination: Point Pleasant, West Virginia

Cost: \$250

Participants: This trip is open to anyone 16 years or older and
Youth ages 14 & 15 with an adult partner

Sunday, July 9

2:00 p.m. Departure from Westminster Parking lot

4:30 p.m. Arrival at Point Pleasant Presbyterian Church

**Point Pleasant Presbyterian Church
714 Main St, Point Pleasant, WV 25550
(304) 675-2170**

We will stay at Point Pleasant Presbyterian Church and work with the West Virginia Ministry of Advocacy and Workcamps. Point Pleasant is a small town of 4,300 that serves as the seat of Mason County (population 27,000 total). The area has long experienced high rates of unemployment and consequent areas of poverty. The mission of WVMAW “is to offer the opportunity for discipleship by partnering with those in need whose lives have been devastated by natural disasters or by the disaster of poverty in areas of West Virginia.”

We will be sleeping, showering and eating at the church. They provide bunk beds for sleeping. Showers are indoors and they have a well-equipped kitchen.

Our workday will begin about 7:00 a.m. We will begin each day early with breakfast and prayer. We will work wherever we are needed. We will pack our lunch to take to the worksite and return to the church for dinner. In the evenings we will participate in devotions and conversation about the events of the day.

We will take Wednesday afternoon off and participate in a group outing.

Lights out will be approximately 10:00 p.m. each night.

On Saturday, July 15 the buses will plan to leave no later than 8:00 a.m. We hope to return to Dayton no later than 10:00 a.m., we will plan to call family when we are about 30 minutes away.

For more information contact Nancy Hodgkins at nancy@westminsterdayton.org or 937-271-8099

Group Covenant

- I. We will honor and respect all God's children
- II. We will show hospitality and welcome one another just as Jesus welcomes us
- III. We will listen
- IV. We will respect one another's questions and opinions
- V. We will participate in group activities to the best of our abilities
- VI. We will show care for ourselves and our neighbors by following all community and worksite guidelines
- VII. We will refrain from smoking and from the purchase and consumption of alcohol and illegal substances.
- VIII. We will practice a spirit of flexibility
- IX. We will deal with frustration and conflict in constructive ways.
- X. We will have fun, work hard and seek to grow in relationship with God and one another

Mission Trip Packing List

Clothing:

- Cotton Socks
- Work boots or thick soled shoes
- sneakers
- Rain gear
- Hat, visor, bandana and or/sweatband
- work shirts (including something with long sleeves)
- Light cotton underwear
- Jeans, cotton trousers, shorts
- Sleeping attire (remember we are sharing space)
- Clothes to wear after work
- Jacket or sweatshirt
- Swimsuit (just in case)

Personal Items:

- Toothbrush / toothpaste
- Soap
- Towels / washcloths
- Wet wipes
- Shower Shoes
- Razor / shaving cream
- Sunscreen SPF 30 or higher
- Sun glasses
- Bug Spray
- Deodorant
- Personal Medications
- Eye glasses, contacts, contact solution
- Poison Ivy Lotion
- Powder for heat rash
- Flash light and batteries
- Bible
- Camera (batteries, cords, cards or film)
- Cell phone and power cord
- \$\$\$ for meals on road
- Music player with Headphones
- Ear plugs (There will be snoring!)

Bedding:

- Sleeping Bag or Bed Roll
- Pillow

Worksite Items:

- Water bottle with your name on it
- Safety glasses or goggles
- Tool belt or apron
- Work gloves that fit
- Hammer
- Phillips Head Screwdriver
- Flat Head Screwdriver
- Utility Knife
- Tape Measure
- Pencil

1. Please remember to pack as carefully and as compactly as possible. (One small bag to keep under your seat and one larger bag to pack in the rear of the bus.)
2. Please be sure that your name is on your luggage, tools, water bottle, etc.
3. In your small bag pack anything you will need during the trip, including medications.
4. Don't bring anything that you can't afford to lose.
5. Remember you must be able to carry everything by yourself.

WV Ministry of Advocacy and Workcamps Inc.
LIABILITY RELEASE FORM

(For All Volunteers - Please fill out both pages and return two months prior to your trip.)

I, _____, acknowledge and state the following: I have chosen to travel to the work site to perform cleanup/construction work in disaster relief. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a “grass roots” activity to support individuals adversely affected by the disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related material costs and expenses.

In the event that West Virginia Ministry of Advocacy and Workcamps, Inc. arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lockup or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for my estate my heirs and myself I release, discharge, indemnify and forever hold West Virginia Ministry of Advocacy and Workcamps, Inc., together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their own negligence. I also give permission for my picture to be used in West Virginia Ministry of Advocacy and Workcamps, Inc., publicity.

Signature: _____ Date: _____

For more information, go to www.wvpresbytery.org/wvmaw.htm.

MEDICAL INFORMATION:(Your confidentiality will be respected.)
**If you will be driving volunteers, please enclose a copy of your Driver's License.*

Participant Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____
 Date of Birth _____ Age _____ Gender: M / F

Emergency Contact Name _____
 Emergency Contact Phone Number _____

Insurance Company Name _____
 Insurance Policy Number (if applicable) _____
 Insurance Policy Group Number (if applicable) _____

Date of last tetanus shot _____ Blood type (if known) _____

Please indicate if you have experienced health problems with the following:

Appendicitis _____	Ear trouble _____	Headache _____	Rheumatic Fever _____
Sinus trouble _____	Hernia _____	Convulsions _____	Fainting _____
Heart disease _____	Cramps in water _____	Epileptic seizure _____	Diabetes _____

Allergies (Please list type and treatment necessary)

Please indicate any items that need to be avoided (such as paint fumes, heights, poison ivy, etc.) _____

Other significant illnesses _____

Any and all health/medical information supplied above is for exclusive use of WVMAW and its agents (all supervising personnel). By signing the Liability Release Form, I give permission for this information to be used in planning for and supervising my participation while in West Virginia.

SKILLS INFORMATION:

What is your usual occupation? _____

Please indicate on this form your approximate level of skill using 1-4 to grade experience as listed below:

- 1 - Can supervise or teach this activity
- 2 - Able to competently perform this activity
- 3 - Could perform this activity with sufficient instruction
- 4 - Have never done this, or not a skill of mine

Carpentry	Cement work	Demolition	Drywall	Electrical	Floor/Tile	Glasswork	Masonry	Painting	Plumbing	Roofing	Yardwork

**WEST VIRGINIA MINISTRY OF ADVOCACY AND WORKCAMP
PARENTAL RELEASE FORM**

(for volunteers under age 18 – please fill out this form and the Liability Release Form)

Name of volunteer: _____

I hereby give permission for my child to serve in the Disaster Response project coordinated by the West Virginia Ministry of Advocacy and Workcamps on the following date(s)_____. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her medical insurance and will not hold West Virginia Ministry of Advocacy and Workcamps, Inc., liable for any injury or damage to my child while engaged in the disaster project.

Parent/Guardian Signature: _____

Home Telephone: _____ Work Telephone: _____

Your relationship to participant: _____

Does your child have any physical limitation that might affect his/her work?

Special needs if any:

Volunteer Signature: _____

Date: _____