

Intergenerational Mission Trip **INFORMATION SHEET**

Dates: June 10-16, 2018

Destination: Fayetteville, North Carolina

Cost: \$250

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

Sunday, June 10

7:00 a.m. Departure from Westminster Parking lot

5:30 p.m. Arrival at Highland Presbyterian Church

Highland Presbyterian Church
111 Highland Ave, Fayetteville, NC 28305
910 485-2147

We will stay at Highland Presbyterian Church and work with the United Methodist Church Disaster Response in the ongoing Hurricane Matthew recovery effort.

We will be sleeping, showering and eating at the church. They have about 18 cots available for sleeping, but you are welcome to bring your own cot or air mattress. 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 an afternoon off during the week and participate in a group outing.

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

On Saturday, the buses will plan to leave no later than 7:00 a.m. We hope to return to Dayton no later than 6:00 p.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.

North Carolina Conference of the United Methodist Church
700 Waterfield Ridge Place, Garner, North Carolina 27529
888-440-9167 or 919-779-6905

8 LIABILITY RELEASE FORM (ALL VOLUNTEERS, YOUTH AND ADULT)

Please read this agreement carefully before signing to fully understand your working relationship with The United Methodist Church North Carolina Conference Disaster Response.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other activity; including some that takes place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that this is a "grass roots" activity to support individuals adversely affected by disaster or assisting to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to myself or my property and related medical costs and expenses which I may sustain while involved in this project. I understand that I am engaging this project at my own risk.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide 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 myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, 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 caused by their negligence.

Volunteer Signature:	Date:		
<hr/>			
Street Address:	City:	State:	ZIP:
<hr/>			
Emergency Contact:	Phone		
June 10, 2018	June 16, 2018		
Arrival Date	Departure Date		
<hr/>			
Parent/Guardian:	Phone		
<hr/>			
Witness Signature:	Phone		

North Carolina Conference of the United Methodist Church
700 Waterfield Ridge Place, Garner, North Carolina 27529
888-440-9167 or 919-779-6905

9 MEDICAL INFORMATION (*TEAM LEADER RETAIN THIS FORM ON JOBSITE FOR EMERGENCY*)

(If you do not bring your insurance card with you, please make a copy of both sides.)

Blood Type _____ Allergies: _____

I am diabetic: Y N I have a history of seizures: Y N

Health Insurance Provider _____ Policy # _____

Make Certain: You bring a detailed list of each team member's medications¹ they are currently taking, the specific name and/or generic name², the actual dosage³ and application frequency⁴.

Any Physical Limitations, concerns or other helpful health information?

I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes ____ No ____.

I, _____ (volunteer's signature), authorize Rev. Nancy S. Hodgkins
 (team leader) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above and further authorize the release of medical information from my personal medical records for the following purpose:

_____ but I do not give permission for any other use or re-disclosure of this information.

Volunteer Signature: _____ Date: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact: _____ Phone _____

June 10, 2018 June 16, 2018

Arrival Date Departure Date

Parent/Guardian: _____ Phone _____

Witness Signature: _____ Phone _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Highland Presbyterian Church (HPC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that HPC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
--	------	--------------------	-----

Parent/Guardian Signature	Date
(If under 18 years old, Parent or Guardian must also sign.)	

Westminster Presbyterian Church

YOUTH MEDICAL CONSENT FORM

Name _____ Age _____ Birth date _____

Mailing Address _____
Street City State Zip code

Home Phone _____ Cell Phone _____

School _____ Current Grade _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child,
_____ to attend and participate in the **Intergenerational Mission Trip to Fayetteville, NC** sponsored by **Westminster Presbyterian Church in Dayton, Ohio, June 10-16, 2018.**

We (I) authorize **Nancy Hodgkins**, or another designated adult from Westminster Presbyterian Church, Dayton, Ohio, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physicians or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult advisors in whose care the minor has been entrusted while attending and participating in activities sponsored by Westminster Presbyterian Church.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Emergency Contact other than parent or legal guardian

Name _____ Phone _____ Relationship _____

FORM CONTINUES ON REVERSE SIDE or SECOND PAGE

Please list all medications your child takes on a regular basis, the purpose of the medication and the dosage:

Please list any medical conditions (asthma, diabetes, etc.) your child has that we should be aware of. along with instructions for handling the condition.

May we give your youth non-aspirin pain medication if they request it? ___ Yes ___ No
If you answered yes. what dosage _____

Please list all allergies.

Please list anything that will limit your child's participation in planned activities, along with any other information you feel we should have.

Participant's Signature

Date

Parent's Signature

Cell Phone _____

Home/Work Phone _____

Parent's Signature

Cell Phone _____

Home/Work Phone _____

Legal Guardian's Signature

Cell Phone _____

Home/Work Phone _____