Registration Form Colleges & Universities

NEW ORLEANS

HOME MISSION: 'TIL THE WORK IS DONE

"Serve one another in love." GALATIANS 5:13 (NLT)

New Orleans, Louisiana July 29 – August 5, 2017

The week's highlights include:

- Participate in hands-on efforts to rebuild homes, communities and lives (come for part of or the entire week)
- Opportunities to encourage and support those in need

Support this effort by:

- Sending a volunteer or team of volunteers from your church to participate
- Making a financial contribution to support Home Mission: 'Til the Work is Done
- Praying for the participants and that the Gulf Coast region would be fully restored with justice

For more information on how to be involved in this important and exciting work, please contact:

Victoria Goff at 610-768-2449 or vgoff@abhms.org | American Baptist Home Mission Societies, PO Box 851, Valley Forge, PA 19482

Home Mission: 'Til the Work is Done ARRIVE: Saturday, July 29, 2017 DEPART: Saturday, August 5, 2017 Name Local Church Home Address Home Phone _____ Cell Phone _____ Office Phone Email Emergency Contact_____Phone__ I will be participating in the events held: ☐ All Week ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri I am coming as: An individual Part of a group (group name)_____ ☐ Youth 12-18 ☐ Young Adult 19-22 ☐ Adult 23-64 ☐ Senior Over 65 Age Group: ☐ Female T-shirt Size Sex: □ Male ΠNo Vegetarian: ☐ Yes Food Allergies_____

Registration Fee: \$250; includes housing and food (scholarships are available)

Please return this form with your registration fee by FRIDAY, JUNE 30, 2017 to:

American Baptist Home Mission Societies PO Box 851 Valley Forge PA 19482 Fax 610-768-2470 | Phone 610-768-2449



For credit card payments, please call 610-768-2413

Participant Liability and Medical Release Form

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Please read before signing as this constitutes the agreement and the understanding of your working relationship as a volunteer.

| ■ I, | acknowledge and state the following: | | |
|---|---|--|--|
| ■ I have chosen to travel to perform clean-up/construction | n work designed to repair disaster damage. | | |
| I understand that this work entails a risk of physical inju | | | |
| heavy lifting and other strenuous activity; and that some | • • • | | |
| building framing other than ground level. | , 1 | | |
| • I certify that I am in good health and physically able to p | perform this type of work. | | |
| I understand that I am engaging in this project at my ow activity to support individuals adversely affected by hur to repair or replace substandard housing. | n risk. I understand that this is a "grass roots" | | |
| I assume all risk and responsibility for any damage or in and related medical costs and expenses which I may sust | | | |
| In the event that my supervising disaster organization arranges accommodations, I understand that they are neither responsible nor liable for my personal effects and property, and that they will not provide lock up or security for any items. | | | |
| • I will hold them harmless in the event of theft, or loss res | sulting 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 re | lease, discharge, indemnify and forever hold | | |
| harmless American Baptist Churches USA and Camp Restore, together with its officers, agents, | | | |
| servants and employees, from any and all causes of action arising from my participation in this | | | |
| project, and travel, or lodging associated therewith, incl | | | |
| their negligence. | , , , | | |
| | | | |
| Signature | Date | | |
| Arrival Date Departu | ure Date | | |
| Depuite | 2 40 | | |

Team Leader_____



Medical Information and Release Form

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MEDICAL COVERAGE: I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by the American Baptist Churches USA and Camp Restore, during my participation in Home Mission: 'Til the Work is Done, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in Home Mission: 'Til the Work is Done and to cover bodily injury or property damage caused to a third party as a result of my participation in Home Mission: 'Til the Work is Done, as follows:

| Company | Policy # |
|--|---|
| Address_ | |
| MEDICAL RELEASE: I hereby state that I am in good health and conditions, and I am able to administer such medications without a Mission: 'Til the Work is Done I need emergency medical care and a condition, I authorize American Baptist Churches USA and Camp Febehalf, and I specifically release the American Baptist Churches USA decisions, from any and all liability associated with said decisions, e Churches USA and Camp Restore alleged negligence. Person to be notified in case of injury: | have all medications necessary to treat any allergic or chronic assistance. If at any time during my participation in Home am not able to give consent because of my physical or mental Restore, to make emergency medical care decisions on my A and Camp Restore in making those emergency medical care even if injury or death is the result of the American Baptist |
| Name | |
| Phone Number | |
| ALL PARTICIPANTS MUST SIGN: My signature below indicates that I have read this entire document, Signature of Participant | , , , |
| Signature of Participant | Date Executed |
| SIGNATURE OF PARENT/LEGAL GUARDIAN IS ALSO REQU | JIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE: |
| Signature of Parent/Legal Guardian | Date Executed |
| SIGNATURES MUST BE WITNESSED: | |
| Signature of Witness | Date Executed |



Photo, Audio and Video Release Form

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| Ihereby | | |
|--|--|--|
| give permission for audio and visual images of me and/or my child under age 18, captured during regular, | | |
| American Baptist Churches USA and Camp Restore, activities through, audio, photo and/or video recording | | |
| means, to be used solely for the promotional material, multimedia and publication purposes of the American | | |
| Baptist Churches USA and Camp Restore, and waive any rights of compensation or ownership thereto. | | |
| | | |
| Volunteer Signature_ | | |
| Date | | |
| | | |
| Parent/Guardian Signature | | |
| | | |
| Date | | |

Skills Assessment Form

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FAQs

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1. How do I participate in Home Mission: 'Til the Work Is Done?

- a. Assign a group leader to be responsible for making and confirming reservations. If you are not coming in a group, you are still very welcome to participate.
- b. Download registration packet at www.abhms.org/ ministries/healing-communities/volunteer-ministries/ and return application and release forms with the registration fee.
- c. Once the forms are received, you will receive a confirmation letter/e-mail and a volunteer information packet. The volunteer information packet will include detailed information on housing, the agenda, what to expect and what to bring.

2. What is the time commitment?

Volunteers are asked to serve one week. Arrive on Saturday or Sunday, work Monday-Friday, and travel home on Saturday. If your schedule only permits you to come for part of the week, you are definitely welcome to join us.

3. Are there any age requirements?

NO! Youth groups must include an appropriate ratio of 1 adult advisor for every 4 youth of each gender.

4. Do I need to be a member of a church?

No. All are welcome to participate.

5. How can I help even if I can't go to Home Mission: 'Til the Work Is Done?

- a. Sponsor someone else that desires to attend.
- b. Host a fundraiser to support volunteers and other costs.
- c. Help recruit volunteers.
- d. Offer prayers for the region and the volunteers.

6. What type of work will I be doing?

A variety of home repair activities like painting, laying sheet rock, and cutting grass and a variety of community service projects. We ask that you come with willing hands and hearts.

7. What do I need to bring with me?

- Work clothes that can get dirty and are suitable for hot, sunny, humid days
- A change of clothes for the end of the work day
- Closed-toed shoes that are suitable for construction work
- Sunscreen and a hat
- Water bottle
- Hand Sanitizer

Plastic or cotton work gloves

- Personal hygiene items
- Sleeping bag or linens and pillow for twin size bed
- Small lock for valuables
- Small personal flashlight

8. Do I have to bring my own tools?

No, the local organization has all of the tools that are needed. Volunteers are encouraged to bring their own eye protection and work gloves; however safety equipment will be provided for those who do not have any. Volunteers are notified if they need to bring any particular tools.

9. Do I need to have construction skills?

No. Unskilled volunteers, male or female, with a willingness to learn are invited to work alongside those who are skilled.

10. Is there any other kind of help needed besides construction?

Yes. People are needed to run errands and other tasks to help the Home Mission: 'Til the Work Is Done run smoothly.

11. Is there any special training?

Volunteers are not required to receive special training. The local disaster organization trains volunteers to serve in various areas of construction.

12. If I'm flying to New Orleans, which airport should I use?

Louis Armstrong New Orleans International Airport (MSY), 20 miles; approximately 30-minute drive

13. Do I need my own transportation?

It is recommended that volunteers provide their own transportation to and from worksites. If needed, assistance will be provided regarding finding suitable transportation to and from worksites.

14. What can I expect for housing accommodations?

Housing will be dorm style at a local volunteer center.

15. What can I expect for food accommodations?

All meals will be provided. We will do our best to accommodate the needs of vegetarians and those with food allergies.

