

Itinerary

Sunday

2:00pm	meet @ FUMC Rockwall, pack & head-out! (eat lunch before you come!)
3:00 pm	Arrive in Dallas, TX
4:00 pm	Orientation
6:30 pm	Dinner
7:30 pm	Worship
9:30 pm	Devotional & Worship
10:30 pm	Lights out

Monday-Thursday

7:00 am	Up & at 'em
7:30 am	Breakfast
8:00 am	Supply & tool check & make lunches for the day
8:30 am	Travel to site & work
12:00 pm	Lunch at site
4:00 pm	Workday ends
6:00 pm	Dinner
7:00 pm	Worship & Evening Activities
9:30 pm	Devotional
10:30 pm	Lights out

We may schedule an 'evening out' in town or something similar...

We may schedule a Wednesday night worship service at a local United Methodist Church.

Friday

8:00am	Sleep-In
9:00am	Breakfast
10:00am	Fun Activity in Dallas
12:00 pm	Lunch
4:30 pm	Nice Celebration Dinner
5:30pm	Leave for Home
6:00pm	Arrive back at FUMC Rockwall

What to Bring List

- ❑ Sleeping bag or bed roll or air mattress or sleeping pad
- ❑ Bedding for twin bed
- ❑ Work clothes for 4 days (long pants/jean, t-shirts, no tank tops or sandals at work site)
- ❑ Comfortable shoes (work boots or heavy soles & closed toed for work)
- ❑ Appropriate bathing suit (1 piece or tank-ini for girls & trunks for boys)
- ❑ Bible
- ❑ Bug repellent and Sunscreen
- ❑ Toiletries/towel/washcloth/shower shoes
- ❑ Tools
 - good hammer
 - heavy work gloves
 - paint brush (2 inch or larger)
 - Coffee can or empty gallon jug (instead of paint bucket)
 - paint scraper
 - water bottle
- ❑ Make sure to turn in paperwork before...
 - Faith Communities for Disaster Recovery Medical Release Form
 - Faith Communities for Disaster Recovery Medical Info Form
 - Faith Communities for Disaster Recovery Liability Form (*needs notary*)
 - VIM Insurance Form (*needed turned in to Paul ASAP*)
 - 2010 FUMC Rockwall Medical Form (*needs notary*)

Youth Registration & Medical Release Form

Name: _____ Date of Birth: ____/____/____

Address: _____ Gender: _____

(City) (State) (Zip) Phone: (____) _____

Email: _____ T-shirt Size (adult) _____

Social Security Number: _____ (will be used only for medical treatments only)

Number of Previous Missions/Work Camp Trips: _____ Music Skills: _____

Minor Release of Liability

I _____ legal parent of guardian of _____
give my permission to him/her to go on the C2K Youth in Mission Trip, and to participate in all activities, including being photographed. I hereby release C2K, The City of Dallas People Helping People program, and the North Texas Annual Conference, its staff and volunteers, participating churches, and referral agencies of any liability in the event of accident or injury.

Authorization to Obtain Medical Treatment

I authorize any of the leaders of C2K and all accompanying adult volunteer leaders on this trip to obtain any and all necessary medical and/or dental attention and/or treatment for my above named minor child, including surgical procedure if advised by the attending physician. I have listed on this form any and all special medical problem(s) concerning my above named minor child and I confirm that I have advised the leaders of C2K of any such medical problems.

I understand that C2K does not carry accident or medical insurance on participating volunteers. I agree that the insurance company listed on this form will be used for such medical care expenses, and I am aware, I may be billed by the medical provider for any medical treatment not covered by my insurance. I understand that if I do not have medical coverage that I am responsible for the payment of any medical bills.

Parent/Guardian Signature

On this date _____, the person who's signature is above, personally appeared and acknowledged to me that he/she understood this Registration and Medical Release Form.

Notary Seal Required



Notary Public,
State of _____

Duplication of this form shall be on WHITE PAPER ONLY.
Both sides required. C2K Covenant of Conduct on back.

YOUTH

C2K Covenant of Conduct

I know that I am Christ's representative on the C2K trip and will behave in such a way as to bring Him glory.

I agree to participate in all activities of C2K. When asked to be serious and thoughtful, I will willingly do so.

I agree to not participate in the use of drugs or alcohol during this event. I will refrain from the illegal purchase or use of tobacco products. I will not use tobacco inside any building or at any worksite.

I agree to not use profanity, refrain from sexual activity or inappropriate displays of affection, and treat all persons with respect and consideration during this event.

I will respect the facility we are using, and realize that if damage should occur because of my negligence, I am financially responsible. I will not waste time or resources during this event.

I will not bring any electronic game equipment, boom boxes, or other items that may distract attention from the event. I will not bring or use any weapons, fireworks, pornographic materials, or any other inappropriate items.

I will portray a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity. I will abide by the dress code set forth which promotes modesty.

I will not abuse others including physical, verbal, sexual, and mental abuse. I understand that Texas State Law requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Human Services or a law enforcement agency.

Above all, I agree to play, have fun, and exercise team-work during C2K.

I have read the "Covenant of Conduct" and fully agree with the conditions. I understand that I will be excused from participating in C2K activities and sent home at my parent's expense if I violate any conditions of this covenant.

Signature of Participant

Signature of Parent or Legal Guardian

**BOTH YOUTH Participant & PARENT or LEGAL GUARDIAN must SIGN.

Insurance Information

(Attach front & back copy of insurance card. Please copy on same sheet of paper.)

Emergency Contact Information

Name(s) parents or legal Guardian	Relationship	Work Number	Cell Number

Medical Information

Name of Physicians:	Phone #
Allergic to:	Date of Last Tetanus Shot:
Current Medications & Dosage:	List any Physical Limitations:
Medical History (diabetes, epilepsy, heart murmur, etc.):	

Are you willing to live/work/eat/sleep under conditions that may be uncomfortable and require your flexibility, patience and understanding? _____ *Please initial

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Both sides required. C2K Covenant of Conduct on back.



CITY OF DALLAS

**PEOPLE HELPING PEOPLE PROGRAM
CITY OF DALLAS HOUSING DEPARTMENT**

**YOUTH VOLUNTEER
RELEASE AND WAIVER OF LIABILITY**

As parent or guardian of _____ (the "Minor"), I am executing the "Youth Volunteer Release and Waiver of Liability" on behalf of him or her and myself and agree for the Minor to perform free of charge certain services that may include any of those listed on the attached Exhibit A (the "Work") at properties located in Dallas, Dallas County, Texas owned by low income, elderly, and/or disabled persons identified by the City of Dallas People Helping People Program ("Owner(s)").

I am aware that the property where the Minor may perform the Work for the Owner(s) ("Property") may contain hazardous conditions or materials. I assume responsibility for any injury or illness of the Minor related to such conditions, including death, and all risks associated with any conditions, hazards, and potential dangers in, on or about the Property, whether they are open and obvious or concealed. Further, I understand that the structure(s) on the Property may contain hazardous material, including, but not limited to, asbestos or lead-based paint. I understand that exposure to these materials may be hazardous.

I agree for the Minor to perform the Work in consideration of the Owner(s)' release of the Minor from any and all liability for damage or injury to Owner(s) or the Property associated with the Minor's performance of the Work. On behalf of the Minor and myself, I hereby release, hold harmless, and discharge the City of Dallas, the Volunteer Organization sponsoring the Minor's Work, their officers, agents, and employees, and the Owner(s) from any claims, lawsuits, judgments, costs and expenses for personal injury (including death) property damage or other harm, suffered by the Minor that may arise out of the Work. On behalf of the Minor and myself, I further covenant not to sue the City, the Volunteer Organization, their officers, agents, and employees, or the Owner(s), and I waive any claims, actions or suits of any character and description whatsoever in connection with the Work.

I authorize the City to make and use any visual representations of the Minor performing the Work on the Property.

Mother: _____ Date _____

Signature

Printed Name

Father: _____ Date _____

Signature

Printed Name

Legal Guardian: _____ Date: _____

Signature

Printed Name

Adult Registration & Medical Release Form

Name: _____ Date of Birth: ____/____/____
(Full name needed for Background Check)

Preferred/ Nick Name: _____ Cell Phone: (____) _____

Address: _____ Gender: _____
(City) (State) (Zip) Phone: (____) _____

Email: _____ T-shirt Size (adult) _____

Social Security Number: _____ (will be used only for medical treatments only)

Driver License# _____ Occupation: _____

Are you an authorized driver of the vehicle being brought? _____

Number of Previous Missions/Work Camp Trips: _____ Music Skills: _____

Rank and explain any skills you have in the following areas:

	Journeyman Handyman General Unskilled Please Explain
Painting	_____
Carpentry	_____
Sheetrock	_____
Roofing	_____
Other	_____

Release of Liability and Background Check

I hereby release the North Texas Annual Conference, its staff and volunteers, participating churches, City of Dallas People Helping People program, and other referral agencies of any liability in the event of an accident or injury. I give the North Texas Conference of the United Methodist Church the authority to perform a background check.

Authorization to Obtain Medical Treatment

I authorize any of the leaders of C2K and all accompanying adult volunteer leaders on this trip to obtain any and all necessary medical and/or dental attention and/or treatment for myself, including surgical procedure if advised by the attending physician. I have listed on this form any and all special medical problem(s) concerning myself and I confirm that I have advised the leaders of C2K of any such medical problems.

Signature

On this date _____, the person who's signature is above, personally appeared and acknowledged to me that he/she understood this Registration and Medical Release Form.

Notary Seal Required _____ Notary Public,
 State of _____

Duplication of this form shall be on WHITE PAPER ONLY.
 Both sides required. C2K Covenant of Conduct on back.

ADULT

C2K Covenant of Conduct

I understand that C2K follows Safe Sanctuaries guidelines.

I know that I am Christ's representative on the C2K trip and will behave in such a way as to bring Him glory.

I agree to participate in all activities of C2K. When asked to be serious and thoughtful, I will willingly do so.

I agree to not participate in the use of drugs or alcohol during this event. I will refrain from the illegal purchase or use of tobacco products. I will not use tobacco inside any building or at any worksite.

I agree to not use profanity, refrain from sexual activity or inappropriate displays of affection, and treat all persons with respect and consideration during this event.

I will respect the facility we are using, and realize that if damage should occur because of my negligence, I am financially responsible. I will not waste time or resources during this event.

I will not bring any electronic game equipment, boom boxes, or other items that may distract attention from the event. I will not bring or use any weapons, fireworks, pornographic materials, or any other inappropriate items.

I will portray a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity. I will abide by the dress code set forth which promotes modesty.

I will not abuse others including physical, verbal, sexual, and mental abuse. I understand that Texas State Law requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Human Services or a law enforcement agency.

Above all, I agree to play, have fun, and exercise team-work during C2K.

I have read the "Covenant of Conduct" and fully agree with the conditions. I understand that I will be excused from participating in C2K activities and sent home at my own expense if I violate any conditions of this covenant.

Signature of Participant

Insurance Information

(Attach front & back copy of insurance card. Please copy on same sheet of paper.)

Emergency Contact Information

Name	Relationship	Work Number	Cell Number

Medical Information

Name of Physicians:	Phone #:
Allergic to:	Date of Last Tetanus Shot:
Current Medications & Dosage:	List any Physical Limitations:
Medical History (diabetes, epilepsy, heart murmur, etc.):	

Are you willing to live/work/eat/sleep under conditions that may be uncomfortable and require your flexibility, patience and understanding? _____ *Please initial

Duplication of this form shall be on WHITE PAPER ONLY.

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ADULT



CITY OF DALLAS

**PEOPLE HELPING PEOPLE PROGRAM
CITY OF DALLAS HOUSING DEPARTMENT**

**VOLUNTEER SIGN-IN,
RELEASE, AND WAIVER OF LIABILITY**

As a volunteer of Connect to the Kingdom & First United Methodist Church of Rockwall
(the "Volunteer Organization"), I will perform free of any charge the services shown on the
attached Exhibit A ("the Work"), located at _____
Dallas, Dallas County, Texas ("Property") for the owner(s) of the Property (the "Owner(s)").

I am familiar with conditions on the Property. I am aware that the Property may contain
hazardous conditions or materials. I assume responsibility for any injury or illness to me
related to said conditions, including death, and all risks associated with any conditions,
hazards, and potential dangers in, on or about the Property, whether they are open and
obvious or concealed. Further, I understand that the structure(s) on the Property may
contain hazardous material, including, but not limited to, asbestos or lead-based paint. I
understand that scraping any lead-based paint from a structure on this Property may
expose me to lead dust particles.

I agree to perform the Work in consideration of the Owner(s)' release of me from any and
all liability for damage or injury to Owner(s) or the Property associated with my
performance of the Work. I hereby release, hold harmless, and discharge the City of
Dallas, the Volunteer Organization(s), their officers, agents, and employees, and the
Owner(s) from any claims, lawsuits, judgments, costs and expenses for personal injury
(including death), property damage or other harm, suffered by me that may arise out of the
Work. I further covenant not to sue the City, the Volunteer Organization(s), their officers,
agents, and employees, or the Owner(s), and I waive any claims, actions or suits of any
character and description whatsoever in connection with the Work.

I authorize the City to make and use any visual representations of me performing the Work
on the Property.

VOLUNTEER

Signature Printed Name Date: _____



Mission Volunteers Office
 475 Riverside Dr., Suite 320
 New York, NY 10115
 Tel (212) 870-3825
 Website: <http://umviminsurance.info>

UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION

Please print legibly in black or blue ink, and sign the Release of Liability. Couples must fill out separate forms. Reproduce as needed.

__Rev./ __Dr./ __Mr./ __Mrs./ __Ms. _____
 First Name Middle Initial Last Name

Birth date (month/day/year) ___/___/___ Member Church (Name & City) FUMC Rockwall; Rockwall, TX

Home Street Address (including apartment #), or PO Box _____

City, State & Zip Code (+ additional 4 digit zip code if known) _____

Phone # (____) _____ E-mail address _____

Beneficiary: []Estate/My Will []Name _____ Relationship to you _____

Date of Departure (month/day/year) 7 / 25 / 10 Date of Return (month /day/year) 7 / 30 / 10

Sponsoring organization (e.g. local church, Conf.) FUMC Rockwall UMVIM project name C2K—Connect to the Kingdom, NTC

Type of team: Medical _____ Construction X Other (specify): _____

Destination (if in the U.S., city & state; if abroad, name of country) Dallas, TX

Team Leader / Coordinator 1 Rev. Paul Maletic, 2 _____
FUMC Rockwall Youth Minister

These are legal statements, and you may wish to review them with an attorney.

RELEASE OF LIABILITY (this must be signed BY APPLICANT for application to be valid & for applicant to receive insurance coverage)

I understand that the General Board of Global Ministries of The United Methodist Church assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer in Mission, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church and hold it harmless from any claims or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed _____ Date _____ / _____ / _____
 (If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

Witnessed by _____ Date _____ / _____ / _____

PRIVACY RIGHTS

By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult <http://gbgm.ums.org/vim/mvdb/policy.htm>

Signed _____ Date _____ / _____ / _____
 (If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

NOTES: 1) This insurance policy is for participants in UMVIM work projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://umvim.info>). Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure, in 1 batch (NOT separately), & pay with 1 check (NOT separate checks). Check should accompany applications. 3) Attach cover sheet, which may be downloaded by going to <http://umviminsurance.info>, stating a) team leader's or coordinator's name, address, phone, & email, b) destination, c) names & # of persons per each distinct set of dates of coverage (i.e. having same dates of departure AND return), as letter of coverage is drawn up per # of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at \$ 75 per person per day, including days of departure & return (In subtracting departure from return date, add 1 to the difference to get correct # of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 1400, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage. (1/24/09)