

June of 2020!



## Summer Mission Experience

**This is a very special invitation for YOU to join us for a summer work camp from June 14<sup>th</sup> – 20<sup>th</sup>, 2020.**

**This camp is open to all middle and high school students. Mission focus = Home Repairs and Handicap Access to Fulton County Residents.**

**Enclosed you will find a packet of information about HFOH and the application form. Please complete and mail back to Kelli Miller or Jeremy Fletcher as indicated on the bottom of the Application (bottom of the back page) By June 1<sup>st</sup>.**

Note: The application indicates a \$50 fee for the camp. This includes everything for the week. However, “scholarships” are available upon request. So, please do not let the finances influence your decision to join us. For more information about scholarships, please call 717-485-4815 ext. 204

**Invite friends to join us in #changingtheworld #hfoh2020!**

# HANDS & FEET OF HOPE MISSION EXPERIENCE APPLICATION

JUNE 14<sup>th</sup> – 20<sup>th</sup>, 2020

*(Please fill in both sides of application & mail with \$50 registration fee to  
McConnellsburg UMC 121 N. Second Street McConnellsburg, PA 17233)*

*Note: Scholarships available upon request to cover registration fee*

NAME: \_\_\_\_\_ PASTOR: (If Any) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CHURCH/GROUP: (If Any) \_\_\_\_\_

CITY: \_\_\_\_\_ CHURCH ADDRESS: \_\_\_\_\_

STATE/ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

AGE: \_\_\_\_ SEX: M F T-Shirt Size \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL ATTEND & CURRENT GRADE/or OCCUPATION: \_\_\_\_\_

CAMPER EMAIL ADDRESS: \_\_\_\_\_  
SPECIAL DIETARY NEEDS? \_\_\_\_\_

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**Briefly tell us why you want to be a part of Hands & Feet of Hope, 2020.**

**Briefly describe your (participant) personality: (Likes, Dislikes, Talents, Skills, Other Info. To Help Us Form Work Teams For The Week And Get To Know You Better)**

**Briefly list any construction/mission experience that you have:**

**LIABILITY RELEASE FORM (Release of all Claims)**

In consideration for being accepted for participation in Hands & Feet of Hope Mission Experience, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older), do hereby release, forever discharge and agree to hold harmless any and all churches, schools, community organizations and the directors/officers/members/participants thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the mission experience. Furthermore, we (I) (and on behalf of our (my) child participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to the adults (over 21 years of age) associated with Hands & Feet of Hope Mission Experience to furnish any transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify Hands & Feet of Hope Mission Experience it's directors, employees, agents and volunteers for any liability sustained by Hands & Feet of Hope Mission Experience as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attending thereto. Furthermore, we authorize the taking of photos and posting of photos strictly for advertisement use and blog posts to promote HFOH and Local Missions.

*(If the participant has not attained the age of 21 years)*

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity and hereby give our (my) permission to take said participant to a doctor or hospital and here authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PARTICIPANT)

\_\_\_\_\_  
PARENTS HOME & WORK PHONE, CELL NUMBERS)

HOSPITAL INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO

Health Insurance Company

\_\_\_\_\_  
POLICY NO: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN/ PHONE NO: \_\_\_\_\_

\_\_\_\_\_  
(PARTICIPANT IF 21 YEARS OLD)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE If Under 21)

\_\_\_\_\_  
(DATE)

**PARTICIPANT ONLY**

I have read the foregoing and understand the rules of conduct and covenants and will abide by them as well as the directions of the leadership of HFOF. I realize that if any part of this covenant or trust is broken it may result in immediate dismissal from camp.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

Please Complete and Mail to McConnellsburg UMC 121 N. Second St. McConnellsburg, PA 17233 **BY JUNE 1**

**If you have any questions please feel free to call 717-485-4815 ext 204**

## **TEEN COVENANT for “Hands & Feet of Hope” (HFOH) 2020**

I understand

- that participating in HFOH is a privilege & that I am serving others and our Lord in all that I do during the mission experience . All of my actions including my language are expressions of God's love
- that participating in HFOH is a privilege not a right and that privilege should be entered into with a grateful and thankful heart.
- that to promote communication among participants and residents at work sites: music headsets & mobile devices are to be used sparingly and only during “free times” and are used quietly after “lights out”
- that vehicles can be driven at HFOH only by adult volunteers 21 years of age or older

I will

- respect the rights and needs of others at all times
- actively participate in activities of HFOH throughout the week with a positive attitude
- be in my sleeping room by curfew every night ready for bed & devotional time and will remain in my room with my group
- observe "lights out" and rest in preparation for the next day not disturbing others
- stay within the designated areas of the school campus
- report any injury immediately to an adult
- wear appropriate attire when at the base and on the worksite understanding that if any logo, words, or covering are not in keeping with HFOH's spirit, I could be asked to change clothes
- accept personal responsibility of payment for any damage done to McConnellsburg United Methodist Church
- understand that cell phone use is to be limited and only during free times, unless for emergency purposes

I will not

- leave my worksite unless accompanied by my workcrew
- smoke, use illegal drugs, or alcohol
- bring any weapons or other objects that could be used as a weapon to HFOH

**I hereby sign this covenant knowing that should I decide to break it, I may be *immediately* dismissed from Hands & Feet of Hope Mission Experience**

Date \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



# Camper Health Form

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Medications with instructions:

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Allergies and Reactions:

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Can we give your camper Ibuprofen, Tylenol, antacid, or antidiarrheal, etc. as needed, as determined by our camp nurse?

Yes \_\_\_\_\_ No \_\_\_\_\_ Preference: \_\_\_\_\_

MUST BE UP TO DATE WITH IMMUNIZATIONS! Date of last Tetanus shot: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **PHOTO ACKNOWLEDGEMENT AND CONSENT**

I give permission for photographs in which I and my child(s) appear to be used for publications and public relations activities by Hands and Feet of Hope.

This may include use in print and electronic media, social media, including the internet.

Printed name of Parent/Legal Guardian

\_\_\_\_\_

Signature: \_\_\_\_\_

Full name of child(ren)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Details

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Mobile: \_\_\_\_\_