

# SOUL OF THE BIRNY

## 2011 Summer Mission Trip

**July 10-16, 2011**

*This form is due no later than June 29th, 2011*

**Who:** All FCC Youth 6-12 grade

**When:** July 10-16, 2011

**Where:** St. Louis, MO



**What:** Working with Urban Mission Experience in a city setting with various agencies, programs and organizations.

**How:** Return this form to Andy Beck on or before June 29th, 2011.

**Cost:** **\$50/person.** (not including adults)

*Cut here*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ T-Shirt Size: S M L XL XXL

City, State, ZIP: \_\_\_\_\_

Phone #'s: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Office use only:</i>	
<i>Received:</i> _____	<i>Paid:</i> _____

**First Christian Church of Midwest City  
MEDICAL AUTHORIZATION & LIABILITY RELEASE**

**Definitions used in this document**

*The church* refers to First Christian Church, 11950 East Reno., Midwest City, OK 73130 with any and all of its authorized agents, including paid staff and volunteer workers

*minor* refers to the person, not having reached his/her 18<sup>th</sup> birthday, for whom this form is filed  
*guardian* refers to any parent or legal guardian of the *minor*

**Part I: Personal & Medical Information**  
(PLEASE PRINT ALL INFORMATION)

<b>Minor's Personal Information</b>
Name: (last) _____ (first) _____ (middle) _____
Address: _____
City/State/Zip: _____ Home Phone: _____
Gender: _____ Date of Birth: _____
<b>Minor's Health Insurance Information</b>
Insurance Company: _____ Policy Holder: _____
Policy Number: _____ Group Number: _____
<b>In Case of Emergency, please notify one of the following:</b>
(1) Name: _____ Relationship to <i>Minor</i> : _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
(2) Name: _____ Relationship to <i>Minor</i> : _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
<b>Minor's Medical Information</b>
Date of last tetanus shot: _____
Names, dosages, and purpose of medications being taken: _____ _____ _____ _____
Medication or Food Allergies: _____ _____ _____
Special Considerations (i.e., medical conditions, dietary needs/restrictions, allergies, activity limitations, etc.): _____ _____ _____
Minor's doctor: (Name) _____ (Phone) _____

**Part II: Authorization for Medical Treatment**

I, the undersigned guardian of the minor, do hereby grant the following to the church on behalf of the minor's participation in any events sponsored by the church and for which I have granted my prior approval.

I authorize the church to administer general first aid treatment for any minor injuries or illnesses experienced by the minor in any of the aforementioned events. If the injury or illness is life threatening or in need of emergency treatment, I authorize the church to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the church in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

I agree to release and hold harmless the church from any and all claims, suits, costs, and actions of any kind whatsoever arising from their exercise of the power granted by this authorization.

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

# URBAN MISSION EXPERIENCE ST. LOUIS

Name of Volunteer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Media release agreement: I understand that while participating as a volunteer with Urban Mission Experience (UME) I may be video taped, photographed or interviewed by staff or media professionals. I give permission for UME or any legitimate media outlets to use my image for the promotion of its program. This may include; visual displays, publicity presentations, website materials and inclusion in collateral materials produced and distributed for the benefit of UME.

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Release and Waiver of Liability  
**Urban Mission Experience Participant**

The Volunteer named below desires to reside at Epiphany United Church of Christ, 2911 McNair Ave., St. Louis MO 63118 ("the Church"), during his or her mission experience in St. Louis, MO. The Volunteer understands that he or she will be sleeping on the floor on the third level of the Epiphany Church building, which has no elevators. Meals will be provided by the volunteers. Volunteers are granted permission by the Church to use the kitchen facilities of the Church for the preparation of their meals. Exceptions to this meal arrangement may include a breakfast provided by members of the Church, and a dinner provided by members of the hosting youth group, which is not sponsored by the Church, nor under the supervision of the Church.

I freely and voluntarily execute this Release under the following terms:

I do hereby release and forever discharge and hold harmless Epiphany United Church of Christ and each of its members and staff from any and all liability, claims and demands of whatever kind, which may arise from the Volunteer's stay at Epiphany United Church of Christ.

I understand that this Release discharges Epiphany United Church of Christ and each of its members and staff from all liability or claim that I may have against Epiphany United Church of Christ and/or members and staff with respect to any bodily injury, illness, death, or property damage that may result from the Volunteer's stay at Epiphany United Church of Christ, whether caused by a third party, or by a member, staff, pastor, church council, officer, or agent of Epiphany United Church of Christ. I also understand that Epiphany United Church of Christ does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

Adult Volunteer Signature \_\_\_\_\_

OR

Parent/Guardian Signature for a Youth Volunteer \_\_\_\_\_

PRINT name of the Volunteer \_\_\_\_\_

PRINT Name and Location of the church/group sponsoring the mission experience \_\_\_\_\_

Date \_\_\_\_\_

Release and Waiver of Liability  
**Joint Neighborhood Ministry**

The Volunteer named below desires to volunteer at Joint Neighborhood Ministry, 2911 McNair Ave., St. Louis MO 63118 during his or her mission experience in St. Louis, MO. The Volunteer understands that he or she could be working in the food pantry, clothes closet, outdoor work or assisting the Family Advocate. This work may include heavy lifting such as carrying cases of food or moving furniture.

I freely and voluntarily execute this Release under the following terms:

I do hereby release and forever discharge and hold harmless Joint Neighborhood Ministry and each of its staff and board members from any and all liability, claims and demands of whatever kind, which may arise from the Volunteer's work with Joint Neighborhood Ministry.

I understand that this Release discharges Joint Neighborhood Ministry and each of its staff and board members from all liability or claim that I may have against Joint Neighborhood Ministry with respect to any bodily injury, illness, death, or property damage that may result from the Volunteer's work with Joint Neighborhood Ministry, whether caused by a third party, or by a board member, staff person, or agent of Joint Neighborhood Ministry. I also understand that Joint Neighborhood Ministry does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

Adult Volunteer Signature \_\_\_\_\_

OR

Parent/Guardian Signature for a Youth Volunteer

\_\_\_\_\_  
PRINT name of the Volunteer

\_\_\_\_\_  
PRINT Name and Location of the church/group sponsoring the mission experience

\_\_\_\_\_  
Date

**LYDIA'S HOUSE  
CONFIDENTIALITY AGREEMENT**

To protect the safety and privacy of the women and children who live and work at Lydia's House, all information gained through service with our program must be treated as confidential. Discussing any information with people who are not authorized volunteers or staff members at Lydia's House, under any circumstances, will destroy the bond of trust between residents and Lydia's House and will undermine our services to battered women.

**A breach of confidentiality is a serious violation of trust and ethical responsibility. It can jeopardize the safety of residents, staff, and volunteers, and thus may be cause for immediate termination of work on behalf of Lydia's House.**

By my signature below, I agree to respect and abide by the following confidentiality policies:

1. I will not reveal to anyone, including "safe" persons such as friends, co-workers, clergy, police officers, etc., the addresses or approximate locations of Lydia's House residential buildings.
2. I will not disclose the identity of any Lydia's House resident to anyone, including friends, co-workers, clergy, police officers, etc. without express written consent from the resident.
3. I will respect the privacy of the residents of Lydia's House and will not engage them in personal conversations about their circumstances.
4. If someone asks to see or visit Lydia's House I will refer him or her to the office at (314) 771-4411. A staff member will assist them.
5. If, during my volunteer work at Lydia's House, neighbors ask what I am doing, I will not reveal the Lydia's House name or the nature of our work with abused women. Appropriate responses are "I'm helping a friend," or "I'm with the maintenance crew."
6. Every caseworker, organization representative, grant monitor, auditor, etc. who comes to Lydia's House and/or is given access to resident files, must sign a confidentiality agreement. Identifying information will be provided on the strictest need to know basis.

**I agree not to divulge any of the aforementioned information during or subsequent to my tenure of service with Lydia's House.**

**PLEASE PRINT CLEARLY**

Name (please print) \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Group Name: \_\_\_\_\_

Reason for visiting Lydia's House—please circle appropriate choice(s):

Donation      Group Workday      Ongoing Volunteer      Other: \_\_\_\_\_

**THANK YOU FOR SUPPORTING LYDIA'S HOUSE!  
RELEASE AND WAIVER OF LIABILITY**

**The undersigned releases, holds harmless, and indemnifies, Lydia House, officers, directors, employees and contractors from any liability for any injuries or damages. Volunteer acknowledges that construction, rehab and other activities related to the properties is dangerous and volunteer assumes the risk of any injury or damages.**

This Volunteer desires to work as a volunteer for Lydia's House and engage in the activities related to being a volunteer. The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Lydia's House offices, and any other duties as assigned by Lydia's House staff.

**(please initial)** \_\_\_\_\_

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Volunteer does hereby release and forever discharge and hold harmless Lydia's House and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Lydia's House. **(please initial)**

\_\_\_\_\_

Volunteer understands that this Release discharges Lydia's House from any liability or claim that the Volunteer may have against Lydia's House with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Lydia's House, whether caused by the negligence of Lydia's House or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Lydia's House does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, death or illness. **(please initial)** \_\_\_\_\_

**Medical Treatment**

Volunteer does hereby release and forever discharge Lydia's House from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Lydia's House.  
**(please initial)** \_\_\_\_\_

**Assumption of Risk**

The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Lydia's House from all liability for injury, illness, death, or property damage resulting from the Activities.  
**(please initial)** \_\_\_\_\_

I grant to Lydia's House, the right to take photographs of me and my family in connection with the above-identified event. I authorize Lydia's House, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Lydia's House may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above: **(please initial)** \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_