

REGISTRATION

"ASP"

For more information, visit www.huntsvillefirst.org

Student's Name: _____

Gender: _____

School: _____

T-Shirt Size: _____

Grade (2016-2017): _____

Address: _____

City: _____

State: _____ ZIP: _____

Student's Email: _____

Parents' Names: _____

Parents' Email: _____

Home Phone: _____

Student's Cell Phone: _____

Parents' Cell Phone: _____

Please complete and return to:

Huntsville FUMC Youth Ministry
Attn: Sherry McKinney
120 Greene St SE
Huntsville, AL 35801



Huntsville First
United Methodist Church
120 Greene St SE
Huntsville, AL 35801

Youth Ministry Missions



Appalachia
SERVICE PROJECT SM

July 9-15, 2017

Grades 9-12



Trip

When: July 9-15, 2017

Location: Tennessee? TBD

Type: Rural-Minor Home Repair

Cost: \$395 (Cost includes transportation lodging and most meals, camp materials and t-shirt)

Payment Deadlines

\$150 Deposit Due April 1, 2017

\$245 Payment Due May 15th, 2017
(Payments are non-refundable)

To Register:

Return the following items to Sherry McKinney (sherry@huntsvillefirst.org)

1. attached Registration Form (Or register online)
2. deposit of \$150
3. Youth Information form
4. Youth liability form
5. Copy (front and back) of health insurance card
6. Asp release form

Questions? Contact:

Nikki Skidmore, Director of Youth Ministries

nikki@huntsvillefirst.org

Appalachia Service Project (ASP) is a Christian ministry, open to all people, that inspires hope and service through volunteer home repair in Central Appalachia, specifically in the states of Virginia, West Virginia, Kentucky and Tennessee. ASP provides one of the most rewarding structured service opportunities in the nation — bringing thousands of volunteers from around the country to rural Central Appalachia to repair homes for low-income families, elderly, and disabled.



Every year more than 1,300 teens in youth groups travel to Appalachia to make homes warmer, safer, drier. ASP helps to teach new skills, create friendships, build confidence and deepen faith lives. We stay in a local school or community center for the week and spend the days working alongside one another. In the evening there is time to hang out with friends, worship, sing, play games and learn a little about the Appalachian culture. ASP helps to make homes more livable but it is also a time of relationship building. Each day offers opportunities to interact with the family you've been assigned to serve. Working alongside your crew members forges abiding friendships. Serving others opens you to God working within you.

Volunteers will:

- Make one family's home warmer, safer, and drier
- Repair roofs, install insulation, fix floors, shore up foundations, build handicapped ramps, and perform a host of other improvements and repairs
- Worship, bond, and pull together as a group
- Lift an Appalachian family's spirits and remind them that God's love knows no boundaries

The benefits will be:

- Develop a heart for Christian service
- Discover what you're really made of
- Help you make a dent in poverty right here in America
- Give you new appreciation for what you have
- Draw your group of church closer together
- Come home more on fire for your faith and more involved in your church or community

Special care has been taken by God to create each one of us. God has fashioned us into a masterpiece of creation, unique with all our quirks, limitations, and strengths. In Christ, we receive God's grace through our faith and become God's work of art. However, we are not created to be admired or viewed as a piece of art, but each one of us has been prepared for a purpose. God has saved us to serve. This year, come serve with Appalachia Service Project to discover what great works of service God has created in advance for you to do.

For more information on ASP, visit

www.asphome.org



VOLUNTEER STATEMENT AND REGISTRATION FORM

Give to center staff upon arrival.

Must be received by staff prior to volunteer participation in ASP activity

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and housing rehabilitation for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care, and ASP cannot guarantee the safety or sanitation of its work sites, accommodations, or facilities. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, framing, dry wall installation, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other home repair, remodeling and renovation. These activities may include the use of a variety of hand tools such as ladders, hammers, shovels, rakes, and saws, and power tools such as saws and drills. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and ladders. Volunteers will be traveling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also engage in non-sponsored activities including, but not limited to: hiking, swimming, basketball, volleyball, baseball, football, Frisbee, or other sports activities of their choosing. Planned evening activities may include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction repair work, travel, and sporting activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks and voluntarily choose to assume the risks of all activities with ASP. All volunteers, as well as these volunteers and their parent(s)/legal guardian(s), must have read, be familiar with, and abide by ASP's Safety Manual and Expectations, Rules and Regulations. The minimum age for ASP volunteers is 14 (or must have completed the 8th grade).

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while I am a volunteer for ASP. Consent is given to accompanying adult volunteers or ASP staff to hospitalize, secure proper treatment and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. As ASP does not carry accident or medical insurance for volunteers, I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by ASP (specifically ASP's Expectations, Rules, and Regulations and ASP's Safety Manual) and I understand the extent and nature of the activities in which I or my youth will participate. If this Release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this release, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. I understand that as a volunteer, I am not an employee of ASP and I am not entitled to compensation or any other employment benefits of ASP.

By signing below, I and/or I and my youth release and discharge Appalachia Service Project, Inc. its agents, employees, and any and all persons connected therewith, from any and all liability claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Appalachia Service Project, Inc. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

I agree that this release and waiver shall be governed by the laws of the State of North Carolina because ASP operates in multiple states, including North Carolina. I also agree that if I pursue any legal action against ASP, such suit must be filed in the Tennessee State Courts in Washington County, Tennessee, or the United States District Court for the Eastern District of Tennessee.

Media Release and Waiver

The Volunteer and the Guardian grant and convey to ASP all right, title and interest in any and all photographic images and video or audio records made during the Participant's participation with Appalachia Service Project. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer participation in ASP programs, solely for the purpose of marketing, research and/or education. ASP will not identify by name any minors in either print or web-based images.

Volunteers 18 years of age or older:

Participated with ASP before? Yes No

Printed name of participant

Signature Date

Volunteers under age 18 years of age:

Participated with ASP before? Yes No

Printed name of participant

Signature Date

Parent/Legal Guardian Signature Date

NOTARY REQUIRED: SIGN ABOVE IN PRESENCE OF NOTARY

Name of participant (18 years & older) OR name of parent/guardian of minor participant, appeared before me

(Notary's name), a Notary Public of (County) County in the State of

the person whose signature appears above and with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and acknowledge that he/she executed the instrument for the purposes therein contained.

Witness my hand and official seal this day of, 201

(Notary Public) My commission expires:

VOLUNTEER INFORMATION

Vol. Last Name _____

Vol. Marital Status: **single** **married** **widowed** **divorced**

First Name _____ MI _____

Birthdate _____ (mon/day/year)

Nickname _____

Gender Male Female

Address _____

Occupation _____

City, State, Zip _____

Email address _____

Phone _____

EMERGENCY MEDICAL INFORMATION

Medical information on this form will only be used if medical treatment is needed. It will be used for no other purpose.

Social Security # _____ (optional)

Date of last Tetanus shot _____

Medication(s) you currently take (prescribed & over-the-counter – please list all – this is **extremely** important!!)

Medication(s) you **CANNOT** take _____

Any allergies &/or special health problems or concerns _____

Medical insurance information:

Company name _____

Policy # _____

Phone _____

Policy Holder's ID # _____

Address _____

Relationship to policyholder _____

City, State, Zip _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT

In an emergency, please contact:

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Day Phone _____

Day Phone _____

Evening Phone _____

Evening Phone _____

Cell Phone _____

Cell Phone _____

Also on ASP? Yes No

Also on ASP? Yes No

Physician information:

Physician name _____ Phone _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Appalachia Service Project, Inc., every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Youth Information Form

(Copy of your health insurance card must be attached.)

_____			_____		_____	Male	Female
Full Name			Youth Cell #		Date of Birth		
_____			_____		Class of 20__ School _____		
Address	City	Zip	Parent Phone #		Cellular # _____		

Family Information:

Mother's Name _____		Father's Name _____	
Address (if not same) _____		Address (if not same) _____	
Occupation _____		Occupation _____	
Work Phone _____		Work Phone _____	
Cellular # _____		Cellular # _____	
Sibling Names and Ages _____			

Emergency Information:

Dietary or Health Restrictions: _____

Doctor _____ Phone # _____

Medications taken on a daily or regular basis _____

List any physical or medical conditions requiring special attention _____

Allergies _____ Medications _____ Date of Last Tetanus _____

Insurance Company _____ Phone # _____

Address _____

Policy # _____ Group # _____

(You must attach a copy of front and back of current health insurance card)

EMERGENCY CONTACTS & ADDITIONAL PICK UP PERSONS:

*(It is important for parents to notify the church representative if anyone other than those on this list are to pick up the minor child. Persons must identify themselves to coordinator and show picture ID.)

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Youth Release/Medical Form

(A copy of your health insurance card must be attached.)

We (I) the parent(s) or legal guardian(s) of _____ hereby grant our (my) permission for him/her to participate fully in any activities or trips sponsored by or attended by Huntsville First United Methodist Church from August 2016-July 2017.

I understand that my signature carries with it the following:

Authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Huntsville First United Methodist Church and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Huntsville First United Methodist Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my child) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Huntsville First United Methodist Church can be used as a backup policy only if the accident or injury takes place on the church property.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

I authorize photographs and video to be taken and use for present and future Huntsville First United Methodist Church media and publications.

Signature of Parent or Legal Guardian

Date