

LCPC SHARE APPLICATION – 2010

Complete, sign, and return this application with your \$125 check (made payable to LCPC) no later than March 28, 2010.

Participation is limited and will be based on the date we receive your paid application.

We will have a "wait list" if we receive more than 42 student and 20 adult applications.

Mail or bring to: Liberty Corner Church, Attn: SHARE, PO Box 55, Liberty Corner, NJ 07938

First Name: _____ Last Name: _____

Your Home Phone: _____ Your Cell Phone: _____ Text Enabled? Yes / No Cell Phone Co? AT&T / T-Mobile / Verizon / _____

Your E-mail address: _____

Parent or guardian E-mail address: _____

Are you a member of LCPC? (please circle one): Yes / No

Have you participated in any LCPC activities? Seekers: Yes / No Pulse: Yes / No Prior ASP/YSP/SHARE trips: Yes / No

What committees can you serve on? (See the LCPC SHARE Volunteer Committee Information sheet (reverse side) for descriptions)

Students, what committees can your parents or guardians help us with? _____ Best Contact Phone: _____

Adults, age 25 and older, please provide Driver's License # _____

Participation Expectations: Please list three expectations that you have for yourself on this year's trip:

1. _____

2. _____

3. _____

Covenant Statement:

*By way of this application I commit to joining Liberty Corner Presbyterian Church on its SHARE mission trip June 26 – July 3, 2010. This is a serious undertaking that requires everyone to do his or her part in making it a success. This covenant reflects that my family and I understand all requirements for the trip (meetings, fundraising, training, etc.) must be fully met by the deadlines communicated or I will not be able to participate and that I will conduct myself as defined in the Code of Conduct or be asked to leave the trip and returned to my parents or guardian **at my own expense.***

Participant Signature Date Parent or Guardian Signature (if under 18) Date

For Share Staff Use: Date Application Received _____ Date Paid _____

LCPC SHARE Volunteer Committee Information

Let us know how you plan to be involved by choosing to serve on at least one committee

Committee	Description / Function
T-Shirt Design	Contribute your artistic and/or creative ideas in designing our LCPC Share 2010 T-Shirt design
Music / Vocal	Contribute your musical and/or vocal talent for the worship services for trip down and return.
Fund Raising	Develop ideas and opportunities for fund raising. Car Wash, Ad Sheet, and other new projects
Service Project	Work on a LCPC basic construction or service project. Habitat for Humanity, World Impact, LCPC Clean-up day
Spiritual / Devotional	Prepare / Lead devotions for meetings and worship services for trip down and return.
Donation Sales Management	Assist with individual or Sunday donation sales.
Donations Database	Maintain the database to track all funds raised at Sunday sales and individual sales. Prepare mailing labels for volunteer thank you post cards.
Financial	Maintain financial records for trip. Prepare money envelopes for participants; track expense reports from leaders and drivers.
Promotions - Appreciation Video	Develop appreciation video from photos. Promote LCPC Share trip – videos / slide shows.
Pictures	Get disposable cameras for each group. Make sure one individual on each work team is responsible for pictures.
Skills Training	Provide training session for first time attendees that cover safety, basic carpentry skills and a small construction project.
Cot Preparation	Maintain working supply of cots for participants. Ensure cots are usable and replacements are ordered.
Trip Packing and Organization	Plan and assist with Friday night packing and Saturday departure logistics.
Walkie/Talkie	Test Walkie/Talkies prior to trip. Install in vehicle on departure day and verify operation.
Saturday Send Off Lunch	Plan or assist with the Saturday Send-Off Lunch logistics. Contribute salad, pizza, drinks, ice, snacks, desserts, etc. for the meal

LCPC SHARE 2010 - Emergency Contact / Medical Information and Release Form

This form must be carried by the volunteer while participating in the Share Service Project.

Volunteer Information:

First Name _____

Last Name _____

Address _____

City, State, Zip _____

Birthday (MM/DD/YYYY) _____

Gender (circle) Male Female

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 _____

Volunteer Emergency Medical Information:

Date of last Tetanus shot _____

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

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

Any allergies and/or special health problems or concerns _____

Physician information:

Physician Name _____ Phone _____

Medical insurance information: (Attach a copy of your medical insurance card to this form)

Medical Release:

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the LCPC Share and Reach Workcamps, 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. Further, unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). If possible, the adult contact person for your group should make final decisions in cooperation with medical personnel. I understand that LCPC Share and Reach Workcamps do not carry accident or medical insurance for participating 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.

Volunteers aged 18 years and older:

Volunteers under 18 years of age:

Signature Date

Signature Date

Parent/Legal Guardian Signature Date

LCPCShareForm2EmergwcnyContactMedicalInformation2010v1

Relationship: (circle) Parent or Guardian

WORKCAMPER INFORMATION FORM

RETURN TO REACH BY APRIL 1, 2010!

Name: _____ **Date of Birth:** _____ **Age:** _____ **Sex: M F (circle one)**
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: () _____ **E-Mail Address:** _____

Year in School, Fall 2010: 7 8 9 10 11 12 College or Adult (circle one) **T-shirt Size:** S M L XL 2XL 3XL 4XL (circle one)

If you are attending a combination workcamp, would you prefer to be teamed with: Jr. High or Sr. High Students (circle one)

Health Status: Please indicate any special health concerns or medication requirements: _____

Work Experience: Have you attended a Reach Workcamp before? Yes No

Please check the boxes below that indicate your experience in each of the following areas:

	No Experience	Limited Experience	Handy Person	Professional
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete/Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywalling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe any experience indicated above: _____

Circle any reservations concerning the following: Tall ladders Roofing Heavy lifting

PERSONAL COMMITMENT:

I agree to participate in all work skills and servanthood preparation activities with my youth group. I also agree to participate fully in the workcamp program, including the work projects and planned programs. I understand a Christian atmosphere and attitude is expected during the workcamp, both at the school and at the worksite. I agree to conduct myself in such a manner and abide by the rules and directions of the workcamp leadership.

PARENTAL RESPONSIBILITY RELEASE:

In consideration for being accepted by Reach Workcamps, a Colorado Non-profit Corporation, for participation in a Reach Workcamp. I (we) the parent(s) or legal guardian(s) of this participant will assume all responsibility and agree to hold harmless and indemnify Reach Workcamps, its directors, officers, employees and agents for any liability sustained by Reach Workcamps as the result of negligent, willful or intentional acts of my (our) son (daughter) that may result in claims and demands for personal injury, sickness and death, as well as property damage and expenses. I (we) authorize and grant permission to Reach Workcamps to furnish any necessary transportation, food and lodging and to assign work projects to my (our) son (daughter). Further, should it be necessary for my (our) son (daughter) to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

INSURANCE COVERAGE:

Each participant is covered by secondary accident insurance. Coverage includes physicians' and nurses' fees, hospital confinement costs, surgical fees, x-rays and prescriptions. This plan of insurance is secondary to any health insurance you have. Submission of claims should be sent to your personal insurance first. (Please bring your personal insurance card.) If you have a hospital visit, please be sure to take the Claim Form given to you at the Reach Office home with you. The secondary insurance is to prevent out of pocket expenses for the Workcamper.

Insurance Company and Policy Number _____

Insurance Company Phone Number _____

MEDICAL RELEASE:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to be transported to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any, in excess of any applicable medical insurance coverage provided through Reach Workcamps.

Emergency Contact Name: _____

Emergency Phone: _____

Date of last tetanus shot: _____

Signature (Parent or Legal Guardian's Signature if under 18)

Participant Signature

Date

REACH WORKCAMPS PARTICIPANT RELEASE AGREEMENT

[PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT.]

THIS RELEASE AND WAIVER OF LIABILITY ("the Release") is executed in Weld County, Colorado, on this _____ day of _____, 2010, by _____ (the "Participant") in favor of Reach Ministries International, Inc., a Colorado non-profit corporation, and all of its officers, employees, participants and all team members, including team leaders (collectively "Reach Ministries").

I, the Participant, desire to work as a Participant for the Workcamp Trip sponsored by Reach Ministries and engage in the activities relating to being a Participant member of the Workcamp Trip. I understand that the activities may include, but are not limited to, traveling to and from Lockport, NY, consuming food and living in accommodations available and provided in Lockport, NY, working on home construction and repair, and other construction and repair related activities, including heavy work and labor.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless Reach Ministries and all other participants in the Workcamp Trip from any and all liability, claims, and demands of whatever kind and nature, either in law or in equity, which arise or may hereafter arise from my involvement in the Workcamp trip to Lockport, NY, scheduled for June 26 through July 3, **2010**.

I understand and acknowledge that this Release discharges Reach Ministries from any liability or claim that I, the Participant, may have against Reach Ministries with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with the Workcamp Trip.

2. **Assumption of the Risk.** I understand that my time on the Workcamp Trip may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy materials, and local transportation to and from the worksites. I recognize and understand that my time on the Workcamp Trip may, in some situations, involve inherently dangerous activities. I acknowledge that I have been fully informed of the risks and dangers inherent in the activities I will be engaging in during the Workcamp Trip.

I authorize and grant permission to Reach Ministries to furnish any necessary transportation, food and lodging, and to assign work projects for the Workcamp Trip. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Reach Ministries from all liability for injury, illness, death, or property damage resulting from the activities of my time with Reach Ministries.

3. **Assumption of Personal Responsibility, Release, and Indemnification.** In consideration for being accepted by Reach Ministries for participation in the Workcamp Trip, I, the Participant, agree to assume all responsibility for all of my conduct and actions during the Workcamp Trip, and agree to hold harmless and indemnify Reach Ministries, all of its officers, employees, participants, and all team members, including team leaders, for any claims, demands, or liability whatsoever incurred or sustained by Reach Ministries as the result of my conduct or actions during the Workcamp Trip.

4. **Insurance and Medical Treatment.** I, the Participant, will carefully and truthfully complete the separate Reach Ministries Workcamper Information Form, and will sign the forms at the same time as I sign this Release. I release and forever discharge Reach Ministries from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with any emergency or other medical treatment or services during my time on the Workcamp Trip.

5. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

6. **Other Persons.** This Release shall apply in favor of Reach Ministries and all of its members and all persons who have organized and/or in any way have or will participate in the Workcamp Trip.

Done and signed on the date above stated.

PARTICIPANT SIGNATURE: _____

PARTICIPANT'S PARENT SIGNATURE: _____

(If Participant is a minor)