

IMPACT Mission Trip Program - 2012 Application



Application Checklist:

<input type="checkbox"/> All 4 sections completed?
<input type="checkbox"/> Deposit or payment attached?
<input type="checkbox"/> Application Answers attached?
<input type="checkbox"/> Meeting and Events Calendar initialed?
<input type="checkbox"/> Parent and Participant Signatures?
<input type="checkbox"/> Submitted by January 1, 2012?

1 Applicant Name: _____ Grade: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (home) _____ (participant cell) _____
Participant Email: _____ facebook _____

Parent/Guardian Name(s): _____
Cel number(s): _____
Email(s): _____

- 2** Please type answers to these questions on a separate sheet of paper and attach it to your application.
- 1. What is your involvement with Kenilworth Union Church?*
 - 2. Why are you interested in participating in the KUC IMPACT Program?*
 - 3. What are some of the gifts, interests and skills you will bring to the experience?*
 - 4. In what other service trips or projects have you participated?*

Program Cost & Payment Policy

The program cost for Impact 2012 is \$1,100. and covers all activities and field trips locally and all travel expenses, including airfare, for the trip in June. Not included are souvenirs and airport snacks.

Payment Policy:

A **\$250 deposit is due with the application** and is applied toward the Program Cost. The \$850 remainder of your Program Cost may be paid with the application or any time before April 1, 2012. All outstanding balances are due by April 1, 2012.

Refund Policy:

Cancellations before April 25, 2012 will receive a refund for all fees paid, less \$100 admin fee. Cancellations on or after April 25 will not receive a refund.

Scholarships

Scholarships are available and are handled confidentially. Please contact Rev. Sarah Garcia by January 8 for more information.

IMPACT Mission Trip Program - 2012 Application

3

Participant's Covenant: As a KUC IMPACT participant, I will:

- Attend and participate in all IMPACT activities and contribute to team efforts.
- Respect the adult leaders and all IMPACT participants, refraining from disrespectful language or harmful behavior towards myself or others.
- Respect the customs, views and feelings of our hosts at any location we visit.
- Respect the environments we encounter and refrain from intentionally causing damage to them.
- Refrain from all conduct that may reflect poorly on myself and the IMPACT team.
- **Refrain from using or possessing alcohol, tobacco or illegal drugs and refrain from being present when another person is using the same.**
- Attend a majority of **Meetings and Events** as listed below. *In order to be eligible for the June mission trip, participants must commit to attending a majority of planned meetings and events unless prior arrangements have been made with Sarah Garcia. Absences from more than three (3) of the meetings or events below will result in removal from the mission trip roster.*

(a)

Program Meeting and Events Calendar Initial to left if you can attend, explain conflicts on right, if you cannot attend the event.**

<u>Init</u>	<u>Date</u>	<u>Activity</u>	<u>Explain conflict, if any</u>
	Sun 1/8- 7 pm	IMPACT Orientation	
	Sun 1/22 - 4-7pm	Soup Supper fundraiser	
	Sun 2/5 - 7 pm	IMPACT Meeting	
	Fri 2/10- 6pm	Serving in the City	
	Sun 3/4 - 7 pm	IMPACT Meeting	
	Sun 3/18 - 7 pm	IMPACT Meeting	
	Sun 4/8 - 10am	Easter Bake Sale	
	Fri 4/20 - 6pm	Serving in the City	
	Sun 4/29 - 7 pm	IMPACT Meeting	
	Sun 5/6 - 6pm	Teambuilding Night	
	Sun 5/20 10:30 am	Youth Sunday Service	

If I fail to abide by this covenant, I may be removed from the IMPACT program and / or returned home at my own expense. If I have to leave the program early due to inappropriate behavior I will not be entitled to any refund and I will be responsible for any additional expenses incurred.

(b)

Participant Signature: _____ Date: _____

4

Parental Permission and Release: By submitting this form and required fee, the participant's parent/guardian agrees to enforce the terms of the Covenant above and agrees to the following:

1. *I have been advised about the nature of the program and consent fully to my child's participation in the Impact Mission Trip Program, including travel to New Orleans in June, 2012 and I release the Kenilworth Union Church and all of its agents from any claim, whatsoever, arising out of these activities.*
2. *I authorize KUC adult leaders or agents to make decisions regarding medical treatment in the case of illness, injury, or emergency, to secure proper treatment for the participant named on this application.*
3. *I trust KUC adult leaders or agents with the authority to determine whether any behavior violates the conditions above or is otherwise unsafe, disruptive or abusive. If such a determination is made, I understand my child will be removed from the program and/or sent home at my or my child's expense.*
4. *I accept responsibility for any damage caused by my child's negligence or intentional act.*

Parent/Guardian Signature: _____ Date: _____

IMPACT Mission Trip Program - 2012 Application

RAI Ministries / Camp Restore Releases and Waivers

Photo/Audio/Video Release

I, the undersigned, hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular Camp Restore activities through audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of Camp Restore and RAI Ministries.

Participant Initials: _____ **Parent/Guardian Initials (for those under 18):** _____

Participant Liability Release

I, the undersigned, acknowledge and state the following: I have chosen to perform community and/or construction projects in the New Orleans area as a volunteer.

I understand that this work entails a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity, work around mold, and that some activities may take place on ladders and building framing other than ground level. I will only work within my physical capabilities. **I certify that I am in good health and physically able to perform this type of work.**

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that Camp Restore will not be held responsible or liable for my personal effects and property, including property kept in lockers. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by camp policies and instructions in effect for my accommodations during the trip.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about families at construction sites or individuals associated with community project sites without the express permission of said individuals. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Camp Restore, its parent RAI Ministries and all affiliated churches, facilities and organizations, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith.

Volunteer Signature: _____ **Date:** ___/___/_____

Parent/Guardian Signature(if under 18) _____

Medical Information and Authorization - Medical insurance is required

I _____, authorize Sarah Garcia or Silvi Pirn if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

Medical Ins. Provider _____ Policy # _____

Primary Policy Holder Name: _____ D. O.B. _____

Primary Care Physician: _____ Phone: _____

IMPACT Mission Trip Program - 2012 Application

Health Information

Allergies: _____

Current Medications: _____

Specific Health Problems: _____

I have a history of reactions to heat environments: YES / NO

Diabetic: YES / NO

I have a history of seizures: YES / NO

Emergency Contact Information:

Name: _____ Phone: () - _____ Cell: () - _____

Date of last tetanus shot _____ / _____ / _____ (MUST be within last ten years, preferably five)

Volunteer Signature: _____ Date: ___/___/_____

Parent/Guardian Signature: _____ Date: ___/___/_____

Parental Release

(Required for all volunteers under 18)

I, (parent or legal guardian) _____, hereby give permission for my child to serve in volunteer projects coordinated by Camp Restore. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and /or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold Camp Restore, RAI Ministries any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees, liable for any injury or damage to my child while engaged in disaster projects.

Home Telephone () _____ - _____ Work Telephone () _____ - _____

Relationship to participant: _____

Physical limitations, Special needs that might affect your child's work:

Parent/Guardian Signature: _____ Date: ___/___/_____