

# ADULT

## Form Packet and Checklist

### New Orleans 2020 Service Trip

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Return this packet (including this page) by Sunday, November 24, 2020 or before.**

- \$100 check per person (*make checks payable to "Elim Lutheran Church"*)
  - Adult Medical Release Form
  - Participant Covenant
  - Driver Form
  - Copy of your driver's license
- } Unless you don't  
want to drive

**For planning purposes please indicate any particular skills you may have.**

Please rate yourself in the following areas:

- |            |  |  |                                       |
|------------|--|--|---------------------------------------|
| Carpentry  | <input type="checkbox"/> no experience | <input type="checkbox"/> some experience | <input type="checkbox"/> very skilled |
| Plumbing   | <input type="checkbox"/> no experience | <input type="checkbox"/> some experience | <input type="checkbox"/> very skilled |
| Painting   | <input type="checkbox"/> no experience | <input type="checkbox"/> some experience | <input type="checkbox"/> very skilled |
| Gardening  | <input type="checkbox"/> no experience | <input type="checkbox"/> some experience | <input type="checkbox"/> very skilled |
| Insulation | <input type="checkbox"/> no experience | <input type="checkbox"/> some experience | <input type="checkbox"/> very skilled |
| Dry Wall   | <input type="checkbox"/> no experience | <input type="checkbox"/> some experience | <input type="checkbox"/> very skilled |

Any other info/experience that would be helpful for us to know in terms of building repairs and reconstruction:

Questions? Contact Athena Labberton  
athena\_labberton@yahoo.com  
766-8554 / 696-3678 (cell)

# NEW ORLEANS SERVICE TEAM

## July 11-19,2020

**Purpose:** Serving the people of New Orleans as they rebuild their homes and communities.

**Team members:** Adults, young adults, and current 10th graders or older are invited to be part of the team. People from both Elim and the community are invited.

**Dates of the trip:** We are planning on being there for one week, July 11-19, 2020. In order to get the best airfare, these starting/ending dates could move one day or so.

**What will we be doing?** We are continuing our partnership with SBP ([www.sbpusa.org](http://www.sbpusa.org)). They will coordinate our work assignments in light of our particular skills. Groups typically work on things like putting up insulation, sheet rock, mudding, painting, and landscaping. We will be working at work sites around the city: Gentilly, New Orleans East, the Ninth Ward, and St. Bernard's Parish. A typical work day is usually 8am to 4pm.

**Where will we be staying?** We have reserved an entire house in Chalmette owned and operated by Mustard Seed Ministries that includes:

- separate men's and women's dormitory spaces with bunk beds and 2 full bathrooms
- full kitchen - we will buy our food in Chalmette and work together to prepare our meals
- outdoor patio area, laundry facilities, dining room/great room
- we will provide our own bedding and towels

**Will there be time for sightseeing?** Yes! Although our primary task is to help with rebuilding, we will have some time to explore the city. Part of helping New Orleans is getting to know the city and the culture of this amazing place. We will work out an exact schedule as we do further planning together.

**Cost of the trip:** Your out-of-pocket expenses will be \$500 to cover airfare, food and transportation. Everyone's full participation in fundraising is expected. Fundraising will supplement airfare, ground transportation, housing, food and a donation to our partner non-profit organization. *Please plan to bring extra money for sightseeing and restaurant dinner as they will be an extra expense not covered by the trip fees or fundraising.*

**Team Members are expected to do:**

- Attendance at monthly meetings/service projects beginning in January 2017 in order to learn about New Orleans and develop connections within our team.
- Pay the fees per the schedule below

- Participation in our fundraisers which include:
  - Sunday morning donut sales starting November 3rd
  - See's Candy sales at Christmas and Easter
  - New Orleans Cuisine Dinner with jazz and silent auction on Sunday, May 3rd; every participant is asked to donate 3 items (gift baskets, babysitting services, plate of cookies, etc.) for the Silent Auction
  - Help the team at the Ironman Santa Rosa event, date TBD
  - Fireworks stand June 30-July 4, 2020

### **Important Dates:**

- **November 24** – Forms and \$100 deposit are due
- **Friday, January 10, 2020 at 6:30pm** - Meeting at the Labberton's; dinner is potluck (other meetings/ service projects to be announced)
- **January 12:** additional payment of \$100 due
- **February 9:** additional payment of \$100 due
- **March 15:** additional payment of \$100 due
- **April 12:** Final Payment of \$100 due
- ***Fees are non-refundable after January 31 due to airline tickets being non-refundable.***

For questions or additional information, please contact me.

Athena Labberton  
athena\_labberton@yahoo.com  
766-8554

## NEW ORLEANS MISSION TRIP PARTICIPANT COVENANT

**This form must be signed by all participants (and parents if under 18) and returned with the registration forms.**

*Purpose: Elim Lutheran Church will be participating in a short-term mission project in order that we might serve Christ and our neighbors in New Orleans. We go on this mission seeking to reflect God in all that we do and say.*

### **In preparation for the trip, I understand that...**

- Participation in monthly meetings and service projects is required.** These activities will help us become a team so that we can work together in New Orleans.
- Participation in fundraisers is required.** This will include running the "Donut Table" on Sunday mornings on several occasions, Parents Night Out, See's Candies for Christmas and/or Easter, helping staff the fireworks booth (June 30-July 4, 2020), and helping with a Jazz Dinner. These funds will pay for a part of our airfare, food, our ground transportation in New Orleans, our lodging while there, as well as funds to help with the work we will do while on our mission trip.
- The trip expenses (outside of fundraising) are \$500.** I agree to pay \$100 per month, starting on November 24, 2019, so that a minimum of \$300 has been paid by February 9, 2020, to cover the cost of airfare tickets. Funds paid are not refundable after that date. The remaining \$200 must be paid by April 12, 2020. These funds will pay a portion of airfare, food and transportation for each person.

### **In keeping with our purpose, I agree to the following code of behavior:**

1. No alcohol or drugs permitted.
2. No inappropriate language or humor.
3. No music, movies, or TV shows that do not reflect the values in this covenant.
4. No smoking.
5. No guys in girls' rooms, day or night (and vice versa).
6. All language and behavior should be respectful of all people.
7. Respectful participation in group times, such as meals, worship, group meetings, and evening devotions is required.
8. Seatbelts will be worn whenever riding in a vehicle.
9. Only ride in vehicles and with drivers approved by Elim.
10. Work styles which respect all genders, ages, and experience levels as valued and important members of the team, will be expected.

I/We have reviewed the rules of the activity and agree that the participant will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Elim Lutheran Church  
2020 ADULT MEDICAL & RELEASE FORM**

Please print legibly in DARK INK. Don't leave anything blank!

<b>Adult's Full Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Email address</b>		
<b>Cell Phone</b>	<b>Birth Date</b>		
<b>Emergency contact person/relationship to you</b>	<b>Phone #'s</b>		

**HEALTH INFORMATION FOR THIS PERSON**

<b>Any recent serious injury or surgery? Yes* <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Allergies to medicine? Yes* <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Any allergies/allergic reactions? Yes* <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Other health concerns? Yes* <input type="checkbox"/> No <input type="checkbox"/></b>
<b>*If yes to any of the above, please describe:</b>	
<b>Medications taken regularly</b>	<b>Date of last Tetanus shot:</b>
<b>Will you be bringing these or any other medications with you on trips? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Medical/Health Insurance Company</b>	<b>Insurance Policy #</b>

I, \_\_\_\_\_, wish to participate in one or more activities of Elim Lutheran Church between January 1, 2020 and December 31, 2020, inclusive. In exchange for the opportunity to participate in these activities, I forever discharge and agree to hold harmless Elim Lutheran Church, its officers, pastors, employees and agents, 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 that may be incurred by me while I am participating in these activities.

Furthermore, I do hereby authorize Elim's designated activity leader for the activity in which I am participating, acting as my agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnoses or treatment is rendered at the office of said physician or at a hospital. I give this authorization in advance of any specific diagnosis, treatment or hospital care being required in order to provide consent to any and all such diagnosis, treatment or hospital care which aforementioned physician may deem advisable.

This authorization shall remain effective during the period specified above, unless sooner revoked in writing delivered to Elim Lutheran Church's office at 504 Baker Street, Petaluma, CA 94952. By signing below, I acknowledge that I have read, understand and executed this agreement as of the date shown.

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

**Photo/Video Release:** I hereby give permission for images of myself, captured during Elim Lutheran Church's events, trips and activities, through video, photo and digital camera, to be used solely for the purposes of Elim Lutheran Church promotional material and publications, and waive any rights of compensation or ownership thereto.

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