

YOUTH

Form Packet and Checklist

New Orleans 2020 Service Trip

First Name _____ Last Name _____

Email _____ Cell Phone # _____

Parent's Email _____ Parent's Cell Phone # _____

Return this packet (including this page) by Sunday, November 24, 2019 or before.

- \$100 check per person (*make checks payable to "Elim Lutheran Church"*)
- Participant Covenant
- Medical Release Form

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
707-766-8554 / 707-696-3678 (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). 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 STUDENT PERMISSION/MEDICAL RELEASE FORM

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

Student's Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	City	State	Zip
Home Phone	Birth date	Age now	
School Grade (in fall 2018)	School (in fall 2018)		
Parent/Guardian Name(s):			
Parents' Email address	Student's email address, if different		
Parent Cell Phone:	Students' Cell Phone:		
Other emergency contact persons: Name and phone #'s (at least one):			

HEALTH INFORMATION FOR THIS STUDENT

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

Parental Authorization for Treatment of a Minor Child

I, _____, am the parent or legal guardian having custody of _____ a minor child, and I am informed of the activities offered by Elim Lutheran Church located at 504 Baker Street in the city of Petaluma, California. As the parent or legal guardian of this minor child, I hereby consent for this child to attend and participate in all activities provided by Elim Lutheran Church, from **January 1, 2020 to December 31, 2020, inclusive**. As such parent or legal guardian, in the event I cannot be reached in an emergency, I hereby authorize and appoint Elim's designated activity leader, who shall be 18 years of age or older and who supervises the activities at this church into whose care the minor child has been entrusted, to consent to medical or dental care, or both, for my child under Sections 6901, 6902 and 6910 of the California Family Code. The authority granted by this authorization includes the authority, as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child's personal care, medical treatment, hospitalization, and health care; and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others. I understand that I am personally responsible for all costs incurred in the treatment of any injuries to the minor child. I being 21 years of age or older, do for myself and for and on behalf of my child, hereby release, forever discharge and agree to hold harmless Elim Lutheran Church and its pastors, officers, agents or employees thereof 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 which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities with Elim Lutheran Church. This authorization shall remain effective during the period specified above unless sooner revoked in writing and 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.

Parent/Guardian: _____ Date: _____

Photo/Video Release: I hereby give permission for images of my child, 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.

Parent/Guardian: _____ Date: _____