

## Lake County Work Group

**Sunday, June 3 - Saturday, June 9, 2018**

This year we are going to Lake County to work on recovery from the Valley Fire which burned 76,000 acres, destroying 1,300 homes. We will be working with Hope City. This is a great opportunity to help our neighbors and enjoy the camaraderie of the group! We always get a lot done and have a good time.

We will be staying in Middletown. There is dormitory housing with single beds, with separate accommodations for men and women. More than one group may share the housing for the week. We have arranged to do our own food and are lucky to have Kathy Matthies going with us and we will all pitch in and help.

Both skilled and unskilled workers are welcome. You must be able to work in a hot, environment and tolerate group living! Participants must be at least 15 years of age. "Flexibility and patience are key for the success of the experience"!

The cost of the trip will be about \$ 100 plus your share of the gas for the car you go up in. There is some available scholarship money. Please talk to Joyce Cox if you would like to request a scholarship.

If this sounds interesting to you, fill out the attached application. **The application deadline is March 15.** Please turn in your application and money to Joyce Cox by March 15. (There is an Adult Mission Trip box in the office.) The trip is being planned by those interested in going. A meeting of all participants will be held Sunday, **March 18**, at 9:30 in the chapel.

If you have questions, contact Joyce Cox 829-0750 ([b-j-cox@att.net](mailto:b-j-cox@att.net))

**Please print forms single sided.**

# Work Group to Lake County June 3-9, 2018 Application

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Cell phone \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

- You must sign the attached liability release forms.
- If you are 15-18 years old, you must have a parental release form signed.
- An up-to-date tetanus vaccine is required.

**Return completed forms to the church office by  
March 15th with \$100.** Checks are made out to *Community Church  
of Sebastopol* with a notation in the memo line: *Adult Mission Trip 2018*

If you print these forms, please print single sided.

Please plan to attend the planning meeting on Sunday, March 18 at 9:30 in the chapel.

**Skills;** Please rate 1-5, 1=willing. 5=Professional experience

Framing\_\_\_\_, Finish\_\_\_\_, Electric\_\_\_\_, Plumbing\_\_\_\_,

Masonry\_\_\_\_, Drywall\_\_\_\_, Painting\_\_\_\_, Handy\_\_\_\_,

Mech.\_\_\_\_, Siding\_\_\_\_,

**Individual Release of Liability Form  
Hope City**

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Hope City, a project of Hope Crisis Response Network, Inc.

I \_\_\_\_\_ acknowledge and state the following: I have chosen to travel to Northern California to do construction work designed to repair or rebuild damaged homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity, and that some activities may take place on ladders. 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 Hope City provides accommodations, I also understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting for any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from Hope City and the family. This includes any reference to names, addresses or other identifiable information.

By my signature, for myself, my estate and my heirs, I release and discharge, indemnify and forever hold Hope Crisis Response Network, Inc., the partners or any other disaster response agency, 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, or any damages which may be caused by their own negligence. I also give Hope Crisis Response Network and/or their partners' permission to use any video or photos take of mw on this project for promotional use only.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information for Individual Volunteers**  
**Hope City**

NAME \_\_\_\_\_

Blood Type \_\_\_\_\_

Prescriptions currently being taken:

Prescription \_\_\_\_\_ dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Prescription \_\_\_\_\_ dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Prescription \_\_\_\_\_ dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Prescription \_\_\_\_\_ dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Allergies \_\_\_\_\_

Non-Prescribed \_\_\_\_\_ dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Name of contact person at home \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

(Attach copy of Insurance Card)

Physical Limitations or issues:

\_\_\_\_\_  
\_\_\_\_\_

I am a diabetic \_\_\_\_\_ Yes \_\_\_\_\_ No

I have a history of seizures \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide helpful health information

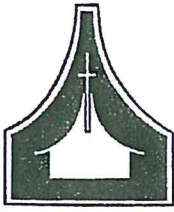
\_\_\_\_\_  
I consider myself healthy enough to fulfill my responsibilities on this volunteer trip

\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form will stay with your Team Leader on all projects.

**MINOR VOLUNTEER RELEASE FORM**



# THE COMMUNITY CHURCH

## UNITED CHURCH OF CHRIST

REV. DR. BENJAMIN J. BROADBENT  
SENIOR MINISTER  
REV. RACHEL KNUTH  
ASSOCIATE MINISTER

1000 GRAVENSTEIN HWY NORTH  
P.O. Box 579 SEBASTOPOL, CALIFORNIA 95473  
TELEPHONE 707.823.2484 FAX 707.823.9597  
[WWW.UCCSEB.ORG](http://WWW.UCCSEB.ORG)

### PARTICIPANT'S WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Activity \_\_\_\_\_

Date & Location of Activity \_\_\_\_\_

Participant \_\_\_\_\_ Phone \_\_\_\_\_

Participant's Address \_\_\_\_\_

I wish to participate in the activity mentioned above. As a condition of my being allowed to do so, I hereby voluntarily and absolutely release and discharge the above referenced church, and its constituent organizations and their officers, agents and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my participation in the above mentioned activity or occurring by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) or any of the entities or individual name above.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor or dentist within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor or dentist.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the above-referenced activity.

I will indemnify and hold harmless the above referenced church and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by the church.

I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age or over and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant/Parent or Guardian Date

If under 18 years of age, this must be signed by parent of guardian

\_\_\_\_\_  
Printed name of Parent or Guardian