

NEBRASKA SYNOD YOUTH MISSION TRIP
JUNE 14-21, 2008
CAMP VICTOR, CAMP BILOXI
OCEAN SPRINGS AREA, MISSISSIPPI

To: Pastors, Youth Directors, and Sponsors

From: The 2008 Nebraska Synod Youth Mission Trip Planning Committee

We will return to the Ocean Springs/Biloxi area of Mississippi to partner with Lutheran Disaster Relief in helping rebuild after the destruction of Hurricane Katrina. All youth entering high school in the fall of 2008 through those who graduated from high school in the spring of 2008 are eligible to participate in the trip. We will **not** be able to make exceptions for anyone younger than these ages.

We will leave from and return to Carol Joy Holling Camp in Ashland, traveling by Windstar motorcoaches. We plan to stay overnight the Memphis area on the way to the gulf coast and in the St. Louis area on the way home.

Early bird registrations must be postmarked by February 15, for a cost of \$275. The FINAL cut-off for registrations is March 31st, for \$300. Registrations must be postmarked by this date. A deposit of \$75 per person is needed to hold your place. The total amount is due by May 18th.

Registration forms for youth and adults (please copy these for each of your participants), and a form on which to list all of your congregation's participants can be found on the Nebraska Synod website - www.nebraskasynod-elca.org. We ask that you bring one adult sponsor for every 6 youth. Please try to be attentive to your ratio of male and female chaperones to male and female participants.

In addition to the forms above, all adult chaperones need to complete the "Individual Volunteer Skill Sheet". If you can enlist adult chaperones who have previous experience in carpentry/repair it would help the people in Ocean Springs/Biloxi with setting up our work groups.

Please note that we will not be able to hold places on the trip for participants without completed registration forms. Therefore, we cannot accept lists of names without forms or blocking out of a specific number of spaces without names.

Requests for refunds can only be accepted through the final due date of March 31st. You are welcome to substitute names for the trip through May 18th.

We hope to see you at Carol Joy on June 14th! If you have any questions please feel free to contact Jan Peterson at 571-1622 or pastorjan@hclchurch.com.

**2008 Nebraska Synod Mission Trip
ADULT PARTICIPANT INFORMATION SHEET
(Sponsors must be at least age 21—no exceptions)**

Name _____ Date of birth ___/___/___

Home Address _____ Home Phone _____

City/State/Zip _____ E-mail _____

Congregation/City _____

Male/Female _____ T-shirt Size S M L XL XXL

Emergency Contact _____ Phone (____) _____

Special Needs _____

I agree to abide by the event covenant, which includes positive participation in the work projects, worship, small group and learning activities; abstinence from use of alcohol and illegal drugs; observance of rules regarding use of inappropriate language, respect for other participants and sponsors; observance of lights out and care for the property of others. I also agree to abide by the limitations set by the adults in charge of the trip including but not limited to participation in activities as they are planned and not going outside the bounds of the work assigned to my group. If I break the covenant, I understand that I may be sent home at my expense.

Signature of participant _____

I understand the event covenant and agree to pay for the return airline ticket (may exceed \$1000) if I break the covenant.

Signature _____

MEDICAL INFORMATION

The following information is needed by any hospital or practitioner not having access to your youth's medical history:

Asthma: yes no If yes, does the youth carry an inhaler? _____

Allergies to medication _____

Allergies to bites or stings _____ If yes, what treatment do you use? _____

Allergies to food _____

Other allergies _____

Current medication being taken _____

For what? _____ How often? _____

Date of last tetanus shot _____

Family Physician _____ phone # _____

Physical impairments _____

Other pertinent facts to which the physician should be alerted _____

(continued on back)

I authorize Jan Peterson or any of the sponsors/leaders of the Nebraska Synod 2008 service trip to obtain medical treatment for me should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport.

Name _____ Date of birth ___/___/___

Signature _____ Date _____

Insurance carrier _____ Policy number _____

Name of insured _____ Social Security Number _____

RELEASE FROM LIABILITY

I release the Nebraska Synod, its representatives, Windstar Lines, Camp Victor, Camp Biloxi, the ELCA Lutheran congregations of Memphis and Ocean Springs, and all organizations served during the Nebraska Synod 2008 service trip from liability in the event of injury, accidental death or illness of the minor named. We also understand that the Nebraska Synod is not responsible for loss of or damage to any personal items the named participant chooses to bring on the trip.

Name _____

Signature _____ Date _____

Please attach a copy of participant's insurance card to this form.

**2008 Nebraska Synod Youth Mission Trip
YOUTH PARTICIPANT INFORMATION SHEET**

Name _____ Date of birth ___/___/___
Home Address _____ Home Phone _____
City/State/Zip _____ E-mail _____
Congregation/City _____
Grade _____ Male/Female T-shirt Size S M L XL XXL
Emergency Contact _____ Phone (____) _____
Special Needs _____

I agree to abide by the event covenant, which includes positive participation in the work projects, worship, small group and learning activities; abstinence from sexual activity, use of tobacco, alcohol and illegal drugs; observance of rules regarding use of inappropriate language, respect for other participants and sponsors; observance of lights out and care for the property of others. If I break the covenant, I understand that I may be sent home at my parents' expense.

Signature of participant _____

I understand the event covenant and agree to pay for the return airline ticket (may exceed \$1000) if my son or daughter breaks the covenant.

Signature of parent _____

MEDICAL INFORMATION

The following information is needed by any hospital or practitioner not having access to your youth's medical history:

Asthma: yes no If yes, does the youth carry an inhaler? _____

Allergies to medication _____

Allergies to bites or stings _____ If yes, what treatment do you use? _____

Allergies to food _____

Other allergies _____

Current medication being taken _____

For what? _____ How often? _____

Date of last tetanus shot _____

Family Physician _____ phone # _____

Physical impairments _____

Other pertinent facts to which the physician should be alerted _____

(continued on back)

I authorize Jan Peterson or any of the sponsors/leaders of the Nebraska Synod 2008 service trip to obtain medical treatment for the named minor should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport.

Minor _____ Date of birth ___/___/___

Parent/guardian signature _____ Date _____

Insurance carrier _____ Policy number _____

Name of insured _____ Social Security Number _____

RELEASE FROM LIABILITY

I/We release the Nebraska Synod, its representatives, Windstar Lines, Camp Victor, Camp Biloxi, the ELCA Lutheran congregations of Memphis and Ocean Springs, and all organizations served during the Nebraska Synod 2008 service trip from liability in the event of injury, accidental death or illness of the minor named. We also understand that the Nebraska Synod is not responsible for loss of or damage to any personal items the named participant chooses to bring on the trip.

Minor _____

Parent/Guardian signature _____ Date _____

Please attach a copy of participant's insurance card to this form.

**2008 Nebraska Synod Youth Mission Trip
CONGREGATION LIST OF YOUTH ATTENDING**

June 14-21, 2008

Congregation Name: _____

Primary Sponsor: _____

Address: _____ City, Zip: _____

Phone: (____) _____ E-mail: _____

Youth:

Adults:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

1. _____
2. _____
3. _____

PARTICIPANT LIABILITY RELEASE FORM

(Effective 2/28/2007)

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Lutheran Social Services Disaster Response (LSSDR).

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

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 and building framing other than ground level. 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 understand that this is a "grass roots" activity to support individuals adversely affected by flood/disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I 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 from 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 that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold, Lutheran Disaster Response, Lutheran Social Services Disaster Response, the Southeastern Synod of the Evangelical Lutheran Church in America, The Lutheran Church Missouri Synod, Lutheran Church of the Good Shepherd, Lutheran Episcopal Services in Mississippi, Camp Victor Ministries, any and all partner Churches, facilities or organizations, together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

SIGNATURE _____ DATE _____

DATES COVERED by THIS LIABILITY FORM _____ to _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

INDIVIDUAL VOLUNTEER SKILL SHEET

NAME: _____ GROUP _____

0 = I am unable to do or am not interested in this skill
 1 = I don't know how but am willing to learn/try 3 = I can do a good job by myself
 2 = I have done it before but still need help to do others 4 = I can do a good job and can guide/teach others

<u>Skill Level</u>	<u>Skill</u>
_____	Architect
_____	Carpenter
_____	Clean up worker
_____	Concrete
_____	Construction Layout
_____	Contractor....I hold a license in the state of _____
_____	Drywall Hanger
_____	Drywall Finisher
_____	Egress Window
_____	Electrician.... I hold a license in the state of _____
_____	Engineer (kind) _____
_____	Flooring - Carpet
_____	Flooring – Underlay
_____	Flooring – Vinyl
_____	Framing
_____	Heating/cooling
_____	Heavy equipment operator _____ CDL= yes no
_____	Insulation
_____	Mason
_____	Painter
_____	Plumber....I hold a license in the state of _____
_____	Roofer

Other Skills/Comments
