

# Mission Trip To Appalachia in West Virginia

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June 13-19, 2010

Youth must be 13 years old  
or entering grade 8 in the fall

**Appalachian Service Project (ASP)**

Theme: Eyes on the Prize – Racing to Serve I Corinthians 9:24

[www.asphome.org](http://www.asphome.org)

# Appalachia

## Wyoming County, WV

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# Appalachian Service Project Overview

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ASP is a Christian ministry, open to all people, that fosters human development by addressing the housing needs of Central Appalachia. Volunteers build relationships with one another and the families they serve as well as their faith and willingness to serve others as they repair homes.

Each summer, ASP hosts over 14,000 high school volunteers with adult advisors from churches across the nation who make homes warmer, safer, and drier for families in need throughout Central Appalachian Kentucky, Tennessee, Virginia, and West Virginia.

This summer, approximately 450 church groups will participate in a week of service at one of 27 ASP Summer Centers. These groups will spend Monday through Friday repairing the homes of families caught in economic despair.

In the evenings, they will learn more about poverty issues and Appalachian culture, process their day's activities, and enjoy recreation with friends.

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# Mission Trip Goal

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Our goal is to develop our youth relationships and spend a lot of time interacting with the family we're assigned to serve.

## **Trip Objective**

### **Serve Others:**

Our youth will learn valuable skills doing home repair—basic carpentry, roof repair, painting, and drywall. All they really need is a willing heart...the rest can be learned.

### **Boost Confidence:**

There's something very powerful about serving others in need. It changes how you think. When you develop a relationship with someone in need—you change. You see people in need as real people—rather than just "the poor" or "the needy." You develop friendships. And with a little guidance from the experience and the youth leader—our youth will take great leaps of faith and character.

### **Be Challenged:**

You'll help families who can't afford, or aren't able, to do the work you'll provide. With each project, you'll experience the rewarding impact of sharing your Christian faith through your actions, in the real world.

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# Mission Trip Goal

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## **Bond Together:**

It's amazing what happens when students encounter new places, cultures, and different ways of life. They'll develop closer relationships with each other, with you, and best of all, with God. As a result they'll come home with a new sense of unity, understanding, and respect for each other.

## **Have Fun:**

Our youth will experience a great balance of Christian service, faith, and FUN!

## **Impactful Programs:**

Our youth will value and enjoy the evening programs...a series of high-impact nightly programs featuring great music, top-quality videos, games, and worship experiences, all designed to help our youth take the next step in their Christian faith.

## **Change Lives:**

The goal is to connect our youth and the residents they serve to God. Everything we do is directed toward changing lives.

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# Total Cost

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- Total estimated cost: **\$7,000.00**
    - 14 people total
      - 10 Youth
      - 4 Chaperone-volunteers  
(preferably 2 male, 2 female)
  - Our goal is to have the youth work together to raise money for their trip.
  - Goal: The youth will raise \$6,750 through fundraisers, family donations, and donations from parishioners.
  - Each Family Pays \$25 application fee by March 7,2010 (application attached)
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# Deadlines

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- Each Family Pays \$25 application fee by March 7, 2010 (application attached)
  - Adult Donations April 30, 2010
  - Youth Fundraiser Money May 1, 2010
  - Final Fees Deadline May 31, 2010
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# Adult Support

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- Parishioners can donate to the youth mission trip.
  - Parents can donate any amount toward the trip.
  - The youth should submit a request to the Camp and Scholarship committee.  
(Dennis Murphy – Chair)
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# Youth Fundraisers

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- Easter Bake Sale  
April 4, 2010  
(baking day April 3, 2010)
  - Other Fundraising Plans:
    - Spring chores auction
    - Car Wash
    - Food/Water Sales at  
Flying Pig Marathon  
(May 02, 2010)  
Taste of Cincinnati  
(May 30, 2010)
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# Volunteers

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- ❑ Chaperone-volunteer needs
    - 4 total (prefer 2 male, 2 female)
  - ❑ Candidates so far (not confirmed)  
J.J. Engelbert, Mandy Coldiron,  
Eric Kearney, Bob Beiring, Carol  
Williams
  - ❑ All Chaperones must take Safe  
Church training -Register online at  
<https://diosohio.wufoo.com/forms/safe-church-training-signup-form/> or by  
calling Geri McDaniel at 800.582.1712  
ext 105. Contact: The Rev. Fred Shirley  
at 614.882.9038.
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VOLUNTEER STATEMENT AND REGISTRATION FORM 2010

Give to center staff on your arrival at the Center.

This must be signed before volunteer can participate in any ASP Activity.

Appalachia Service Project (ASP) is a home repair and housing rehabilitation ministry. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, dry wall installation, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other home repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills, as well as the use of hand tools. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and other facets of construction work. All volunteers, as well as these volunteers and their parent(s)/legal guardian(s), must have read, be familiar with, and abide by ASP's Safety Manual and Expectations, Rules and Regulations. Under no circumstances may a volunteer under the age of 14 be at any ASP project performing ASP activities. Volunteers may engage in non-sponsored activities including, but not limited to: hiking, swimming, basketball, volleyball, baseball, football, Frisbee, or other sports activities of their choosing. Planned evening activities may include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate.

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while involved in the activities of ASP. Consent is given to accompanying adult volunteers on this trip to hospitalize, secure proper treatment and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. As ASP does not carry accident or medical insurance on volunteers, I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

The foregoing statement of activities and the Appalachia Service Project information and guidelines (specifically ASP's Expectations, Rules, and Regulations and ASP's Safety Manual) have been read and the extent and nature of the activities in which you or your youth will participate are understood. If this Release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this Release, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above and release Appalachia Service Project, Inc., its agents, employees and any and all persons connected therewith are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Appalachia Service Project, Inc.

Media Release and Waiver

The Volunteer and the Guardian grant and convey to ASP all right, title and interest in any and all photographic images and video or audio records made during the Participant's participation with Appalachia Service Project. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer's participation in ASP programs, solely for the purpose of marketing, research and/or education. ASP will not identify by name any minors in either print or web-based images.

Volunteers aged 18 years or older:

Participated with ASP before? (circle) Yes No

Printed name of participant

Signature Date

Volunteers under 18 years of age:

Participated with ASP before? (circle) Yes No

Printed name of participant

Signature Date

Parent/Legal Guardian Signature Date

Vol. Last Name

First Name MI

Nickname

Address

City, State, Zip

Phone ( )

Vol. Marital Status: single married widowed divorced

Birthday (mon/day/year)

Gender (circle) Male Female

Occupation

Email address

**EMERGENCY MEDICAL INFORMATION:**

Medical information on this form will **only** be used if medical treatment is needed. It will be used for no other purpose.

Social Security # \_\_\_\_\_ (optional) Date of last Tetanus shot \_\_\_\_\_

Medication(s) you are currently take (prescribed & over-the-counter – please list all – this is **extremely** important!!)  
\_\_\_\_\_

Medication(s) you **CANNOT** take \_\_\_\_\_

Any allergies &/or special health problems or concerns \_\_\_\_\_

**Medical insurance information:**

Company name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Policy # \_\_\_\_\_

Policy Holder's ID # \_\_\_\_\_

Relationship to policyholder \_\_\_\_\_

**In an emergency, please contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

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

Also on ASP? (circle) Yes No

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

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

Also on ASP? (circle) Yes No

**Physician information:**

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Appalachia Service Project, Inc., every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

***Notarization required for all ASP volunteers!!***

\_\_\_\_\_, appeared before me

Name of participant (18 years & older) **OR** name of parent/guardian of minor participant

\_\_\_\_\_, a Notary Public of \_\_\_\_\_ County in the State of \_\_\_\_\_,  
(Notary's name) (County)

the person whose signature appears above and with whom I am personally acquainted and acknowledge that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_