

Registration Form

Presbyterian Southern Comfort
Mission & Ministry Team
Gulf Coast Mission Trip to New Orleans
March 13 – March 20, 2010

Supporting the Long-Term Recovery from Hurricane Katrina

As children of God we are all part of the same body of Christ. As such, "If one member suffers, all suffer together with it." (I Corinthians 12:26). We who are able must come to the aid of those in need. The purpose of the mission to the Gulf Coast Region is to support our brothers and sisters struggling to rebuild their homes.

REGISTRATION PROCESS

The Registration Committee will review all forms received by **December 15, 2009**.

You must complete and observe the following to participate in this mission trip:

- Submit a completed written registration form (pages 3-9 of this document) with **\$250 deposit attached by December 15, 2009**.
- Meet the age requirement of 16. This is the age limit set by PC(USA) and Presbyterian Disaster Assistance.
- If you are requesting a scholarship to lower your minimum contribution, complete the scholarship request on page 9 and submit it with your application.
- **Balance of payment of \$250 must be submitted by January 15, 2010. ****
- Prepare an envelope with medical information for emergencies. The trip leader will carry the envelope. If there is no medical emergency, it will be returned to you, unopened, upon your return. This envelope must be completed and turned in at the team orientation (tentative date: **Saturday, February 6, 2010**). The envelope should be sealed, have your name on the outside, and contain:
 1. Copy of health insurance card with policy number and phone number.
 2. Names/addresses/phone numbers of your doctors and other health care providers.
 3. Information on pre-existing chronic medical conditions and other information which may be useful should you have a medical emergency.
 4. List of prescriptions (name, dosage, frequency) you currently take.
- Participate according to a Covenant of Participation, including:
 1. Attendance at orientation (tentative date: **Saturday, February 6, 2010** from 10:00 am to 3:00pm. **(Location to be announced)**).
 2. Full engagement in group activities both in New York and the Gulf Coast area we will be assigned to.
 3. Attendance at the (date to be announced) trip debriefing meeting.

Participant Cancellation and Missed Payment Policies:

- In the event that requests exceed availability of seats, every effort will be made to accommodate additional individuals in some fashion.
- If a payment is not received by the deadline, the individual may forfeit his/her spot on the trip. Any payments already made will be reviewed and refunded if another person can fill the cancelled applicant's spot.
- In the event that the applicant is not able to participate in the trip due to an illness or family emergency before departure, the Registration Committee will determine if a refund is possible. The Registration Committee will do everything possible in this matter to refund as much as possible based upon any non-refundable policies and other non-recoverable expenses.

Your registration (pages 3-9 of this document) and \$250 deposit check should be submitted to Kim Dungey, by December 15, 2009. Checks should be made payable to Northminster Presbyterian Church, with “*Deposit for: Southern Comfort Trip*” written on the memo line.

Mail checks and forms to:

Kim Dungey (do not make checks payable to Kim Dungey!)
5 Elizabeth Street
Auburn, NY

You may send the form by email if you wish. Mail to charlotte009@hotmail.com. Your registration will not be considered until payment is received.

Please do not reformat the application. Separate pages are needed for separate purposes.

**Presbyterian Southern Comfort
Gulf Coast Mission Trip
March 13, 2010 – March 20, 2010**

Registration

Please enter your name exactly as it appears on your State Driver's License, Passport or other U.S. federal or state-issued photo ID that contains the following: name, date of birth, gender, expiration date and a tamper-resistant feature. Your ID document will be needed for you to be screened at airport security checkpoints.

Last Name: _____

First Name: _____ Middle Name/Initial: _____

Preferred Nickname: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone:(____) _____ Preferred Phone:() Home; () Work; () Cell

Email Address: _____

(We will rely heavily on e-mail correspondence for communication between participants.)

Age: _____ Gender: _____

Occupation: _____

Church Name: _____

Church Address: _____

Name and Phone Number of Pastor: _____

Name of Presbytery (if applicable): _____

Church Position and / or activities you are involved in at your church: _____

Please answer ALL of the following questions to the best of your ability. Your answers will help determine the composition of the group. Attach additional sheets as necessary.

1. Why do you want to join this mission trip? _____

2. How has God impacted your life? What experiences will you share on the mission trip? _____

3. What do you hope to learn from this mission trip? _____

4. Projects and activities vary greatly. We have learned that interests, needs, abilities, and supplies in Louisiana can and do change what projects we accomplish. Participants need to be flexible. What activities would you be willing and able to participate in while in Louisiana or after the trip? Please add skills you feel might be helpful. Please describe your skill level as **novice**, **moderate**, **willing to learn** or **expert**. There is no guarantee that any of the following jobs will be available at the Volunteer Village or work sites. Tasks are selected by the site managers assigned by Presbyterian Disaster Assistance based upon the work needed to be done at that time.

Photography	
Videographer	
managing & accounting for expenses	
leading biblical group devotionals	
Painting	
sheet rock (including taping, mudding, sanding)	
Roofing	
shoveling, lifting, etc.	
Electrical	
Plumbing	
Carpentry	
public speaking	
updating a web site	
writing daily group journal entries (web log)	
simple meal preparation	
music (guitar, voice, or other)	
pastoral leadership	
Cleaning	
medical skills(describe specialty, training)	
office/computer work	
other	

6. What is your general health? EXCELLENT, GOOD, FAIR

7. Are you currently under a physician's care and/or receiving prescribed medication of which we should be aware? (Example: a diabetic, asthma, or allergy to bee stings) _____

8.

Have you had a tetanus shot within the last three years? YES NO (A tetanus shot is strongly urged).

9. Do you have any dietary restrictions? YES NO

If YES, explain: _____

(Note: Vegetarian diets can be difficult to accommodate based in the volunteer village meal plan, although this has not proved too difficult on recent mission trips.)

10. The sleeping quarters for this trip are dormitory style rooms. The beds have mattresses and a pillow. You will need to bring flat sheets or a sleeping bag. There are comfort facilities connected to the rooms. There is a shower trailer and a toilet trailer near the rooms. There may be no secure area for belongings other than you're a locked car/van.

11. Provide the names of two people who will be available for emergency contact during the trip (other than those traveling on the mission trip with you)?

Name	Relation	Phone-Day	Phone-Evening
_____	_____	_____	_____
_____	_____	_____	_____

12. Has a member of your family applied for this trip? YES NO

Name: _____ Relation: _____

Name: _____ Relation: _____

13 .COVENANT OF PARTICIPATION

All Southern Comfort mission trip participants will be working with other M&M team volunteers and people of Louisiana. I understand that we will be:

- working side by side with other PDA volunteers.
- developing relationships with the people of Louisiana who shall "own" the projects that we work on.
- representing our churches in Central New York.
- working, eating, and traveling as a group and that group formation is crucial to the success of the group mission trip.

Therefore, if I participate on this mission trip, I covenant to participate actively in all aspects of the group trip, including:

- one day (about 10:00-3:00) of orientation with the entire Southern Comfort Ministry and Mission Team on **Saturday, February 6, 2010**.
- evening debriefings, devotional, and prayer time with the Southern Comfort M&M Team at the Volunteer Village.
- a debriefing meeting following the trip (date/time to be announced).

Signed: _____ Date: _____

Hold Harmless, Waiver of Liability, and Emergency Medical Care Authorization

The Presbyterian Church (U.S.A.) Mission and Ministry Project is sponsoring the Southern Comfort trip from March 13, 2010 through March 20, 2010 (herein referred to as the "Program".)

I, _____ (participant name),
of _____ (address),
in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests, and poor sanitation and other health-related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that the Presbyterian Church (U.S.A.), the General Assembly, all of its entities, Presbyterian Church (U.S.A.), a Corporation, the Sponsor, their staff members, successors, assigns, officers, agents, representatives, ministry divisions, and entities (hereinafter referred to as "PC(USA)") shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the Program, or any portion of the Program, even if said injury or action is due to alleged negligence of PC(USA). Further, I do hereby agree to indemnify and hold costs and expenses (including, without limitation, reasonable attorney's fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against PC(USA) related to the Program, even if such claim or right of action is caused by PC(USA)'s alleged negligence.
5. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and am able to administer such medications without assistance. If at any time during the Program I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release PC(USA), in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of PC(USA)'s alleged negligence.
6. This document does not release the PC(USA) from gross negligence.
7. I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

Signature _____

Witness * _____

Date _____

(*Note: the witness may not be a family member)

Sexual Misconduct Policy Form

Sexual harassment is defined for this policy as follows: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or their continued status in an institution;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, or offensive environment.

Sexual misconduct is the comprehensive term used in this policy and it includes the following:

1. Child sexual abuse
2. Sexual harassment, as defined above
3. Rape or sexual contact by force, threat, or intimidation.
4. Sexual conduct (such as offensive, obscene, or suggestive language or behavior, unacceptable visual contact, unwelcome touching or fondling) that is injurious to the physical or emotional health of another.
5. *Sexual malfeasance* defined as sexual conduct within a ministerial (e.g., clergy with a member of the congregation) or professional relationship (e.g., counselor with a client; lay employee with a church member; presbytery executive with a committee member who may be a layperson, a minister, or an elder). Sexual conduct includes unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature. This definition is not meant to cover relationships between spouses, nor is it meant to restrict church professionals from having normal, mutual, social, intimate, or marital relationships.

Volunteer is the term used for persons who provide services and receive some benefits (e.g., food, shelter, transportation, risk management insurance, or the like) but no remuneration. For purposes of this policy, volunteers are treated the same as employees.

Please complete the following certification: I certify that (a) no civil, criminal, or ecclesiastical complaint has ever been sustained or is pending against me for sexual misconduct; and (b) I have never resigned or been terminated from a position for reasons related to sexual misconduct.

Signature _____ Date _____

(Note: If you are unable to make the above certification, you may instead provide a description of the complaint, termination, or the outcome of the situation and any explanatory comments you care to add.

