

Highland Park
United Methodist Church

Senior High Youth

Spring Break Mission Trip 2009

Information Packet

Questions? Please Contact Drew
214.523.2149 or seelmand@hpumc.org

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**Please sign and leave the release forms tonight!

Trip Contacts:

Please, use only in the case of an Emergency during the trip.

Phil Dieke, Senior High Youth Director: c:

Drew Seelman, Youth Missions Director: c:

Tova Sido, Youth Director: c:

Frequently Asked Questions

Q.: What's this mission all about?

We are going to the Rio Grande Valley Area to work on homes that have been damaged by Hurricane Dolly. We are working with the Constructions Ministries of First United Methodist Church, McAllen and Pharr United Methodist Church.

Q.: Is it safe?

We know there are concerns with us being close to the Mexico Border. According to Google Maps, we are approx 15-20 minutes away from the border. We have been in communication with the 2 churches and they understand our concerns, they have not had many changes in their daily lives by living where they do. As with living in Dallas, we will be cautious where ever we go and we will be in the church at night.

Q.: Are there any medical considerations?

We are well equipped to handle most medical emergencies. However, should one of the adults or youth need advanced medical attention, several hospitals are a very short distance away. Also, Drew is an Emergency RN, and he will be available if any youth need assistance.

Additionally, on the online medical form, please include and describe **ANY** and **ALL** pre-existing medical conditions including behavior conditions and medication-related allergies. This information will be held in the strictest confidence, but is required in case treatment of related or non-related conditions is necessary.

If your youth takes ANY medications, it's important to note that we will "take those up" and will have an adult whose sole responsibility is to manage the medications during the trip. This is for the safety of all the youth. If you have any questions, please don't hesitate to call Drew.

*****Please have all prescription medications in their original package or ask the pharmacy for a package for the week that we will be on the trip. Please have them put a Pharmacy label on the medicine.***

*****Please do not bring medicines in plastic baggies unlabeled; this is for your child's safety.***

Do not for any reason discontinue prescription medications (including any behavior-modifying medications) during the trip and ensure an adequate supply is available for the trip.

Q.: What about food?

All meals are organized and prepared by leaders on the trip. The youth will be eating well-balanced meals through out the week.

Q.: What are the sleeping arrangements?

We will be staying at Pharr UMC. They are a great church in Pharr, Texas. They have a 2 story classroom addition off their sanctuary, where we will be staying. They also have a newer gym and kitchen facility that we are going to use as well. They have fields for us to play in during our free time also! We will be showering at the local school districts sports complex.

Q.: Can I bring my cell phone or other electronics?

The youth staff recommends that all cell phones stay at home. *If you feel that your child needs the phone to call home during the trip cell phone is permitted for that use only.* Many times cell phones become a distraction; we don't want anything to distract us from our mission. The Youth Staff will have their phones with them for the trip, which may be called in emergencies.

Also, for the van ride youth may bring video game systems, DVD players, iPod etc. These items are only for the van ride going down to Pharr and coming home. They must be put away during the week. Each youth is completely responsible for their own electronic items.

Remember, anytime that a electronic item becomes a distraction the youth staff will keep the item until we return to Dallas.

Q.: Do I need a sack lunch?

Please pack a sack lunch for the drive down on Saturday! (and snacks!!)

Q.: How much money do I need to bring?

Money Needs:

- For 2 meals (REQUIRED) (Dinner the way down, Lunch coming home)
- Snacks while driving
- Extra Snacks during the week

Trip Itinerary High School

Thursday, March 12

4 pm – Luggage Drop-Off

- At HPUMC – Wesley Hall Entrance
- Please include: Luggage and Sleeping Bag

Friday, March 13

6pm – Food Drop off

- At HPUMC – Wesley Hall Entrance
- Meeting Lucy McDaniel

Saturday, March 14

- **8:30am – Arrive Church** – Please Don't Be Late!
- Driving Day to Pharr, Texas
- Arriving Pharr United Methodist Church

Sunday, March 15

- 6am – Late Van Leaving (space is limited)**
- 11am - Worship at Pharr UMC
- Community Event – Las Milpas (near Pharr, Texas)

Monday, March 16 – Friday, March 20

- 6:30a -Wake up
- Breakfast at Church
- Devo Time
- Head to Worksites
- Work
- Lunch at Worksites
- Work
- Approx. 3:30 – Clean up and Head Back to Church
- Free Time
- Dinner
- Worship
- Small Groups
- 10:30p - Bedtime

Saturday, March 21

- Clean Up Camp
- Pack Truck and Vans
- 9am- Head Home!
- Early Evening – Plan for youth to be home!
(they will call about an hour away!)
- Unload Trucks
 - We will need TONS of help to get this done
 - The Youth Staff is not responsible for items that are left.

Packing List

Remember that you are going on a mission trip. Don't bring anything nice or expensive!

Space is limited – try and limit your items to:

-One Duffel Bag

-Sleeping Bag

(Take your pillow in the van!)

You may pack a small backpack for the van ride

Clothing:

- Clothing for each day we are there
- Underwear and Socks for each day we are there
- Shoes / Flip flops to wear around camp and showers
- Sweatshirt / Fleece (if it gets cold)
- Long sleeve t-shirts
- Work Clothes (old clothes that will get dirty)
 - Pants (no dresses or shorts)
 - Shirts (no tank tops or sleeveless shirts)
 - Socks
 - Shoes (sturdy – may need 2 options)
- Swimsuit (Modest – girls: prefer 1 piece) (for showers also if wanted)
- Sunglasses
- Hat / Visor (that can be worn at worksite)
- Rain Gear

Supplies:

- Sleeping bag and Pillow
- Camping Mat, Air Mattress (single size or smaller), or Cot
- WATER BOTTLE (Very Important – you will need this!)
- Toiletries (toothbrush, toothpaste, soap, shampoo, deodorant)
- Towel (for showers and pool)
- Flashlight (with extra batteries)
- Bible, Journal, and Pen
- Camera
- Sunblock
- Chapstick
- Insect Repellent (Very Important)
- Spending Money

Work Supplies

- Work Gloves (leather is best)
- Hammer
- Optional Supplies that would be helpful
 - Paintbrush (regular or roller – be willing to leave this there!)
 - Small pry bar for nails

Please put your name on your stuff!

If you are worried you will lose it don't bring it!

Faith Communities for Disaster Recovery Release and Waiver of Liability

This Release and Waiver of Liability (the "Release"), executed on this _____ day of _____ 20____ by _____ (the "Volunteer") in favor of the Faith Communities for Disaster Recovery, a non-profit organization, its directors, officers, staff, team members and agents ("Faith Communities").

The Volunteer desires to participate and work in Faith Communities disaster recovery initiative and the activities related to the work-. The Volunteer understands that the activities may include rehabilitating and repairing residential buildings, being transported to and from work locations, and various other tasks necessary to help Faith Communities complete the repair of a residential buildings.

The Volunteer does hereby, voluntarily and without duress execute this Release under the following terms:

- 1) **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Faith Communities, its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or hereafter arise from Volunteer's participation in Faith Communities' disaster recovery initiative. Volunteer understands that this Release discharges Faith Communities from any liability or claim that the Volunteer may have against Faith Communities with respect to any bodily injury, personal injury, illness, death, property damage or any other damages that may result from Volunteer's participation in Faith Communities' disaster recovery initiative. Volunteer also understands that Faith Communities does not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance.
- 2) **Medical Treatment.** Volunteer does hereby release and forever discharge Faith Communities from claim whatsoever which arises or may hereafter arise on account of any first aid, treatment. or service rendered in connection with the Volunteer's participation in Faith Communities' disaster recovery initiative.
- 3) **Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Faith Communities for all liability, for injury, illness, death or property damage resulting from the activities of the Volunteer's participation in Faith Communities disaster recovery initiative.
- 4) **Insurance.** The Volunteer Understands that Faith Communities does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
- 5) **Photographic Release.** Volunteer does hereby grant and convey unto Faith Communities all right, title, and interest in any and all photographic images and video and audio recording made by Faith Communities during Faith Communities disaster recovery initiative.
- 6) **Other.** Volunteer expressly agrees that this Release is to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to. be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer (please print name): _____
Parent or Guardian if Volunteer is a minor (please print name) _____
Address: _____ City: _____ -State: _____ Zip: _____
Phone (home): _____ Phone (work): _____ Phone (other): _____

Signature (Volunteer): _____ Witness: _____

Signature (Parent or Guardian): _____ Witness: _____



PROYECTO AZTECA
Proyecto Azteca Release and Waiver of Liability

This Release and Waiver of Liability (the "Release"), executed on this ____ day of _____ 20____ by _____ (the "Volunteer") in favor of Proyecto Azteca, a non-profit organization, its directors, officers, staff, and agents.

The volunteer desires to participate and work at Proyecto Azteca and the activities related to the work. The Volunteer understands that the activities may include rehabilitating, repairing, and construction of residential buildings, beings transported to and from work locations, and various other tasks necessary to help Proyecto Azteca complete the rehabilitating, repairing or construction of a residential building.

The Volunteer does hereby, voluntarily and without duress execute this Release under the following terms:

1) **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Proyecto Azteca, its successors and assigns from any and all liability claims and demands of whatever kind or nature, either in law or in equity, which arise or hereafter arise from Volunteer's participation in Proyecto Azteca's initiatives. Volunteer understands that this Release discharges Proyecto Azteca from any liability or claim that the Volunteer may have against Proyecto Azteca with respect to any bodily injury, personal injury, illness, death, property damage or any other damages that may result from Volunteer's participation in Proyecto Azteca's program initiatives. Volunteer also understands that Proyecto Azteca does not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance.

2) **Medical Treatment.** Volunteer does hereby release and forever discharge Proyecto Azteca from claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's participation in Proyecto Azteca's initiatives.

3) **Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Proyecto Azteca for all liability, for injury, illness, death or property damage resulting from the activities of the Volunteer's participation in Proyecto Azteca's initiatives.

4) **Insurance.** The Volunteer understands that Proyecto Azteca does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.

5) **Photographic Release.** Volunteer does hereby grant and convey unto Proyecto Azteca all right, title, and interest in any and all photographic images and video and audio recording made by Proyecto Azteca during Proyecto Azteca's initiatives.

6) **Other.** Volunteer expressly agrees that this Release is to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. Volunteer agrees that in the vent that any clause or provision of this Release shall be held to be invalid by any count of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer (please print name) _____

Email: _____

Parent or Guardian if Volunteer is a minor (please print name) _____

Address: _____ City: _____ State _____

Zip _____

Signature (Volunteer) _____

Witness _____

Signature (Parent or Guardian) _____

Witness: _____