



Cross-Cultural Mission Trip Indianapolis June 16-23, 2013

Registration: January 27, 2013 — **\$400**

Late Registration: Between February 1 and April 28, 2013 — **\$480**

The Trip

One Heart—Many Hands is a large scale service project partnering with the Church of the Nazarene prior to the denomination’s General Assembly and Conventions. About 75% of the projects that we will be working on will be owner-occupied homes. We will do minor to major repairs including roofing, siding, windows, painting, kitchen and bath remodels, landscaping, and etc. We will also work on church building and possible community centers. We have also formed a partnership with the local parks department and will work with them painting, landscaping and repairing park equipment.

One Heart—Many Hands is a great chance to join with other members of our denomination to greatly impact the community of Indianapolis. We will also be worshipping with the other workers each night. We hope to bring a team of 40 students and 12 sponsors on this trip.

Lodging

Marriot SpringHill Suites—students will stay in separate rooms from sponsors
<http://www.theplacetobeindy.com/springhill>

One Heart, Many Hands Trip Schedule

Sunday, June 16	Monday, June 17	Tuesday, June 18	Wednesday, June 19	Thursday, June 20
7:00 AM Depart from Central	7:00 AM Breakfast	7:00 AM Breakfast	7:00 AM Breakfast	7:00 AM Breakfast
9:30 AM Pit Stop 1	8:00 AM Work at Projects	8:00 AM Work at Projects	8:00 AM Work at Projects	8:00 AM Work at Projects
12:00 PM Lunch	12:00 PM Lunch	12:00 PM Lunch	12:00 PM Lunch	12:00 PM Lunch
1:00 PM Hit Road Again	5:00 PM Leave Projects	5:00 PM Leave Projects	5:00 PM Leave Projects	5:00 PM Leave Projects
4:00 PM Arrive/Register	5:30 PM Dinner	5:30 PM Dinner	5:30 PM Dinner	5:30 PM Dinner
5:30 PM Dinner	7:30 PM Evening Wrap-up Session	7:00 PM Group Activity	7:30 PM Evening Wrap-up Session	7:30 PM Evening Wrap-up Session
7:00 PM Kick-Off Rally	9:30 PM Group Chat & Prayer	9:30 PM Group Chat & Prayer	9:30 PM Group Chat & Prayer	9:30 PM Group Chat & Prayer
9:30 PM Group Chat & Prayer	11:00 PM Lights Out	11:00 PM Lights Out	11:00 PM Lights Out	11:00 PM Lights Out
11:00 PM Lights Out				
	Friday, June 21	Saturday, June 22	Sunday, June 23	
	7:00 AM Breakfast	9:00 AM Breakfast	8:00 AM Breakfast/Load Up	
	8:00 AM Work at Projects	Indy Speedway	10:00 AM General Assembly Communion Service (Indiana Convention Center)	
	11:00 AM Leave Projects	12:00 PM Lunch	12:30 PM Lunch	
	12:30-2:30 PM Picnic Lunch	Exhibit Hall & Something else	1:30 PM Hit the Road	
	3:00-5:00 PM Afternoon Activity	5:30 PM Dinner	3:00 PM Pit Stop	
	5:30 PM Dinner	6:30 PM Worship	5:30 PM Dinner	
	7:00 PM Evening Wrap-up Session	12:00 AM Lights Out	6:30 PM Hit the road again	
	9:30 PM Group Chat & Prayer		8:00 PM Pit Stop	
	11:00 PM Light Out		10:30 PM Arrive Back at Central	

How to Register:

Registration

- 1) Turn in your first payment of \$185 by **January 27th**.
- 2) Turn in your 2 forms by **Jan 27th**:
 - *Individual Registration Form* (attached)
 - *Volunteer Participant Agreement Form* (attached): THIS FORM MUST NOTARIZED
- 3) Your next payment of \$115 is due **May 5th**.
- 4) Your final payment of \$100 is due **June 2nd**.

TOTAL PAID: \$400

Late Registration

- 1) Turn in your first payment of \$265 between **February 1st and April 28th**.
- 2) Turn in your 2 forms by **April 28th**:
 - *Individual Registration Form* (attached)
 - *Volunteer Participant Agreement Form* (attached): THIS FORM MUST NOTARIZED
- 3) Your next payment of \$115 is due **May 5th**.
- 4) Your final payment of \$100 is due **June 2nd**.

TOTAL PAID: \$480

Other Important Dates & Notes

- All checks should be made to Central Church. Payments for this trip can also be made on the church website.
- Scholarship Deadline: **March 1st**
 - This does not mean you have to wait to turn in your scholarship form (attached)! If you need assistance for the first payment, turn it in now! Our scholarship fund is there to help families when they need it.
- Your first trip payment is non-refundable.
- The remaining balance may be refunded the following way:
 - Full Refund—up to **May 15**
 - Half Refund—up to **June 8**
 - No Refunds after **June 9**

Expectations & Desired Behavior

We are excited for our trip to Indianapolis and know that this has the potential to be life changing trip for all that attend. Good attitudes and respect are super important during these trips because they help set the right tone, and are great for teamwork. As we look forward to our trip to Indy we encourage each student to begin preparing their heart to be receptive to all the things God wants to do, and to carry with them a great attitude and awesome respect.

On this trip one of our goals is to cultivate and provide the appropriate atmosphere for students to connect with one another and to God. We desire that our students spend time with one another, build new and strengthen existing relationships, and connect on a personal level. One way we seek to make this happen is to eliminate potential barriers before they arise. Below is a list of items that are not permitted on our trip and we seek your help to be sure your child does not come with any of the below items.

Electronics are not permitted. Electronics include but are not limited to cell phones, iPods, mp3 players, tablets, and laptops (Digital cameras that are not also cell phones or iPods are permitted). If a student is found using one of the above items it will be confiscated and kept secure until we return.

Firearms, Narcotics, Alcohol, and Tobacco are not permitted. The use or possession of these items will result in being returned home on the expense of the parent or guardian.

If you have any questions you may contact pastors Jake or Malorri.

Jake and Malorri will have their cell phones on the trip and their phones will be available for parents to make contact with their students, and vice versa. Also, daily updates will be made on our Facebook page so that you can follow along as the trip progresses.

Pastor Jake 309.202.6371

Pastor Malorri 636.388.1992



One Heart - Many Hands

Indy, 2013

Individual Registration Form

(One application per person)

First Name: _____ Middle Initial: ____ Last Name: _____

Street Address: _____ Home Phone Number: (____) _____

City: _____ State: ____ Zip: _____

Cell Phone Number: (____) _____ E-Mail Address: _____

Church or Group Name: _____ Team Leader Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ USA Citizen: Yes No

The size that I would like to order my T-Shirt:

Small Medium Large X-Large 2X-Large 3X-Large

Each participant MUST complete the following medical section!

Name of Medical Insurance Company: _____

Name of Primary Card Holder: _____

Group Number: _____ Policy Number: _____

Insurance Company Phone Number: (____) _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Number: (____) _____ Alternative Number: (____) _____

Primary Care Physician Name: _____ Contact Number: (____) _____

Medicines currently taking: _____

Please list medication and/or food allergies: _____

Please list pertinent medical history: _____



One Heart - Many Hands

Indy, 2013

Individual Registration Form
(One application per person)

Personal Skills

Name: _____ Date of Birth MM/DD/YYYY: ___/___/___

Please rate skills on a scale of 0 to 5 (5 being the most skilled)

Cabinet Install: 0 1 2 3 4 5

Tree Trimming: 0 1 2 3 4 5

Interior Painting: 0 1 2 3 4 5

Shrub Trimming: 0 1 2 3 4 5

General Carpentry: 0 1 2 3 4 5

Exterior Trim: 0 1 2 3 4 5

Plumbing: 0 1 2 3 4 5

Exterior Painting: 0 1 2 3 4 5

Vinyl Floor: 0 1 2 3 4 5

Electrical Work: 0 1 2 3 4 5

Kitchen Remodeling: 0 1 2 3 4 5

Roof Repair: 0 1 2 3 4 5

Interior Trim: 0 1 2 3 4 5

New Roofs: 0 1 2 3 4 5

Window Replacement: 0 1 2 3 4 5

Carpet Install: 0 1 2 3 4 5

Drywall Install: 0 1 2 3 4 5

Landscaping: 0 1 2 3 4 5

Drywall Finishing: 0 1 2 3 4 5

Gutter Install: 0 1 2 3 4 5

Siding Install: 0 1 2 3 4 5

Framing: 0 1 2 3 4 5

Concrete Finishing: 0 1 2 3 4 5

Mechanic: 0 1 2 3 4 5

Concrete Work: 0 1 2 3 4 5

Food Preparation: 0 1 2 3 4 5

General Office Work: 0 1 2 3 4 5

Bookkeeping: 0 1 2 3 4 5

EMT/Paramedic: Yes

Computer Programmer: Yes

Medical Doctor: Yes

Engineer: Yes

Dentist: Yes

Licensed Plumber: Yes

Nurse: Yes

Licensed Electrician: Yes

Licensed Counselor: Yes

Licensed HVAC: Yes

Architect: Yes

CDL: Yes

Pro Web Designer: Yes

Information Technology: Yes



One Heart – Many Hands

Indy June 16 – 21, 2013

Volunteer Participant Agreement Form

Includes: Risk of Program Conditions, Medical Release, Reporting, Institutional Arrangements, Photograph Release, Assumption of Risk and Release of Liability, and Code of Conduct

PLEASE PHOTOCOPY THIS AGREEMENT FOR EACH TEAM MEMBER

Each team member is to complete the following agreement, and have it **NOTARIZED** before departure. In the case of a minor, the parent or legal guardian should complete, sign and have notarized.

NOTE TO TEAM COORDINATOR: Signed and notarized copies **must be taken to the field by you** since the agreement contains a Medical Release that may be required by the hospital or doctor before medical assistance can be given. Please send a copy of each applicant's Volunteer Participant Agreement with your registration package.

Caution: This is a release of legal rights. Read carefully and understand it before signing.

One Heart – Many Hands, Inc., a non-profit 501(c)(3) organization that supports the compassionate work of the Church of the Nazarene and its affiliates. References to OHMH include One Heart – Many Hands, the Church of the Nazarene and all affiliated organizations, officers, officials, employees, agents, and assignees.

I, _____ (Print Name), freely choose to participate and/or allow my

child, _____ (print name of child), to participate in the OHMH Indy 2013 project.

For and in consideration of OHMH assisting, coordinating and facilitating my and/or my child's voluntary participation in this Program, I agree as follows:

Risk of Program Conditions: I understand that my and/or my child's participation in this Program may involve strenuous physical activity.

Medical Release: I hereby give _____ (team leader) and/or

_____ (team member) and/or leadership of One Heart – Many Hands permission to secure medical treatment for me in the event that I am not able to make that decision due to injury or illness. I also authorize release of any and all medical information which I receive pursuant to illness or injury to the aforementioned. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. I also authorize release of any and all medical information which they receive pursuant to illness or injury treatment to the aforementioned.

In either case it will be from the date of _____, _____ to _____, _____.

Reporting: I agree to immediately report to the OHMH staff or other OHMH leadership any injuries, illnesses or emergencies that occur during the Program.

Institutional Arrangements: I understand that OHMH is not an agent of, and has no responsibility for, any third party that I and/or my child may provide any program services to. I understand that OHMH provides guidance and facilitates my and/or my child's Program activities only as a convenience to participants and that accordingly, OHMH accepts no responsibility, in whole or in part, for loss, damage or injury to persons or property whatsoever, caused to me or others while participating in the Program. I further understand that OHMH is not responsible for matters that are beyond its control.

Photograph Release: I hereby consent to the photographing of myself and/or my child and the recording of my and/or my child's voice and the use of these photographs and/or recordings for advertizing and publicity purposes for OHMH. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

Assumption of Risk and Release of Liability: Despite precautions, accidents and injuries can and will occur. Therefore, I assume all risks related to the Program activities.

I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, OHMH, all staff and project leaders and all related or connectional organizations, officers, agents, employees, representatives, successors, assignees and all others from any and all responsibilities, claims, expenses, personal injury, wrongful death or liability for injuries or damages of any kind arising from my and/or my child's participation in the any activities of the Program or arising out of participation in the Program. I do also hereby indemnify, release and hold harmless, to the fullest extent provided by law, all of those mentioned and others acting upon their behalf from any responsibility or liability for any injury, damage or death to my self and/or my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my and/or my child's participation in any activities connected with the Program.

Code of Conduct: I and/or my child agree to follow the leadership of OHMH staff and all Program policies and procedures provided by OHMH. I and/or my child will conduct myself/himself/herself in a responsible, appropriate and professional manner, including proper grooming and modest clothing and refraining from consumption, possession or use of alcohol, controlled or illegal substances or any controlled drugs other than prescribed medications while participating in the Program.

I understand that volunteer participation is at the discretion of OHMH staff and project leaders and that volunteers who willfully and/or repeatedly disregard policies and the leadership of OHMH or affiliated organizations may be temporarily suspended from volunteer activities, or dismissed from the local project and sent home. This decision is at the discretion of the OHMH staff and/or team leader. The OHMH staff decision is final. I agree that if I and/or my child are dismissed, I will bear any additional expense in leaving the project.

Signature: I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. The Release Form shall be governed by the laws of the State of Kansas which shall be the venue for any lawsuits filed under incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Name of Participant: (Print) _____

Signature: _____
(In case of minor – signature of parent or legal guardian)

Date: _____

Sworn before me and subscribed in my presence this _____ day of _____,

NOTARY PUBLIC

(SEAL)

EXPIRATION DATE



Scholarship Questions & Requirements

1. Is there a limit a student can receive in scholarship per year?

There is a limit to one major event per year. We will not give scholarships out for minor events, which are events under \$50.

2. What is required of the student?

The student must participate in fundraisers and fill out the application to be turned in on time. They can also do fundraising outside of our formally organized options.

3. What is the deadline for scholarship applications to be turned in?

The deadline for scholarship applications to be turned in is 1 month prior to the event.

4. Does the student ministry offer multiple family member discounts?

We cannot offer these types of discounts because our cost is determined by the number of students attending each event. We do encourage those families with multiple children in the youth ministry to apply for scholarships for each child as needed.

5. Aren't other families more in need?

I often hear people say, "There are other people that need the scholarship more than my family." This may be true to some point, but if your student will not be able to attend an event without help, then there is no need that is greater.



Scholarship Application

Please complete the following and return to the youth ministry office.

Student Name _____

Parent's Name (s) _____

Address _____

City _____ State _____

Home Phone _____ Cell _____

Event Name _____ Date _____

The total cost of this event is \$_____ We are requesting help with \$_____
(Normal maximum is 50%)

Please describe your student's involvement at Central Church of the Nazarene:

Why do you believe it is important for your son/daughter to attend this event?

Please describe the situation that causes your need for assistance at this time.

Please be as detailed as possible: _____

Staff use only: Approved _____ Staff Name _____



Scholarship Application

To be filled out by the student:

Please state why you would like to be a part of this event/activity, how you feel it will benefit your spiritual journey and any other reason you are wanting to attend this activity. (no longer than 1 page)