

Call(ed) To Action

“ Then I heard the voice of the Lord saying, ‘Whom shall I send, and who will go for us?’
And I said, ‘Here am I; send me!’”

Isaiah 6:8

ADULTS attending ASP need to provide the following:

- 1) **Volunteer Statement and Registration Form 2018– Must be Notarized**
- 2) **Emergency Medical Information**
- 3) **ASP Mission Trip Covenant**
- 4) **Photocopy of Medical Insurance Cards, front and back**
- 5) **Photocopy of Driver’s License**
- 6) **Driver Application & Safe Use of Vehicles Acknowledgement**

MAKE SURE YOUR NAME IS ON EACH FORM

- You may put them in Amy Baldwin’s church mailbox located in the workroom, or you may turn them in at the **mandatory meeting on Sunday, April 29th at 7:30 pm** - Fellowship Hall. We will have a notary at the meeting, but it would be helpful if they were notarized prior to the meeting. Forms can be notarized at Hudson Public Library or your local bank.
- Questions?
- Contact Steven Hockstra – shockstra@hudsonucc.org



VOLUNTEER STATEMENT AND REGISTRATION FORM

Give to center staff upon arrival.

Must be received by staff prior to volunteer participation in ASP activity

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and home building for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care, and ASP cannot guarantee the safety or sanitation of its work sites, accommodations, or facilities. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, framing, dry wall installation, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other home repair, remodeling and renovation. These activities may include the use of a variety of hand tools such as ladders, hammers, shovels, rakes, and saws, and power tools such as saws and drills. The foregoing activities may also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and ladders. Volunteers will be traveling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also 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. All volunteers understand that there are risks inherent in construction repair work, travel, and sporting activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks and voluntarily choose to assume the risks of all activities with ASP. 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. The minimum age for ASP volunteers is 14 (or must have completed the 8th grade).

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while I am a volunteer for ASP. Consent is given to accompanying adult volunteers or ASP staff 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 for 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.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by ASP (specifically ASP's Expectations, Rules, and Regulations and ASP's Safety Manual) and I understand the extent and nature of the activities in which I or my youth will participate. 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. I understand that as a volunteer, I am not an employee of ASP and I am not entitled to compensation or any other employment benefits of ASP.

By signing below, I and/or I and my youth release and discharge Appalachia Service Project, Inc. its agents, employees, and any and all persons connected therewith, 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. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

I agree that this release and waiver shall be governed by the laws of the State of North Carolina because ASP operates in multiple states, including North Carolina. I also agree that if I pursue any legal action against ASP, such suit must be filed in the Tennessee State Courts in Washington County, Tennessee, or the United States District Court for the Eastern District of Tennessee.

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 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 18 years of age or older:

Participated with ASP before? Yes No

Printed name of participant _____

Signature _____ Date _____

Volunteers under age 18 years of age:

Participated with ASP before? Yes No

Printed name of participant _____

Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

NOTARY REQUIRED: 18 YRS AND YOUNGER SIGN ABOVE IN PRESENCE OF NOTARY

_____, 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 or proved to me on the basis of satisfactory evidence and acknowledge that he/she executed the instrument for the purposes therein contained.

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

(Notary Public) My commission expires: _____

VOLUNTEER INFORMATION

Vol. Last Name _____
First Name _____ MI _____
Nickname _____
Address _____
City, State, Zip _____
Phone _____

Vol. Marital Status: **single married widowed divorced**
Birthday _____ (mon/day/year)
Gender 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 # _____ Date of last Tetanus shot _____

Medication(s) you 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 _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT

In an emergency, please contact:

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
Also on ASP? Yes No

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
Also on ASP? 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.



Making Homes Warmer, Safer and Drier
Transforming Lives

ASP MISSION TRIP COVENANT

A covenant is a promise or vow made between two parties. In Genesis, God took Abraham outside one night and showed him the stars in the sky. God promised that Abraham's descendants would be as many as those stars and that from those descendants would come a Savior. We now know that the promise was kept in the Savior of the world, Jesus Christ.

ASP covenants to our groups that we will do everything we can to facilitate a meaningful service opportunity. We will provide a center facility and staff; we will fulfill all the details that must come together to make a significant mission experience for our volunteers. As a part of the faith walk through service, ASP asks volunteers to enter into a covenant with ASP. Volunteers are asked to abide by the "Expectations, Rules, and Regulations" that make communal living and working successful. ASP also asks that volunteers abide by additional rules that may be given at their particular center.

Each volunteer must read the ASP "Expectations, Rules, and Regulations", the 3 S's: Sensitivity, Safety, and Stewardship, and the ASP Safety Manual before signing.

Sign below when you have read these documents that are included in this packet.

First Congregational Church
(Church/Group)

(Print Name)

Hudson, Ohio
(City State)

Signature

VOLUNTEER EXPECTATIONS, RULES AND REGULATIONS

When volunteers sign the Volunteer Statement and Registration form along with the Covenant Sheet, they confirm their agreement to abide by the Expectations, Rules and Regulations of ASP. ASP staff reserves the right to terminate the participation of any individual or group that does not follow these guidelines.

- The ASP staff has overall responsibility for all activities (at the center and worksites).
- The Center staff will inform you of Center or community-specific guidelines.
- **Group leaders (19 yrs +) are responsible for their youth volunteers at all times. This includes enforcing all ASP rules and regulations with their youth. ASP staff will intervene ONLY when necessary.**
- All volunteers (youth and adults) are expected to participate in the programs, including: meals, chores, meetings, evening gatherings, etc.
- Volunteers assist in Center clean up, tool and supply organization, after meal clean up, loading or unloading of building materials and other chores.
- Everyone is expected to act responsibly and respectfully within the community.
- **ASP's Summer Program is for youth ages 14 and older. Note: 13 year-old volunteers may participate if they have completed the 8th grade.**
- **PLEASE NOTE: No infants, toddlers, or any youth under the age of 13 are permitted on an ASP trip.**
- Possession or use of illegal drugs or alcohol is strictly forbidden! Violators will be asked to return home immediately at their own expense.
- Smoking or use of tobacco products is prohibited inside all ASP Centers. A designated area may be identified outside. Use of tobacco is discouraged at the work site. Underage youth are not permitted to smoke anywhere!
- Weapons (or replicas) are not permitted.
- Always travel in groups of two or more persons when away from the center.
- Audio equipment is prohibited at the work site and the Center, unless you first consult with your Center Staff.
- **Harassment of ANY kind will not be tolerated. If you feel that you have been affected by harassing behavior at ASP, follow the reporting procedures: 1. Tell a responsible Group Leader within your group. 2. If you do not feel comfortable confiding in a Group Leader, report to the staff. 3. If needed, staff supervisor contact information is available at the Center, or you can email: incident@asphome.org.**

WORKSITE RELATED

- Working hours are from 8:30 a.m.–4:30 p.m. EACH DAY. **Implement a buddy system so that no volunteer is left in the position of being alone.** If you leave the work site, all crew members must leave in their vehicle. **Never leave youth volunteers unattended at the worksite.**
- Lunch is to be eaten at the work site. We encourage you to bring extra sandwiches for the family you are serving.

- Work crews are composed of 7 people (ideally 5 youth and 2 adults (19 yrs +). Extra adults may be used as floating volunteers.
- **Work attire: Shirts with sleeves, long pants, and sturdy shoes must be worn at the work site. Sweat pants or scrub pants are not considered appropriate for the work site.**
- Each work crew must have a suitable vehicle capable of safely transporting 7 people, tools, equipment, building supplies, etc.
- Seatbelts must be worn at all times when traveling.
- No participant is permitted to ride in the back of a pickup truck.
- Notarized Medical Forms for each volunteer should be kept in the vehicle in which he or she is currently traveling.
- Use tools, supplies and resources responsibly; for their intended purposes.
- Nail guns are prohibited in the Youth Program.
- Only adults age 19 and older may check out power tools. All volunteers who operate power tools must be trained at home. Youth must always be supervised when using these tools.
- Safety and sensitivity to your family should always be a top priority.
- Ask permission from the family prior to taking any photos on the worksite.
- Recording with video equipment is strictly prohibited at the worksite.
- Volunteers are encouraged to invite families to the picnic as your guests. Try to coordinate transportation and assist with any parking or swimming fees.

CENTER RELATED

- **Center attire:** Shirts must be worn at all times. When leaving the Center grounds, shorts of finger-tip length will be acceptable attire. **Not appropriate attire at any time:** halter, spaghetti-strap, or tank tops, sports bras worn as an outer garment, sleeveless shirts, or any clothing expressing political affiliation, alcohol/beer slogans and/or obscenities. Appropriate clothing must be worn at all times including to and from the showers and after “lights out.”
- No infants, toddlers, or any youth under the age of 13 are permitted at the Center.
- No pets are permitted at the Center.
- ASP abides by the “Safe Sanctuaries” guidelines.
 - Adults (19 yrs +) and youth will have separate showering times.
 - No females are permitted in the males’ sleeping area. Males are not permitted in the females’ sleeping area at any time.
 - In sleeping rooms there must be at least 2 adults of the same gender as youth. These adults will sleep away from youth if possible.
- A strict 10:30 p.m. quiet time and 11:00 p.m. lights out applies to all.

3- S's

SENSITIVITY, SAFETY, AND STEWARDSHIP

Sensitivity

1. Follow the dress code guidelines as outlined in ASP's *Expectations, Rules, and Regulations*.
2. Take time to meet and talk with your family before unloading.
3. Ask the family for ideas and advice; encourage them to join in the work, if they are able.
4. Keep reactions to yourself that might hurt or insult the family. Use positive language that won't alarm the family, using terms such as "repair" or "replace" rather than "tear out" or "gut" to help minimize the family's stress level. If you must talk about something sensitive, "take it to the van" or talk about it with your crew on the way back to center.
5. Be sensitive to the family's need for space and privacy. Ask before venturing into new areas of the home. **Remember, you are a guest.**
6. Ask permission from the family prior to taking any photos on the worksite. We suggest you don't take any photos on Monday morning and that photos taken earlier in the week are of your work crew. If you'd like to take pictures of the family, please wait until a relationship has been established. Video cameras are not permitted.
7. Eat lunch at your site to develop relationships. Pack sandwiches to share with your family.
8. Place drop cloths on the family's belongings before you start working in a room. Each day put things back the way you found them before you leave. Treat them with respect!
9. Do not mention your family's name out in the county; help maintain their privacy. If people ask where you're working, you might say...
"So many different places." Or "We are working at a variety of homes in the county."
10. Please ask smokers to be aware of designated smoking areas at the center and to use them. Do not smoke on the work sites. Ask smokers to walk away from the sites, and not smoke in the homes (even if your family has members that smoke.)
11. Do not bring infants, toddlers, or any youth under the age of 13 along with your group. There is no circumstance that merits an exception to this rule.

Safety

1. Implement a buddy system so that each volunteer is never left in the position of being alone while at a worksite.
2. When traveling away from the center after the work day, always travel in a group.
3. Only adults 18 and older will be allowed to check out power tools at the center. While ASP recognizes that the use of power tools can be a valuable and empowering experience, because of liability, we ask that only volunteers 18 and older use these tools. If volunteers under 18 use power tools, they must be under the direct supervision of the adult group leader who is ultimately responsible for the safety of his/her volunteers.
4. Use power tools safely. **Always** unplug them when not in use.
5. Take breaks throughout the day and drink lots of water.
6. Use ladders safely and take them down when not in use.
7. Beware of snakes, ticks, bees, and other creatures.
8. Put a First-aid kit and Volunteer Statement and Registration Form for all participants in each vehicle.
9. Drive cautiously and be aware of curves and coal trucks.
10. Wear hard hats, goggles, ear protection, work gloves, and N95 dust masks as needed for the job.
10. Do not leave people at a work site without a vehicle. **If one person needs to leave for any reason, everyone leaves if there is only one vehicle at the site.**
11. When roofing, always have at least one driver on the ground in the event of an emergency.
12. Be sure to leave the worksite safe for the family.
13. Notify the staff of any unsafe working conditions as soon as possible.
14. Everyone should read and follow *ASP's Safety Manual*.

Stewardship

1. Plan ahead to use materials in the most economical way. **Measure twice, cut once.**
2. Ask the staff before agreeing to do anything not previously discussed.
3. Clean tools every day, including mud knives and paint brushes. Be careful not to contaminate the family's water source.
4. Use the right tool for the job.
5. Do not take more food than you can eat.
6. Conserve water; take short showers.
7. Complete your chores thoroughly.
8. Turn off lights, air conditioners and fans when nobody will be in the room, such as when leaving for the worksite in the morning.
9. Recycle scrap material if facilities are available in the county.
10. Do not bring infants, toddlers, or youth under the age of 13 with your group. There is no circumstance that merits making an exception to this rule.

**First Congregational Church of Hudson
ASP Driver Application and Safe Use of Vehicles Acknowledgement**

The First Congregational Church of Hudson Youth Board requires that each potential ASP Driver must complete a Driver Application and acknowledge its Safe Use of Vehicles Policy. This acknowledgement defines expected driving behavior during church related events.

ACKNOWLEDGEMENT

I, _____, agree and understand the following First Congregational Church of Hudson ASP Driver responsibilities:

SPEEDING – I will observe posted speed limits and will not exceed posted speed limits by more than 5 miles an hour. I also understand that speeds limits are posted in relation to normal and safe road conditions. I recognize that in some situations (such as rain or fog); conditions may require driving below the posted speed limit.

SEATBELTS – I will ensure that everyone in the vehicle has access to a seatbelt. I understand that it is the Driver’s responsibility to ensure that everyone is wearing a seatbelt when the vehicle is in motion.

DAYTIME LIGHTS – I will utilize the headlights anytime the vehicle is in motion.

ALCOHOL, DRUGS – I agree to not use alcohol within 24 hours prior to driving for an ASP event.

USE OF MOBILE PHONES – I will limit the use of mobile phones while driving. Under no circumstance will I text or use web based mobile phone applications while driving.

COMPLYING WITH ROAD RULES – I agree to comply with all road rules associated with driving and avoid aggressive behavior with others sharing the road.

I understand that if my application is approved, I am obligated to abide by all the terms of this acknowledgement.

Signed: _____ Date: _____

Have you been cited for any moving violations in the past three years?

No () if yes, please explain _____

Have you had any accidents in the last three years?

No () if yes, please explain _____

Has your driver's license ever been suspended, revoked, denied, or cancelled?

No () if yes, please explain _____

MOTOR VEHICAL RECORDS REQUEST RELEASE

In connection with my ASP Driver Application, I understand that investigative background inquiries are to be made on my motor vehicle records. I understand that the First Congregation Church of Hudson may be requesting information from various Federal, State and other agencies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from a third party and/or any of their licensed agents.

The authorization and consent shall be valid in original, fax or copied form. I have the right to obtain the results of my records request from the First Congregation Church of Hudson, or an applicable authorized consumer reporting agency currently used by the First Congregation Church of Hudson.

Signed (applicant): _____ Date: _____

Printed Full Legal Name: _____

Drivers' License Number: _____ State: _____

Date of Birth: _____ Last 4 Digits of Social Security Number: _____

Review (to be completed by a Youth Board member)

Reviewed By: _____ Date: _____

Outcome: _____