



# U.M. ARMY Youth Mission 2012



## Vital Information

<b>What is it?</b>	United Methodist Action Reach-Out Mission by Youth. A mission trip for youth grades 8 - 12 (completed by June, 2012)
<b>When is it?</b>	Sunday, June 17 – Saturday, June 23, 2012
<b>Where do we go?</b>	Hondo, Texas
<b>What do we do?</b>	It is an opportunity for youth and adults to experience Christian growth through mission, worship and fellowship.
<b>Do I have to know how to use tools?</b>	No. You are not expected to know how to use tools. The projects will generally include tasks suitable to all skill levels. If you can use a paintbrush, you qualify!
<b>Who else is there?</b>	There will be youth and adults from other Texas churches. A great opportunity to meet new friends.
<b>Where do we stay?</b>	First UMC in Hondo, TX
<b>How much does it cost?</b>	The cost is <b>\$295</b> per camper, plus spending money for 1 meal on the road, dinner for “night out”, and souvenirs. Opportunities for earning funds are available through BUMC youth fundraisers.
<b>What’s the payment schedule?</b>	Payment with Registration Form by January 29:     \$100 (nonrefundable) Additional payment due March 18:                     \$100 Additional payment due April 15:                     \$95  If financial assistance is needed please contact Teresa Kingsbury at <a href="mailto:teresa.kingsbury-bethany-umc.org">teresa.kingsbury-bethany-umc.org</a>
<b>What happens if I cancel my participation?</b>	Cancellation before March 18:                     \$100 is nonrefundable Cancellation after March 18 and before April 15: \$200 is nonrefundable Cancellation after April 15:                         \$295 is nonrefundable
<b>Why should I sign up now?</b>	Registration after January 29, 2012 is available only if camp hasn’t filled. Further, BUMC registration is limited and first-come first-serve. Applications will be accepted starting November 6, 2011 3PM at Mandatory Parents meeting.
<b>Are there training sessions?</b>	<b>Mandatory Parents meeting</b> for All BUMC mission trips will be November 6, 2011, 3 PM in D209 or November 9, 2011 7 PM in room D305/306. (Parent must attend one before applications will be accepted) Applications will be accepted.  Mandatory team training on Sunday, April 29, 2012 2-4 PM
<b>How do I sign up?</b>	Complete the attached Registration Form and return it in along with your initial deposit payment of \$100.
<b>Who do I contact with questions?</b>	Frank Rojas: <a href="mailto:frankr6591@austin.rr.com">frankr6591@austin.rr.com</a> Abel Alaniz: <a href="mailto:alaniz.us@yahoo.com">alaniz.us@yahoo.com</a>



# Bethany UMC Youth Missions 2012 UM ARMY Application Form



## Youth Participant Information

Name: \_\_\_\_\_ Sex: M or F (circle)

Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

Youth Cell Phone: \_\_\_\_\_ Text? Y or N Youth Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Current BUMC Med Release on file: Y or N

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Have you ever been on a Mission Trip? Y or N Which Mission Trip(s) and year(s) attended: \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to participate on this trip? \_\_\_\_\_

What are your concerns and expectations for this trip? \_\_\_\_\_

List dietary restrictions: \_\_\_\_\_

**COVENANT:**  
 I Covenant to attend the team meetings before we leave on the trip.

- I will be a representative of Jesus Christ and Bethany UMC on this mission trip experience.
- I understand that I am responsible for the full cost of the trip cost.

I have read and agree to the Covenant: \_\_\_\_\_ Date \_\_\_\_\_

## Parent Information

	Mom	Dad
Name:		
Home Phone:		
Work Phone:		
Mobile Phone:		
Email Address:		

**Parent Meeting** was attended by: \_\_\_\_\_ on 11/6/11 11/9/11 other \_\_\_\_\_

**Student applications will not be accepted until a parent has attended a missions parent meeting.**

**(PLEASE SEE OTHER SIDE)**

### Current Parent Involvement that guarantees your student enrollment:

\_\_\_\_\_ Teach Sunday School                      \_\_\_\_\_ UMYF Small Group Leader  
\_\_\_\_\_ Wednesday Night Bible Study Leader                      Other \_\_\_\_\_  
(2 time per month participation requirement)

If you are not currently, but are interested in serving in one of these areas, please contact Thomas Johnson (Thomas.Johnson@bethany-umc.org)

### Future Parent Involvement that guarantees your student enrollment:

\_\_\_\_\_ I would like to be a Sponsor on the \_\_\_\_\_ Mission Team.

\_\_\_\_\_ I would like to serve as registrar for Student Ministries Mission Teams Summer 2012. Being the registrar requires processing registrations, assisting with form gathering, coping, and other administrative duties necessary to prepare the teams for departure. Registrars would be responsible for 2 teams and on average this would require 4 hours per week. There will be very busy times and not so busy times.

\_\_\_\_\_ I will be available 8 hours per month to assist with administrative duties in Student Ministries from January through August 2012. These duties could be performed at church or at home.

**Very IMPORTANT Note:** Having enough sponsors on each trip is very important. In the event there is a shortage of sponsors, students will have to be turned away. This is due to the requirements of the Bethany Child and Youth Protection Safety Policy which has our students' safety as an absolute priority.

### Reminders

- To apply for a place on the trip, return this form **and \$100 per trip via a check** payable to BUMC or with funds that are currently in your youth account..  
**Note: Once application is accepted the deposit is nonrefundable, but can be transferred to another BUMC Youth Mission Trip if space available.**
- Review the Payment Schedule and the Cancellation Policy in the Vital Information form for the selected trip.
- Communications concerning required meetings and other trip information will be provided primarily via email – so be sure to read your email!

### Signatures

\_\_\_\_\_  
Date: \_\_\_\_\_  
Youth Participant

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent

**(See Attached)**



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## As Needed Medicine Only:

My youth may be given the following medications according to recommended dosage on package as needed under the supervision of Student Ministries Staff or the Mission Team Coordinators (please mark all that apply):

- \_\_\_\_\_ Tylenol
- \_\_\_\_\_ Ibuprofen (i.e. Advil)
- \_\_\_\_\_ Naproxen (i.e. Aleve)
- \_\_\_\_\_ Imodium
- \_\_\_\_\_ Benadryl
- \_\_\_\_\_ Sudafed
- \_\_\_\_\_ Over-the-counter cough syrup

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent Involvement

No trip can be accomplished without parental involvement. We need your help with the following items, please put mark the box if you are willing to help with that item.

- Make Name Tags
- Make Luggage Tags
- Coordinate Prayer Partners (need 2 volunteers)
- Re-stock 1<sup>st</sup> Aid Kits
- Help with Check-In on departure date (need 3 volunteers)
- Prepare coolers for sack lunches on departure date
- Assist in picking up vans day before the trip or dropping off vans upon return
- Coordinate the unloading and cleaning of the vans upon return from a trip



# REGISTRATION FORM

Form 2011-SWTX

Revised 10-10

<b>HIGH SCHOOL Work Camp</b> All Youth Must Have Completed Grade 8				← Please Mark With An X The Appropriate Box  Do Not Write In Any Shaded Area				
<input type="checkbox"/> Youth [9-12 grade] <input type="checkbox"/> Adult [21 & over]								
<input type="checkbox"/> Young Adult [one year out of H.S.-through 21]								
Last Name		First Name		10 Digit Home Phone				
				M    F				
Street Address		City	State & Zip	Date of Birth	Age	Sex (Circle Please)		
10 Digit Cell Phone # Participating Adult OR→		10 Digit Cell Phone # Parent / Guardian Of Participating Youth		10 Digit Phone # Emergency Contact (Not a Parent)				
Emergency Contact Name (Not a Parent)		Participant Email Address			Year Of Last Tetanus Shot			
Participating Church		City	Name Of Church Contact					
List Any & All Special Medical Problems/Allergies Include Additional Information Sheet If Necessary			List All Medications That Will Be Taken At Camp Include Additional Information Sheet If Necessary					
			8	9	10	11	12	
Employer Name of Adult Participant OR Employer Of Parent/Guardian of Participating Youth		Occupation - Participating Adults Only	Grade Completed, Please Circle Appropriate Box (High School Participants Only)					
Type Of Vehicle You Will Drive At Your Work Camp (Age 21 & Older)				Number Of Seats With Seat Belts Including Driver				
<input type="checkbox"/> First Aid	<input type="checkbox"/> Music	<input type="checkbox"/> Roofing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Administrative Skills	<input type="checkbox"/> Food Service			
Rank Your Skill In The Above Areas    1=Novice    2=Familiar    3=Expert								
Y	N		S	M	L	XL	2XL	3XL
Have You Attended U.M. ARMY ?	How Many Times	Last Year Attended	T Shirt Size (Circle Appropriate Box)					
<b>Medical Insurance Information</b>		List First And Last Names Of Other Family Members Attending This Work Camp		List Any Special Dietary Needs Including Food Allergies				
Insurance Company Name								
Policy Holder								
Group Number								
Insurance Company Verification Phone Number								

**Covenant Agreement / Release Form**  
 By my signature below I acknowledge that I have read, understand and agree to the U.M. ARMY liability, press and medical release above. I have also read the Covenant of Conduct above and agree to abide by it. I affirm that all the information on the U.M. ARMY Individual Registration form is correct.

x \_\_\_\_\_  
**Participant's Signature** (youth / young adult / adult) Date

x \_\_\_\_\_  
**Parent/Legal Guardian Signature** (required for all participants 17 and under) Date

Participating Church Coordinator:  
 Return Original and 3 Copies to U.M. ARMY - SWTX, P. O. Box 2556, Wimberley, TX 78676  
 Retain One Copy for Participating Church Coordinator

### **U.M. ARMY Covenant of Conduct**

- I will treat both the client and their property with dignity and respect.
- I will treat all participants respectfully in accordance with the teachings of Christ. As a **Christian Role Model**, I will encourage all volunteers to assume leadership roles and to conduct themselves with a Christ-like attitude. I will seek to build them up and not tear them down.
- I will show proper respect for the host church, vehicles and tools. I will conduct myself in a thoughtful, safe manner at work and at play.
- I will participate fully in **all** camp activities and with a **positive attitude** will focus my energies to promote unity within the camp.
- I will abide by the following vehicle regulations:
  - Seatbelts to be worn at all times
  - No youth may ride in a vehicle driven by anyone under 21 years of age
  - No riding in pickup truck beds or trailers
- I recognize I will be relied upon to provide leadership especially at times when safety and issues of discipline are being compromised.
- I will adhere to the following rules and regulations established by U.M. ARMY:
  - Radios, tape/disc/mp3 players, cell phones for youth are not permitted
  - Alcohol, illegal drugs and tobacco products are not permitted
  - No one may enter the dorm of the opposite sex
  - Everyone must dress appropriately
- I will read the U.M. ARMY Travel Guide and will abide by and adhere to all that is printed within.

### **Liability, Press and Medical Release**

- I wish to volunteer my services with U.M. ARMY Youth Mission Program. I acknowledge and agree that the nature of the services to be performed include but are not limited to physical labor, building repairs, yard work, construction, and the use of power tools, other construction tools, ladders, scaffolding, lawn mowers, gardening equipment and tools. I further acknowledge and agree that the services to be performed during the Program are inherently dangerous and pose a substantial risk of injury or death and of damage to or loss of personal property;
- I acknowledge that the risks of participation also include, but are not limited to, the risks of travel; the risks of negligence, gross negligence, willful and wanton misconduct and/or bad judgment by me or other participants, including the clients, coordinators, volunteers, and site inspectors; contact with unidentified and unfamiliar persons; and the risks of failure, misuse and malfunctioning of equipment;
- I hereby represent that I am in good physical condition and health, am capable of safely performing the activities for which I have volunteered and do not pose a risk of harm to myself or other participants;
- I assume, to the greatest extent permitted by law, all of the risks to me, whether or not specifically identified herein, of all the activities in which I participate and the services I use and/or provide;
- I release U.M. ARMY, its directors, officers, employees, trustees, agents, volunteers, coordinators, participants, equipment providers, and Program clients, and covenant not to sue such persons for, any and all liabilities, actions, causes of action, demands, damages (including but not limited to any illness, death, bodily injury, personal injury or property damage) and claims of every kind or nature, either in law or equity, which arise or may hereafter arise out of any activity associated with or my participation in the Program;
- I authorize publication, broadcast or other use of my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity arising out of any activity associated with the Program without further compensation and agree that all such materials are the sole property of U.M. ARMY.
- On behalf of myself and my heirs, I indemnify and hold harmless U.M. ARMY, its employees, trustees, volunteers, coordinators, participants, equipment providers, and Program clients from any and all costs, liabilities and claims, of every kind and nature whatsoever, arising directly or indirectly, from my participation in activities or use of services, including any legal costs and expenses and the costs of medical or other expenses incurred for my benefit.
- I authorize any of the leaders of U.M. ARMY to obtain any and all necessary medical and/or dental attention and/or treatment for me, including surgical procedure if advised by the attending physician. I have listed on the registration form (front side), any and all special medical problems concerning myself, and I confirm that I have advised the leaders of U.M. ARMY of any special medical problems.