

ALASKA¹⁸ JUNE 30-JULY 10

Leadership by the 4TEN Youth





2018 Alaska Experience

REBUILDING, RESTORING, RENEWING.

"Serve one another in love." GALATIANS 5:13 (NLT)

Join us in Alaska for a week of service as we learn about American Baptist home mission work in the last frontier.

Highlights include:

- Learn about and experience American Baptist mission in Alaska
- Participate in hands-on mission experiences
- Opportunities to encourage and support those in need
- Opportunities to worship with local American Baptist congregations
- Opportunities to see the beauty of Alaska

For more information on how to be involved in this important and exciting work, please contact:

Victoria Goff at 610-768-2449 or vgoff@abhms.org | American Baptist Home Mission Societies, PO Box 851, Valley Forge, PA 19482

Monday, July 2, 2018 – Friday, July 13, 2018

Legal Name _____

Local Church _____

Home Address _____

Home Phone _____ Cell Phone _____

Office Phone _____ Email _____

Emergency Contact _____ Phone _____

Date of Birth _____

Please list all medical allergies _____

Please list all food allergies _____

Please list all medications you are currently taking _____

Cost: approximately \$1,800; includes transportation, housing and food

Please return this form with your nonrefundable deposit of \$100 by March 26.

Final payment is due May 14, 2018.

American Baptist Home Mission Societies

PO Box 851

Valley Forge PA 19482

Fax 610-768-2470 | Phone 610-768-2449

For credit card payments, please call 610-768-2413



American Baptist Home Mission Societies
SINCE 1822

Connect. Cultivate. Change.



**Participant
Liability and
Medical Release
Form**

2018 Alaska Experience

REBUILDING, RESTORING, RENEWING.

"Serve one another in love." GALATIANS 5:13 (NLT)

Please read before signing as this constitutes the agreement and the understanding of your working relationship as a volunteer.

- I, _____ acknowledge and state the following:
- I have chosen to travel to perform a variety of tasks, some of which maybe clean-up/construction work.
- I understand that this work may entail a risk of physical injury and could involve physical labor, heavy lifting and/or other strenuous activity; and that some activities may take place on ladders and building framing other than ground level.
- I certify I am in good health and physically able to perform this type of work.
- I understand I am engaging in this experience at my own risk.
- I assume all risk and responsibility for any damage or injury to my property, or any personal injury and related medical costs and expenses which I may sustain while involved in this experience.
- I understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.
- I further understand that some accommodations may include staying in personal residences with host families.
- By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold harmless American Baptist Home Mission Societies and American Baptist Churches of the Central Region, together with its officers, agents, servants and employees, from any and all causes of action arising from my participation in this experience, and travel, or lodging associated therewith, including any damages which may be caused by their negligence.

Signature _____ Date _____

Arrival Date _____ Departure Date _____

Team Leader _____

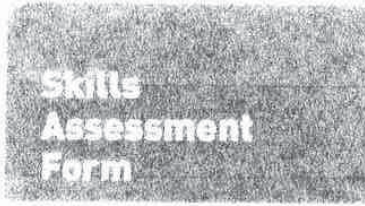


American Baptist Home Mission Societies

Since 1924

Connect. Cultivate. Change.





2018 Alaska Experience

REBUILDING, RESTORING, RENEWING.

"Serve one another in love." GALATIANS 5:13 (NLT)

Name _____

To use your time and talents to the greatest benefit while you are volunteering, please indicate your current skills and experience, as well as the level of those skills by using the following:

Skill Levels

- 0 = I am unable to do, or am not interested.
- 1 = I don't know how, but am willing to learn or try.
- 2 = I have done it before, but still need help to complete.
- 3 = I can do a good job by myself.
- 4 = I can do a good job, and can guide or teach others.
- 5 = I am a licensed contractor.

Skills

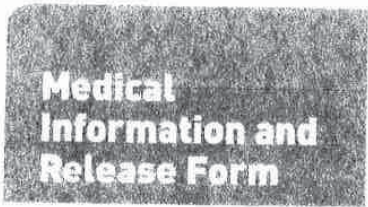
Indicate level, using appropriate numbers identified above.

- | | |
|---------------------------|---|
| _____ Carpenter | _____ Hospitality |
| _____ Clean-up worker | _____ Insulation |
| _____ Clerical | _____ Landscaping |
| _____ Computer Skills | _____ Mason |
| _____ Contractor | _____ Painting |
| _____ Drywall Hanger | _____ Plumbing |
| _____ Drywall Finisher | _____ Roofing |
| _____ Electrician | _____ Siding |
| _____ Flooring – Carpet | _____ First Aid Trained |
| _____ Flooring – Underlay | _____ CPR Trained |
| _____ Flooring – Vinyl | Are you a nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Framing | Are you a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other Skills or Comments _____



Connect. Cultivate. Change.



2018 Alaska Experience

REBUILDING, RESTORING, RENEWING.

“Serve one another in love.” GALATIANS 5:13 (NLT)

MEDICAL COVERAGE: I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by American Baptist Home Mission Societies and American Baptist Churches of the Central Region, during my participation in 2018 Alaska Experience, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in 2018 Alaska Experience, and to cover bodily injury or property damage caused to a third party as a result of my participation in 2018 Alaska Experience, as follows:

Company _____ Policy # _____

Address _____

MEDICAL RELEASE: I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in 2018 Alaska Experience I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize American Baptist Home Mission Societies and American Baptist Churches of the Central Region, to make emergency medical care decisions on my behalf, and I specifically release the American Baptist Home Mission Societies and American Baptist Churches of the Central Region 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 American Baptist Home Mission Societies and American Baptist Churches of the Central Region alleged negligence.

Person to be notified in case of injury:

Name _____

Phone Number _____

ALL PARTICIPANTS MUST SIGN:

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Signature of Participant _____ Date Executed _____

SIGNATURE OF PARENT/LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

Signature of Parent/Legal Guardian _____ Date Executed _____
(if applicable)

SIGNATURES MUST BE WITNESSED:

Signature of Witness _____ Date Executed _____





2018 Alaska Experience

REBUILDING, RESTORING, RENEWING.

“Serve one another in love.” GALATIANS 5:13 (NLT)

I _____ hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular, American Baptist Home Mission Societies and American Baptist Churches of the Central Region, activities through, audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of American Baptist Home Mission Societies and American Baptist Churches of the Central Region, and waive any rights of compensation or ownership thereto.

Volunteer Signature _____

Date _____

Parent/Guardian Signature _____

Date _____