

FORGE 2017 SERVICE WEEK INFO SHEET



WHO

College Church University Ave & Kankakee First Church

CCUA & K3First are once again teaming up to be a part of the restorative work of Jesus Christ in the city of Flint, MI with an organization called Forge. Forge Flint is an organization led by community leaders/pastors and partnered with area churches to do God's Kingdom work and bring hope to Flint. Their mission statement is simple: "In Flint as It Is in Heaven."

WHERE

Flint, MI

Participants will be housed safely and securely and fed breakfast and dinner at First Presbyterian Church of Flint (746 S Saginaw St in Flint). All work will take place in the neighborhood of Civic Park in northeast Flint.

WHAT

Forge Flint Service Week

Forge initiates and oversees a wide variety of projects from blight repair to cleanup, from automotive work to clean water delivery and filtration installation. The exact nature of the work for this summer isn't yet set. Last year we had the opportunity to help clean up and create a community park/garden designed by the social work department of the University of Michigan in Flint, secure and beautify some of the many abandoned homes, and help with some projects in and around Joy Tabernacle. The work this year will be similar and is TBD.

WHY

The Collision of Heaven and Earth in Flint

Flint has been one of the cities hit hardest by the recession and – even before that – the automotive crash. Over the course of 100 years, Flint has grown from 10,000 people to 200,000 people and then shrunk to 100,000 people. At one point before the plants closed down, GM provided 80,000 jobs in Flint. When the plants closed, those jobs dried up and many people moved away. With the economy and employment infrastructure in ruin and more housing than people to house, Flint has struggled mightily. We believe the mission of God calls believers to enter into the process of bringing hope and renewal to places where it is lacking. Through the partnership with Forge, we have the opportunity to give the community of Civic Park a glimpse of heaven and the Healer.

WHEN

Sunday, July 16 - Saturday, 22, 2017

COST

\$390

This cost includes food, lodging, transportation, recreation, and leadership/overhead costs for the trip. Unless you wish to buy souvenirs locally or from the Forge shop, no additional money will be necessary at any point during the trip.

REGISTRATION

\$80 deposit and waiver forms are due by Sunday, March 5. Remaining payment schedule is as follows:

- \$100 - April 2
- \$100 - May 7
- \$110 - June 4

**FORGE FLINT
PARTICIPANT HEALTH FORM**

Name: _____
Last First Middle

Permanent Address: _____

Home Phone: _____

Social Security #: _____

Parent/Guardian: _____ Daytime Phone: _____

Eve. Phone _____

Parent/Guardian: _____ Daytime Phone: _____

Eve. Phone _____

If my parent is not available in an emergency, notify:

_____ Phone: _____

Health History: (circle all that apply)

Diseases/Illnesses:

Asthma German Measles Mono Bleeding Disorder Heart Problems
Mumps Cancer High Blood Pressure Recurring Strep Inf.
Chicken Pox Hypoglycemia Respiratory Problems Diabetes
Kidney Problems Respiratory Problems Ear Infections Knee Problems
Eating Disorders Measles

Allergies: Drug Allergies: (List any medication you are allergic to)

Hay Fever Insect Stings Ivy Poisoning Other

Have you been out of the USA in the past 9 months? _____

If so, where? _____

Immunizations:

Tetanus – Date of Last Tetanus: _____

Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? _____

If yes, please explain:

List any previous surgeries or injuries (Give Dates):

Any illness occurring within the last 5 years that caused you to miss school or work for more than 3 days:

I am covered under my parents' Medical Insurance Plan: ___ Yes ___ No

If so, name of Insurance Company:

I have Medical Insurance of my own: ___ Yes ___ No

If so, name of Insurance Company: _____

Insurance Policy #: _____

Insurance Policy Phone #: _____

Consent for Treatment

I hereby give permission to the physician selected by the Forge Flint Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself.

(Guardian signature required if under 18 years of age).

Signature: _____

Date: _____

Statement of Activities and Release of Liability Form
(For Forge participants age eighteen years and older)

Forge Flint, Incorporated, is an inner-city home repair ministry in Flint, Michigan. Forge is a not for profit corporation. Volunteers participating in Forge will be expected to participate in specific construction activities including, but not limited to demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, exposure to hazardous material, and other facets of construction. These activities may include, but are not limited to, the use of power tools such as saws and drills, as well as the use of hand tools. The activities may also require climbing with and without supplies, tools and materials as well as working in high places such as roofs and other facets of construction work. Participants will also be involved in food preparation and service. In their free time, volunteers may choose to engage in activities including, but not limited to sports, swimming, hiking, shopping, touring, or other activities of their choosing. Forge may sponsor some recreational activities, which may include, but are not limited to swimming, basketball, volleyball, baseball, football, and frisbee. Other activities include but are not limited to travel to homes, parks, theaters, churches, restaurants and shops. Volunteers are not required to engage in any activity in which they feel they are not able to safely participate.

I, _____, have read the foregoing statement of activities in which I will participate, and hereby release and discharge Forge Flint, Incorporated, and its officers, directors, agents, employees, volunteers, and all persons connected therewith from any and all liability, claims and causes or action of any type whatsoever arising out of or in any way connected with my participation in the activities of Forge Flint, Incorporated, on _____ (start date) to _____ (end date).

I give permission for photographs and/or videos to be taken of me while participating in Forge activities. I understand that these photos and/or videos may be used on the Forge website, brochures, or other promotional material. Please circle either "Yes" or "No" below:

Yes No

This is the _____ day of _____, 20_____.

Signed _____

Print Name _____

Birthdate _____ / _____ / _____

Email _____

Church Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

STATEMENT OF ACTIVITIES AND RELEASE OF LIABILITY FORM

(For Forge participants age seventeen years and younger)

Forge Flint, Incorporated, is an inner-city home repair ministry in Flint, Michigan. Forge is a not for profit corporation. Volunteers participating in Forge will be engaged in construction activities including, but not limited to demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, exposure to hazardous material, and other facets of construction. These activities may include, but are not limited to, the use of power tools such as saws and drills, as well as the use of hand tools. The activities may also require climbing with and without supplies, tools and materials as well as working in high places such as roofs and other types of construction work. Participants will also be involved in food preparation and service. In their free time, volunteers may choose to engage in activities including, but not limited to, sports, hiking, shopping, touring, or other activities of their choosing. Forge may sponsor some recreation activities, which may include, but are not limited to, swimming, basketball, volleyball, baseball, football, and Frisbee. Other activities include but are not limited to, travel to homes, parks, theaters, churches, restaurants, and shops. Volunteers are not required to engage in any activity in which they feel they are not able to safely participate.

I/We, _____ and _____, parent(s) or guardian(s) of _____, A minor, jointly and severally as parent(s) and guardian(s) of the minor child have read the foregoing statement of activities, understand the extent and nature of the activities in which my/our child/ward will participate, and hereby release and discharge Forge Flint, Incorporated, and its officers, directors, agents, employees, volunteers, and all persons connected therewith from any and all liability, claims and causes or action of any type whatsoever arising out of or in any way connected with said child's participation in the activities of the Forge Flint, Incorporated, on _____ (start date) to _____ (end date). I/We, give permission for photographs and/or videos to be taken of the minor listed above while participating in Forge activities. I understand that these photos and/or videos may be used on the Forge website, brochures, or other promotional material. Please check either "Yes" or "No" below:

Yes No

This is the _____ day of _____, 20_____.

Signed _____

Relationship to Child _____

Print Name _____

Church Name _____

Child's email _____ Birthdate _____ / _____ / _____

Parent's email _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Kankakee First Church of the Nazarene 2016-2017

My, child, _____ has my permission to attend all activities associated with the ministries of Kankakee First Church of the Nazarene for the year _____.

Authorization to consent to treatment of minor

We (I) the undersigned parent(s) of _____ a minor, so hereby authorize First Church of the Nazarene as agent(s) for the undersigned to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon under license, under the provisions of the Medicine Practice Act on the medical staff of any Clinic or Hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital or clinic.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any physician in the exercise of his best judgment may deem advisable.

Approval of parents or guardian and waiver of claim

I hereby approve this application and certify to its correctness and expressly waive all claims against the First Church of the Nazarene, or any of its boards or representatives because of any injury or other damage that may be incurred to the applicant named on this paper or said applicant's property in connection with or incident at church authorized and sanctioned functions.

Signature of parent/guardian _____

Address: _____

Phone # _____ Work phone: _____

In case of emergency please notify: _____ Phone: _____

Insurance Number: _____ Insurance Company: _____

Family Doctor: _____ Phone: _____

The following individuals may pick up my child from events/activities/ministries associated with Kankakee First Church of the Nazarene.

- | | |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 3. _____ | Phone _____ |
| 4. _____ | Phone _____ |

_____ (Parent(s) Initials) I/WE GRANT permission for a photo/image that includes this minor to be published on church promotional and communication materials and public internet sites associated with activities of this Church

THIS FORM IS TO BE FILLED OUT BY THE PARENT ONLY!!!!

Minor's name: _____

Please indicate any of the following information that pertains to minor

- | | | |
|---|--|--|
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Eye glasses | <input type="checkbox"/> Hyperventilate | <input type="checkbox"/> Sleep wetting |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Kidney _____ | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Asthma |

Other physical or emotional conditions and/or disabilities _____

A medication minor is currently taking and for what purpose (include inhalers) _____

Past Surgeries _____

Fears that may be of concern _____

Food allergies _____

Medical allergies _____

Animal/insect/ environmental allergies _____

Date of last tetanus shot _____ Is Minor able to swim _____

Other important information _____

Parent's Signature: _____ **Date:** _____