

COVENANT
"Be the Peace"
Appalachia Service Project
June 29 - July 7 2019

The central focus of the Appalachia Service Project is to serve God by providing home repair to the economically disadvantaged people of Appalachia. Each person's talents and efforts are essential to accomplish this great task. All participants are expected to make the following commitments:

- Contribute \$225 to the Project / \$245 after 5/1/19**
- Compete 8 hours of skills training**
- Complete 8 hours of fund raising**
- Complete 6 hours of Orientations**
- Sell 20 shares of stock in the Project at \$10/share**

The times, dates and locations of these activities will be made known to all participants. It is the responsibility of each participant to attend, and complete all of the above activities. A record of participation at each event will be maintained in order to track total hours completed. I agree to complete each of the required activities.

A spirit of cooperation, a respectful attitude, and consideration for others are all-important to the success of the Project. This includes staying with the group at all times, allowing others to sleep by being quiet, showing consideration for people in residential neighborhoods, and maintaining decorum during meetings. I agree to bring such a spirit to the Project.

I agree to abide by all of the rules established either by the ASP Center Staff or the leaders of the Project, including wearing a seatbelt at all times when in transit and lights-out rules, whether or not I agree with them. I understand that ASP National states "underage youth are not permitted to smoke anywhere!" I agree to attend all morning devotions, evening gatherings, and all other activities scheduled by the Center Staff. I agree to be in a spirit of community with the other church groups who will share the Center.

I agree to refrain from the use of alcoholic beverages and/or illegal drugs, during all ASP activities. I understand that if I commit any breaches of the covenant, I may be sent home immediately at my own expense.

I AGREE TO HAVE FUN, TO WORK HARD, AND TO SHARE GOD'S LOVE WITH THE PEOPLE OF APPALACHIA. By signing your name, you have made an official covenant with your sponsoring group and with the Appalachia Service Project, Inc.

(Signature of ASPer)

Please PRINT the following:

Last Name, First Name

Telephone(Home)

Street

Year in School
(Fr,So,Jr,Sr)

Cell Phone

City State Zip

Email (Print neatly please)

I have read the above covenant _____

Parent signature
(Required for Youths)



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. JR HIGH PROGRAM (6th - 9th grade completion required) ALL OTHER ASP PROGRAMS, minimum age requirement is 14 (or 8th grade completion required).

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: SIGN ABOVE IN PRESENCE OF NOTARY

Name of participant (18 years & older) OR name of parent/guardian of minor participant, appeared before me

(Notary's name), a Notary Public of (County) County in the State of

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:

ASP VOLUNTEER MEDICAL INFO FORM

VOLUNTEER INFORMATION

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

I have completed [ASP Required Reading](#) Yes ___ No ___

I'm 19 years of age or older and my background check is current (within past 3 yrs). Yes ___ No ___ NA ___

Birthdate _____ (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 # _____ (optional)* 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 or allergies/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 _____
 On this ASP trip? Yes ___ No ___

Name _____
 Relationship _____
 Address _____
 City, State, Zip _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 On this ASP trip? 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.

*SS # not required if copy of medical insurance card provided.

**DANBURY ASP
STATEMENT OF ACTIVITIES**

Danbury United Methodist Church of Danbury, CT sponsors volunteers in a program of home repair ministry, called Danbury Appalachia Service Project or Danbury ASP. It takes us months preparing for a summer trip into the Appalachian Region to repair homes. Our preparation includes activities aimed at developing skills for home repair, learning about the region and people of Appalachia, working as a team with our own volunteers and with other groups of volunteers, and fund raising.

Volunteers participating in Danbury ASP will be expected to be involved in specific home building and repair projects. These projects can include activities such as roofing, carpentry, sheetrocking (drywall), digging, building steps, footers and piers, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other facets of home repair, remodeling and renovation. These activities include, but are not limited to, the use of power tools such as saws and drills as well as the use of hand tools. These activities will also require climbing, with or without supplies, tools and materials, as well as working in high places such as rooftops, small or confined spaces such as crawlspaces, and other facets of construction work. These activities may be done independently or in conjunction with other programs such as Habitat for Humanity, Americares, Appalachia Service Project, Total Action Against Poverty as well as private projects. These activities may be done in any type of setting, including remote, rural, urban, small and large towns.

Participants are also expected to attend meetings at Danbury and elsewhere to plan activities, to develop skills, to learn about the people and places where homes are being repaired, to learn to work as a team and live in community and to raise funds. These activities are varied and may include, but are not limited to, car washes, group games, singing, selling stock (or other similar fund raising items), and working at Danbury events.

Participants may, in their free time, engage in non-sponsored recreational activities, including but not limited to, hiking, swimming, basketball, volleyball, baseball, football, coneball, Frisbee, or other sports or recreational activities of their choosing. Planned or sponsored recreational activities may include, but are not limited to, dinners, picnics, visits to places or people of local cultural interest such as coal mines, art galleries and local entertainers.

Many of the activities of the Participants require travel in vehicles owned/rented and operated by volunteers. The trip to Appalachia require travel in such vehicles to states in the Appalachian Region. Also, the trip to Appalachia include staying in churches and schools and living in community.

Media Release and Waiver

The Volunteer and the Guardian grant and convey to Danbury 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 Danbury ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer's participation in ASP programs, solely for the purpose of marketing, research and/or education. Danbury ASP will not identify by name any minors in either print or web-based images.

IMPORTANT NOTE: Participants are not required to engage in any work or recreational activity in which they feel they are not able to participate safely.

RELEASE and MEDICAL AUTHORIZATION

I have read the above Statement of Activities and I understand the nature and extent of the activities in which I (or my minor child or ward) will participate. I release and discharge Danbury United Methodist Church of Danbury, CT, its trustees, employees, agents, and all persons connected with Danbury ASP 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 Danbury Appalachian Service Project.

Further, I give my permission (consent for my minor child or ward) to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of Danbury ASP. I understand that in the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with the Danbury Appalachia Service Project, every reasonable effort will be made to contact the persons listed below or on the ASP Volunteer Information form. If the listed persons cannot be reached, I authorize the adult(s) accompanying me (or my minor child or ward) on the Danbury ASP activity to secure competent medical treatment for me (or my minor child or ward), including, on the recommendation of qualified medical personnel, hospitalization, injections, anesthesia or surgery.

I agree that my insurance company will be used for such medical care expenses and I acknowledge that I am responsible for the payment of any medical expenses not covered by my insurance. This is the ____ day of _____, 2019.

Signature (Participant) I certify that I am 18 years of age or older.
or

Signatures/Relationship (Parents or Guardians of minor Participant) Parent or Guardian email
and

Signature of Minor Participant)

Include a copy of your Insurance card.

We need a copy of the front and back of your insurance card.

If you don't have insurance we can obtain temporary insurance to provide coverage during the trip but this takes several weeks so let us know early if this is needed.

STOCK CERTIFICATE

THIS IS TO CERTIFY THAT

HAS INVESTED _____ SHARES OF PREFERRED STOCK IN THE

APPALACHIA SERVICE PROJECT, INC.

\$10/Share

2019 Mission Trip

Be the Peace

Thus you shall salute him: "Peace be to you, and peace be to your house, and peace be to all that you have." 1 Samuel 25:6

The Stockholder is entitled to all rights and privileges under this agreement.



Date

Signed

**"WE ACCEPT PEOPLE
RIGHT WHERE THEY
ARE AND JUST THE
WAY THEY ARE."
Glenn "Tex" Evans, Founder**

Dear Contributor:

Your contribution to the Appalachia Service Project (ASP) through Danbury United Methodist Church is very much appreciated. Your contribution to "Danbury ASP" is tax deductible on the same basis as are other contributions to Danbury UMC. And because ASP is a nonprofit 501 (c)(3) organization, your contributions of money or materials directly to ASP are also tax deductible.

The completed stock certificate, shown on the reverse side, will serve as a receipt for your contribution.

Established in 1969, the ASP provides emergency home repair services to economically disadvantaged people in Central Appalachia. Repairs are designed to make houses warmer, safer, and drier. Located in multiple centers in the mountainous regions of Tennessee, West Virginia, Kentucky, North Carolina and Virginia, repairs and services of the ASP are offered in a spirit of caring, sharing and concern. During a seven week period each summer more than 15,000 volunteers (primarily youth volunteers and their adult advisors) give a week of vacation to provide home repairs.

Your contribution directly affects the number of home repairs that can be made to houses of substandard quality. Donated materials, supplies, and volunteer labor help to "stretch" your monetary gift and will further increase the amount of work that will be done this summer for people in desperate need. Thank you very much for helping to make this system work!

Since 2008, members of the Danbury UMC and the greater Danbury community have been volunteering service through the Appalachia Service Project with the generous support of people like you. If you would like additional details about any of the ASP's services or projects or about our participation, please visit our Web site at www.danburymethodist.org/asp or contact either ASP or Danbury UMC at:

Appalachia Service Project
4523 Bristol Highway
Johnson City, TN 37601-2937
(423) 854-8800

Danbury UMC
5 Clapboard Ridge Road
Danbury, CT 06811
(203) 743-1503

We will be happy to talk with you. Thank you and may God bless you!

Sheryl Sullivan
Don DeMouth
Directors, Danbury ASP

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Sheryl Sullivan
Don DeMouth
Directors, Danbury ASP

Danbury ASP

Report of Stock Sale By

Your (ASPer) Name _____

Stockholder's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Date of Sale: _____ Number of Shares: _____

Amount Paid: \$ _____

Did you give the Stockholder a completed stock certificate? _____

Danbury ASP

Report of Stock Sale By

Your (ASPer) Name _____

Stockholder's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Date of Sale: _____ Number of Shares: _____

Amount Paid: \$ _____

Did you give the Stockholder a completed stock certificate? _____

Danbury ASP

Report of Stock Sale By

Your (ASPer) Name _____

Stockholder's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

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Amount Paid: \$ _____

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Amount Paid: \$ _____

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