



# Flemington

Presbyterian Church

## **APPLICATION FOR YOUTH (UNDER 18) VOLUNTEER**

**2023 Volunteers-in-Mission Summer Service Program**

**July 22 – 29, 2023 at Mission-at-the-Eastward (MATE)**

**North New Portland, Maine**

FLEMINGTON PRESBYTERIAN CHURCH

10 East Main Street, Flemington, NJ 08822

(908) 782-3227

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GRADE COMPLETED IN JUNE: \_\_\_\_\_

EMERGENCY CONTACTS:

PARENT/GUARDIAN \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Our VIM team has been requested by MATE to provide hands-on assistance working in two different programs: (1) Housing Rehabilitation consisting of some new construction, plus finishing, repairing, painting, plumbing, roofing, insulating, Etc. on existing structures for elderly, handicapped, and low-income families, and (2) Conducting a Vacation Bible School (VBS) for children in nearby communities.

Please describe your personal motivation and expectations for participating in this VIM summer service program. (Note: You may express a preference for either of the above areas of service, however we cannot guarantee ahead of time who will be assigned to different projects.) **(This section MUST be completed.)**

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*(Your comments, all or in part, may be part of the group introductory meeting in Maine!)*

Please read the following **Covenant** and realize that your signature means your solemn pledge:

I understand that, as a member of the Volunteers-in-Mission team, I will be representing the Congregation of the Flemington Presbyterian Church as well as the Mission at the Eastward. I will abide by the ground rules set by the team, its leaders, the host coordinator, and MATE. I also understand that I am responsible for conducting myself in a safe, ethical, and Christian manner at all times while on the VIM summer service programs. I fully understand that responsibility for my conduct and consequences thereof are mine alone.

Signature of Teen Applicant:

Date:

**EMERGENCY MEDICAL INFORMATION:** Part 1-(Medical conditions and prescriptions)

Will the applicant be taking **any prescription** medications on the trip and does the applicant have any medical conditions? If so, please tell us below what they are. This information will be held in confidence but may be necessary in an emergency. It is also important that we know ahead of time about dietary concerns, allergies, and history of reactions to medicines, poison ivy, bee stings, etc. Maine has a lot of wasps and we've had many stings over the years. If you are at risk of shock after a bee sting, or have any risk of anaphylactic shock, you **must** tell us about it and bring a supply of Epi-pens with you.

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**EMERGENCY MEDICAL INFORMATION:** Part 2: The application contains space for prescription confidential information above. A private note may also be submitted with the application. We strongly discourage unsupervised use of over-the-counter medications. (In the past, some teens have shared OTC medications. If the friend is also taking prescription medications, the combination can be dangerous.)

In addition, we need to know if there are any concerns about OTC medications. A list of OTC medications maintained on hand by the VIM coordinators is shown below. Parents must check the OTC medications that **their child can and cannot tolerate** and then initial this form.

The VIM team generally has a supply of the following OTC medications. Please review the list below and indicate medications which can and cannot be used for your child if necessary:

	<u>OK</u>	<u>NOT OK</u>	<u>Comments (as needed)</u>
Acetaminophen (Tylenol)	_____	_____	_____
Ibuprofen (Advil/Motrin)	_____	_____	_____
Naproxen (Aleve)	_____	_____	_____
Antihistamines (Benadryl and/or OTC Zyrtec)	_____	_____	_____
Imodium A-D	_____	_____	_____

Kaopectate \_\_\_\_\_

Milk of Magnesia \_\_\_\_\_

Senakot \_\_\_\_\_

Antacids (Rolaids, Tums) \_\_\_\_\_

Dramamine \_\_\_\_\_

Cortisone Ointment, and/or \_\_\_\_\_

topical antibiotic creams \_\_\_\_\_

Initial by Parent (or Guardian)

**ADDITIONAL ACKNOWLEDGEMENT BY PARENT OR GUARDIAN:**

- 1) I understand as the parent (or Guardian), it is MY responsibility to notify the VIM Coordinator prior to departure if there are changes in my child's medication which occur after submitting this form, and
- 2) I confirm that my child's last tetanus shot was received \_\_\_\_\_ (must be within 10 years!), and
- 3) I consent to the taking and use of photographs and audio/video recordings of my child during this activity for use by the Church to remember and promote this activity, and
- 4) I confirm that **I HAVE READ AND ACCEPT** the 6-page VIM Briefing Document and Activity Plan, and
- 5) I confirm that I have read all parts of this application and discussed appropriate parts, including the COVENANT on page 2, with my participating child, and
- 6) On behalf of my child and my child's successors, I hereby release Flemington Presbyterian Church (FPC) and its employees and agents from all claims and actions that I or my successors may have against FPC and its employees and agents arising out of my child's involvement in the VIM Summer Service Program. I understand the consequences of this release, and assume full responsibility for my child's participation in the VIM Summer Service Program.

As to all items above: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please list below your health insurance company & coverage ID number:**

Company: \_\_\_\_\_ ID# \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**PARENT OR GUARDIAN: IF YOU ARE NOT GOING ON THE VIM TRIP WITH YOUR SON OR DAUGHTER, THIS FORM MUST BE NOTORIZED BELOW.**

My son/daughter has my permission to participate in the 2023 VIM summer service program during the period July 24-31, 2021, under the sponsorship of the Flemington Presbyterian Church and the Mission-at-the-Eastward. In case of medical emergency, I understand that every reasonable effort will be made to contact me. In the event I cannot be reached promptly, I hereby give permission to the physician selected by the VIM team leader to hospitalize, secure treatment for, and to order necessary medication, anesthesia, or surgery for my child named on this application. I also understand that my personal insurance is the primary coverage for medical treatment in the event of any accident or cause for medical services.

2023 VIM Youth Application      Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

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\_\_\_\_\_  
(Signature of parent/guardian of applicant)

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

SEAL      \_\_\_\_\_  
(Signature of Notary)

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

**NOTICES DURING THE TRIP**

**SINCE 2011, WE HAVE STEADILY PROGRESSED TO USING BLAST TEXTS FOR ALL VIM OFFICIAL TEAM NOTICES (Safe arrival in camp, Expected time of return to Flemington, Non-routine events, Etc). THIS YEAR WE WILL USE BLAST TEXTS AS THE ONLY OFFICIAL NOTICE METHOD. *If, as a parent, you wish to receive these text blasts, please fill out your information below.***

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**APPLICATIONS DUE BY May 15, 2023**

The team member individual fee is **\$150.00** and is due with the application.  
Please make check out to “Flemington Presbyterian Church – VIM”.  
Scholarships are available. Contact [VIMTeam@flemingtonpres.org](mailto:VIMTeam@flemingtonpres.org))

Every team member will receive a tee shirt. Please circle your size below based on adult men’s tee-shirts sizes.

S      M      L      XL      XXL  
(CIRCLE SIZE)

Date application received by VIM: \_\_\_\_\_

## PHOTO CONSENT FORM

I, \_\_\_\_\_ grant permission and give my consent to Mission at the Eastward for the use of the photograph(s) or electronic media images taken during my trip to MATE for presentation under any legal use:

\_\_\_\_\_  
Describe Photo(s)

### Revocation

☐ - I understand that I may revoke this authorization at any time by notifying Mission at the Eastward in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under the age of 18, the legal guardian or parent needs to sign this form as well)