



JESSE LEE ASP

Serving the people of Appalachia since 1984

STATEMENT OF ACTIVITIES

Jesse Lee Memorial United Methodist Church of Ridgefield, CT, sponsors volunteers in a program of home repair ministry, called Jesse Lee Appalachian Service Project or Jesse Lee ASP. Each year we spend 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 Jesse Lee 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, Americares, Appalachia Service Project, Inc., Spirit Builders, 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 Jesse Lee 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 Jesse Lee events.

Participants may, in their free time, engage in non-sponsored recreational activities, including but not limited to, hiking, swimming, basketball, volleyball, baseball, football, cone ball, 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 trips to Appalachia require travel in such vehicles to states in the Appalachian Region. Also, the trips to Appalachia include staying in churches and schools and living in community.

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.

ASP EXPECTATIONS, RULES, AND REGULATIONS

These apply to all volunteers.

- The ASP staff has overall responsibility for all activities (at the center and worksites).
- The Center staff will inform you of Center or community-specific guidelines prior to your arrival.
- **Adult leaders are responsible for their youth volunteers at all times. This includes enforcing all ASP rules and regulations with their youth.**
- All volunteers (youth and adults) are expected to participate in the programs, including meals, chores, meetings, evening gatherings, etc.
- Volunteers assist in Center clean up, tool and supply organization, after meal clean up, loading or unloading of building materials.
- Everyone is expected to act responsibly and respectfully within the community.
- **Jesse Lee's ASP Youth Program is for youth who will have completed the 9th grade before the trip. There is no exception to this rule.**
- Possession or use of illegal drugs or alcohol is strictly forbidden! Violators will be asked to return home immediately at your expense.
- Smoking or use of tobacco products is prohibited inside all ASP Centers. A designated area may be identified outside. Use of tobacco is discouraged at the work site. Underage youth are not permitted to smoke anywhere!
- Weapons (or replicas) are not permitted.
- Always travel in groups of two or more persons when away from the center.
- Audio equipment (cell phones, iPods, etc.) is prohibited at the work site and the Center, unless you first consult with your Center Staff.
- Sexual harassment or abuse will not be tolerated.

Worksite related:

- Working hours are from 8:30 a.m.–4:30 p.m. EACH DAY.

Implement a buddy system so that no volunteer is left in the position of being alone. If you leave the work site, **all crew members must leave in their vehicle. Never leave youth volunteers unattended** at the worksite.

- Lunch is to be eaten at the work site. We encourage you to bring extra sandwiches for the family you are serving.
- Work crews are composed of 7 people (ideally 5 youth and 2 adults). Extra adults may be used as floating volunteers.
- Each work crew must have a suitable vehicle capable of transporting 7 people, tools, equipment, building supplies, etc.
- No participant is permitted to ride in the back of a pickup truck. Each must have a seat belt.
- Notarized Medical Forms for each volunteer should be kept in the vehicle in which he or she is currently traveling.
- Use tools, supplies and resources responsibly; for their intended purposes.
- Nail guns are prohibited in the Youth Program.
- Only adults age 18 and older may check out power tools. All volunteers who operate power tools must be trained at home. Youth must always be supervised when using these tools.
- Safety and sensitivity to your family should always be a top priority.
- **Work attire:** Shirts with sleeves, long pants, and sturdy shoes must be worn at the work site. Sweat pants or scrub pants are not considered appropriate for the work site.
- Ask permission from the family prior to taking any photos on the worksite.
- Taping with video equipment is strictly prohibited at the worksite.
- Volunteers are encouraged to invite families to the picnic as your guests. Try to coordinate transportation and assist with any parking or swimming fees.

Center related:

- **Center attire:** Shirts must be worn at all times. When leaving the Center grounds, shorts of appropriate length will be acceptable attire. **Not appropriate attire at any time:** halter, spaghetti-strap, or tank tops, sports bras worn as an outer garment, sleeveless shirts, Spandex clothing, bike pants, or any clothing expressing alcohol/beer slogans and/or obscenities. Appropriate clothing must be worn at all times including to and from the showers and after "lights out."
- No pets are permitted at the Center.
- ASP abides by the "Safe Sanctuaries" guidelines.
- Adults and youth will have separate showering times.
- No females are permitted in the males' sleeping area. Males are not permitted in the females' sleeping area at any time.
- In sleeping rooms there must be at least 2 adults of the same gender as youth. These adults will sleep away from youth if possible.
- A strict 10:30 p.m. quiet time and 11:00 p.m. lights out applies to all.
- All adults must have a criminal background check, done by its group. ASP checks its employees and Helping Hands volunteers. When volunteers sign the Volunteer Statement and Registration form along with the Covenant Sheet, they confirm their agreement to abide by the rules, regulations, and expectations of ASP. ASP staff reserves the right to terminate the participation of any individual or group that does not follow these guidelines.

Participant's Name _____



Appalachia Service Project 2017 Young Adult Covenant July 1 – July 9, 2017

A spirit of cooperation, a respectful attitude, and consideration for others are all-important to the success of 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 while in transit, staying with the group at all times, allowing others to sleep by respecting "quiet time" and lights out, showing consideration for people in residential neighborhoods, and maintaining decorum and not being distracted by my cell phone during meetings. 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 might be sharing our Center.

Prior to the trip, I agree to:

- Contribute \$250 to the Project (\$275 after March 30. Payments nonrefundable after March 30.)
- Attend Orientation 3 and the Young Adult Pre-Trip Meeting
- Sell 22 shares of stock in the Project at \$10/share

I understand that because of school obligations, I have an altered agreement, in that I will not be able to participate in most orientations and car washes. I also understand that, because of my age and previous experience, more will be expected of me as an adult leader at the third orientation and during the trip.

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

I AGREE TO HAVE FUN, WORK HARD, AND SHARE GOD'S LOVE WITH THE PEOPLE OF APPALACHIA. By my signature below, I have made an official covenant with Jesse Lee ASP and with the Appalachia Service Project, Inc.

Jesse Lee ASP Release, Liability Waiver, and Medical Authorization

I understand that participation in ASP activities may expose me (or my minor child/ward) to a variety of potentially dangerous situations, among them the use of power tools, work on roofs, and travel on mountainous roads. I still wish to participate or to grant permission for my minor child/ward to participate. In exchange for the opportunity to participate, I hereby release, discharge and covenant to protect, indemnify and hold harmless Jesse Lee Memorial United Methodist Church of Ridgefield, its trustees, employees, agents, volunteers and all persons connected with Jesse Lee ASP, from any and all claims of whatever kind or nature, including NEGLIGENCE, arising from or out of such participation which I may now or hereafter have individually or as the parent or guardian of my minor child/ward. Further, I agree to indemnify and hold harmless Jesse Lee Memorial United Methodist Church of Ridgefield, its trustees, employees, agents, volunteers and all persons connected with Jesse Lee ASP from any claims which my minor child/ward may acquire now or after reaching majority as a result of his/her participation in Jesse Lee ASP activities.

I also give my consent individually and on behalf of my minor child /ward for Jesse Lee Memorial United Methodist Church of Ridgefield and Jesse Lee ASP to use photographs and/or video or audio recordings made during my or my minor child/ward's participation in Jesse Lee ASP activities for its/their charitable purposes, and to share such images or recordings with other participants, provided my minor child/ward is not identified by name.

I understand that in the event of any situation in which medical treatment is required while involved in Jesse Lee ASP activities, every reasonable effort will be made to contact the individuals listed as Emergency Contacts. If those contacts cannot be reached, I consent individually and on behalf of my minor child/ward to be treated by licensed medical personnel. I authorize the treating medical personnel to disclose confidential medical information to the Jesse Lee ASP adult(s) accompanying me or my minor child/ward and for the Jesse Lee ASP adult(s) to secure proper treatment including injections, anesthesia, or surgery upon the recommendation of and in consultation with medical personnel. I agree that my health care insurance company may be billed for such medical care expenses and am aware that I will be responsible for any medical treatment expenses not covered by my health care insurance.

I acknowledge that I have read this Release, Waiver, and Authorization, understand it, and am signing it voluntarily and knowingly.

Participant signature: _____

Print name: _____

Date: _____

Jesse Lee ASP Medical and Emergency Contact Information

Participant's Name: _____

In Case of Emergency

Youth participants are required to provide three emergency contacts (two can be parents). Adults are required to provide two.

Contact's Name: _____ Phone Number 1 : _(_____)_____

Relation to Participant: _____ Phone Number 2 : _(_____)_____

Contact's Name: _____ Phone Number 1 : _(_____)_____

Relation to Participant: _____ Phone Number 2 : _(_____)_____

Contact's Name: _____ Phone Number 1 : _(_____)_____

Relation to Participant: _____ Phone Number 2 : _(_____)_____

Insurance Information

All participants are required to have health insurance. If you do not have health insurance, you can purchase short-term coverage through Jesse Lee.

I need to purchase short-term coverage.

Insurance Company Name: _____ Group Number: _____

Name of Policy Holder: _____ Policy Number: _____

Employer of Policy Holder: _____ Phone: _(_____)_____

Medical Information

Date of Last Tetanus Shot: _____

Does the participant suffer from any of these?

- Asthma Epilepsy Diabetes Heart Trouble Seizures Special Needs
- ADD/ADHD Allergies to Food, Medications, Insect Bites, or Pollen Other

Please explain in detail:

ASP participants are expected to self-administer their own medications. Adult leaders are not responsible to carry, keep, or distribute medications or to furnish reminders to administer medications. Please consider whether the participant can assume this level of responsibility. All medications should be sent in their original containers.

All medications that will be taken during this trip (if none, write "none"):

<u>Name of Medication</u>	<u>Potency</u>	<u>Dosage Instructions</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

I certify that this information is both complete and correct. Should anything change, I will submit an updated form.

Adult Participant or

Parent/Guardian Signature: _____ Date: _____



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BACKGROUND VERIFICATION DISCLOSURE FOR ADULT VOLUNTEERS

I agree that participating in the Jesse Lee ASP Group requires compliance with the Jesse Lee Memorial United Methodist Church Safe Sanctuaries policy. I hereby authorize ChoicePoint Services Inc., on behalf of Jesse Lee Memorial United Methodist Church to procure a criminal record background report.

Applicant Name (please print)

Signature

Date

Social Security Number

Date of Birth

Printed Name _____

Street Address _____

City, State, Zip _____

Jesse Lee Memorial will provide you with a copy of your background check and will retain a copy in a secure location. Please seal this completed form in an envelope with your name on the front and give it to the forms director, Jenni Mason, with your other forms. If you have any questions, you may contact ASP Council member, Linda Shackelford at (914) 763-8165.

The following Consumer Reporting Agency will prepare the report:
ChoicePoint Services Inc.
1000 Alderman Dr.
Alpharetta, GA 30005

Jesse Lee Memorial United Methodist Church ASP Background Verification Policy & Procedures

POLICY

- 1) All adults (those out of high school at least 1 year) need to submit to a background check every three years.
- 2) This will be done on the same basis as all other Jesse Lee Memorial UMC background checks.
- 3) If there is a conviction or plea of no contest for any situation that may disqualify an adult volunteer, then the individual will not be allowed to volunteer with Jesse Lee ASP.
- 4) If there is a conviction or plea of no contest for a driving related offense or the individual has had a suspended driver's license within the past 5 years, then the individual will be able to volunteer with Jesse Lee ASP but will NOT be able to drive at any time during the trip.

PROCEDURE

- 1) Our Forms Director will collect the background verification authorization forms in sealed envelopes.
- 2) The Forms Director will log in who has turned in an envelope.
- 3) The Forms Director will give the sealed envelope to the church administrator.
- 4) The church administrator will run the background check by submitting the info via secure online forms to the Church's background check company.
- 5) The church administrator will mail a copy of the report to the individual and file a copy with Social Security number blacked out in a locked, secure storage.
- 6) If there is any situation that may disqualify an adult volunteer on the report:
 - a) The church administrator will inform Jesse Lee's senior pastor.
 - b) The senior pastor will contact the individual and tell them that they cannot go on with Jesse Lee's ASP group.
 - c) Either the individual or the senior pastor will inform someone on the ASP council that the individual will not be going on ASP. The reason for not going does not need to be disclosed.
 - d) The senior pastor will make sure that the individual is not on the final list of adults going on the trip.
- 7) If there is a driving related offense on the report
 - a) The church administrator will notify one of the ASP council directors.
 - b) An ASP council director will contact the individual and tell them that they cannot drive on the Jesse Lee ASP trip.
 - c) The ASP council director will notify the individual's center leaders that that person cannot drive on the trip.



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 housing rehabilitation 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 will 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. The minimum age for ASP volunteers is 14 (or must have completed the 8th grade).

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

Volunteers under age 18 years of age:

Participated with ASP before? Yes No

Printed name of participant

Printed name of participant

Signature Date

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

My commission expires:

(Notary Public)