

Registration Form, 2008
Heads Up! Hartford!

Student's Name _____

Student Contact info: Phone _____ Email _____

Church name: **First Church, G'bury** Youth Director's name **Rev. Mereschuk**

Parent's Name _____

Parent Contact info: Phone _____ Email _____

Mailing Address _____

I am hereby granting permission to my child to participate in Heads Up! Hartford!

Parent Signature _____

Please specify an alternate emergency contact if we cannot reach you during the Heads Up! Hartford! Camp.

Name _____

Phone _____ Relation to Student _____

I hereby agree to participate respectfully in **HUH!** and to abide by the rules laid down for this week. I understand that—although this mission trip is close to home—I will not contact my home or friends not participating in **HUH!** during this time. I will not bring a cell phone or computer or any electronic media to this event.

Student Signature _____

Are members of your family able to attend the closing worship service at 7:30 on Friday, June 27th? Yes. No.

Is your parent(s) able to help on any of the evenings (7:00-9:00p) of the week? If so, check the appropriate time.

Saturday, June 21st: 9:00AM Registration _____

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

If you desire a scholarship, you may speak confidentially with your Youth Director or check here if you so desire _____

Name of one other person whose room should be close to your's _____

Heads Up! Hartford! 2008
Health Form

Youth participant's last name, first name

SEX _____ AGE _____ BIRTHDATE _____

ADDRESS _____ PHONE () _____
(STREET) (TOWN&STATE) (ZIP)

MUST BE COMPLETED BY PARENT OR GUARDIAN TO BE ACCEPTABLE

IN EMERGENCY, NOTIFY: 1. _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE () _____
(STREET) (TOWN&STATE) (ZIP)

WORK PHONE () _____ CELL PHONE () _____

IN EMERGENCY, NOTIFY: 2. _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE () _____
(STREET) (TOWN&STATE) (ZIP)

WORK PHONE () _____ CELL PHONE () _____

HEALTH HISTORY (check)

ALLERGIES

Chicken Pox _____ Measles _____ Hay Fever _____ Insect Sting _____
German Measles _____ Mumps _____ Seasonal _____ Drugs (specify) _____
Whooping Cough _____ Other _____ Foods (specify) _____
Rheumatic Fever _____

DETAILS OF ABOVE _____

CHRONIC/RECURRING ILLNESS

Earaches _____ Diabetes _____ Rheumatic Fever _____
Sinusitis _____ Respiratory Infect. _____ Heart problems _____
AD(H)D _____ Epilepsy _____ Stomach aches _____

MEDICATIONS BEING TAKEN (Name and explain) _____

OPERATIONS, INJURIES, SPECIAL RESTRICTIONS (Explain and give dates) _____

Youth participant's last name, first name

IMMUNIZATIONS (DATE AND BOOSTER)

Diphtheria _____	_____	Measles _____
Tetanus _____	_____	Mumps _____
Pertussis _____	_____	Rubella _____
Polio _____	_____	Hib _____
Hepatitis _____	_____	Chicken Pox _____
Pneumonia _____	_____	Last PPD and results _____

Do you have hospitalization/health insurance? YES _____ NO _____

Name of Insurance Company _____

Policy Number _____

I, _____ am the parent or guardian having legal custody of
_____, a minor, age _____, born _____, 19 _____, which child is
enrolled in the _____ Church. I hereby give consent for said minor
to participate in the Heads Up! Hartford! Workcamp.

I hereby authorize, in the event I cannot be contacted, that the Director of the Workcamp, Rev. Dennis Moon, or in his absence, the acting Adult Youth Advisory staff person, an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Connecticut, and to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to said minor under the general or special supervision and on the advice of any dentist licensed to practice in the State of Connecticut, during the said minor's absence from home.

I understand that this authorization is given prior to any need for medical care or treatment for said minor and prior to the actual scheduling of the day trip(s), but it is given by me to avoid any unnecessary delay in obtaining my consent for such day trip(s) and to avoid unnecessary delay in the administration of necessary medical treatment for said minor which the Associate Minister of Youth or Adult Youth Advisory Staff and physician or dentist may deem advisable in the exercise of their/his/her best professional judgment.

Dated: _____

(Signature of parent or guardian)

(Street address, Town, State, Zip)

(Home Telephone)

(Work Telephone)

(Cell Telephone)

Foodshare Volunteer Information Form

Date: _____

Contact Information (Required)

Name: Mr./Mrs./Ms./Miss/Dr.
Title (circle one) First Nickname Middle Last

Address: _____
Street Apt. City State ZIP

Phone: _____
Home Business Cell Fax Other

Email: _____ May we call you at work? Yes No During what hours? _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Interests and Availability

Are you volunteering: As an individual With a group Name of group: _____
If with a group: Are you also interested in volunteering with Foodshare on your own? Yes No

Please indicate the types of activities in which you might like to participate. If there are more than one, please number them in order of preference (1, 2, 3, etc.).

- Special Events
- Food Handling (e.g., gleaning, sorting, salvaging, repackaging)
- Warehouse
- Off-site distribution (e.g., Mobile Pantry, driving)
- Office (e.g., data entry, phones, mailings, filing)
- Projects (e.g., fundraising, communications, PR, agency relations, educational or volunteer program support)
- Education (e.g., Foodshare Ambassador, Speakers' Bureau)
- Other; please specify: _____

When are you generally available to volunteer?

Days Evenings Saturdays Sundays On-Call (daytime) On-Call (evenings / events)

How regularly? _____ Specific time limitations? _____

Court and Community Service Information (Required)

Have you ever been convicted of a felony? Yes No If yes, you will be asked to provide additional information

Are you completing a specific number of community service hours for: _____ School/Youth Group Name of school/group: _____
_____ Court Mandate*

If so, how many hours must you complete? _____ By what date? _____

* Foodshare has restrictions on types of court-mandated volunteers it can accept. If completing hours for court, you will need to provide documentation of cause before your first shift. Documentation of hours completed will not be provided without this paperwork.

Background and Statistical Information (Optional)

Gender: Male Female Marital Status: _____ Date of Birth: _____

Profession: _____ Professional Skills: _____

How did you hear about volunteer opportunities at Foodshare? _____

Present or past volunteer jobs: _____

Want to help even more? Many companies and civic organizations match gifts of time and/or money. Also, many grantors are interested in donating to organizations with which their employees, retirees, or members are involved.

Organizations of which you are an employee, retiree, or member: _____

To your knowledge, do any of these organizations provide matching gifts? Which ones? _____

Please also complete the reverse side of this form

Release of Liability (Required)

I certify that I am of lawful age and acknowledge that I have volunteered to help Foodshare, Inc., a Connecticut non-stock corporation having an office at 200 Addison Road, Windsor, Connecticut, 06095 (referred to in this release as "Foodshare"). I acknowledge that I will receive no compensation from Foodshare. I acknowledge that this volunteer work will involve hard work, including bending, stooping, reaching, kneeling, lifting and carrying, and I certify and agree that I am in good health and physically able to perform such work. I acknowledge that this volunteer work may involve risk of injury from such work and I agree that I am helping Foodshare at my own risk.

I agree that, while helping Foodshare, and while being transported to and from the volunteer site if transportation is provided by Foodshare or any of its officers, employees or agents, I will:

- (a) Observe all safety requirements of Foodshare or the property owner where the volunteer work is conducted, and
- (b) Use my best judgment and common sense to avoid injury or damage to myself, all other persons volunteering for Foodshare, all persons on the premises where the volunteer work is being conducted, and all property.

I acknowledge that Foodshare is allowing me to participate in this volunteer work in reliance upon the statements made in this Release and upon the release of possible claims against them that I am providing in this Release. Accordingly, I do hereby, for myself and heirs, executors and administrators, release, acquit, and forever discharge each of Foodshare and the property owners where the volunteer work is conducted and their respective heirs, executors, administrators, successors and assigns, of and from all, and all manner of, actions, causes of action, suits, controversies, damages, judgments, and other liabilities, claims and demands of any nature whatsoever whether in law or in equity, resulting from my volunteer services for Foodshare.

I understand that this release is intended to prevent any and all future legal action or claims which I might have against Foodshare and/or a property owner arising out of my involvement in volunteer work, including travel to and from the volunteer site.

In Witness Whereof, I have signed this Release on this _____ day of _____, 200_____.

(Printed Name)

(Parent / Legal Guardian Name)*

(Legal Signature)

(Legal Signature)

* If the volunteer is under age 18, a parent or legal guardian must sign for the volunteer and accept responsibility for his/her supervision.

I grant full permission to Foodshare to use any photographs, film, video or audio tapes of me performing volunteer work for any purpose Foodshare deems appropriate. ____ Yes ___ No

<p>Please return this form to:</p> <p>Sarah Santora, Volunteer Services Rep. Foodshare, Inc. 450 Woodland Ave Bloomfield, CT 06002 Phone: (860) 286-9999 x105/ Fax: (860) 286-7860</p>
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Heads Up! Hartford!
Emergency Treatment Consent Form

I, _____ am the parent or guardian having legal custody of _____, a minor, age _____, born _____, 19 _____, which child is enrolled in the _____ Church. I hereby give consent for said minor to participate in the **Heads Up! Hartford!** Workcamp.

I hereby authorize, in the event I cannot be contacted, that the Director of the Workcamp, Rev. Dennis Moon, or in his absence, the acting Adult Youth Advisory staff person, an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Connecticut, and to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to said minor under the general or special supervision and on the advice of any dentist licensed to practice in the State of Connecticut, during the said minor's absence from home.

I understand that this authorization is given prior to any need for medical care or treatment for said minor and prior to the actual scheduling of the day trip(s), but it is given by me to avoid any unnecessary delay in obtaining my consent for such day trip(s) and to avoid unnecessary delay in the administration of necessary medical treatment for said minor which the Associate Minister of Youth or Adult Youth Advisory Staff and physician or dentist may deem advisable in the exercise of their/his/her best professional judgment.

Dated: _____

(Signature of parent or guardian)

(Street address, Town, State, Zip)

(Home Telephone)

(Work Telephone)

(Cell Telephone)

Heads Up! Hartford! Policies

The following policies are in place to help provide a safe environment where campers and advisors are able to live the HUH! mission each and every day of camp. All questions concerning policies should be referred to the Camp Director.

1. Absolutely NO ALCOHOL, DRUGS, CIGARETTE SMOKING OR ANY SEXUAL ACTIVITIES – any of these infractions by campers or advisors will be cause for immediate dismissal.

2. No PDA's (Public Displays of Affection) such as touching, kissing, and sitting on laps will be tolerated. PDA's will be grounds for immediate camper dismissal or warnings, depending on severity of infraction.

3. Visitation Policy

No visitation will be allowed by the opposite sex on designated floors. The women's floor is off-limits to men and the men's floor is off-limits to women at all times. This applies to advisors/volunteers as well as campers.

We do not accept day visitors to any camper unless they are parents of campers who are challenged in some way so as to need parental support. All parents must check in with the Camp Director, or his designee, prior to finding their son/daughter. No students can come to HUH! for just a day or part of a day. Parents and parishioners from attending churches who have signed up for specific volunteer duties may attend as day visitors.

No unauthorized visitors to camp are allowed. All Volunteers must check in with the director or his designee upon arriving at camp so that we can provide the proper assignments and directions for volunteer work. Name tags will be provided and will be worn at all times

4. Leave Time Policy

Except in the event of a medical emergency, no camper is allowed to leave HUH! early or come late for any reason, or leave the camp for ANY portion of time, without previous clearance from the Director. In the event of a medical emergency, an adult volunteer must be notified immediately. Under no circumstances is a camper to leave HUH! Once they are registered without clearance from the Director or his designee. Violation of this policy will be grounds for immediate dismissal from camp. This policy includes outside jobs, summer school and any other reasons previously excused by the Director prior to camp.

5. Cell Phone Policy

We encourage interaction among the registered campers and no camper cell phones will be allowed. Anyone needing to make a call for any reason can contact one of the advisors, who will direct them to an available phone.

6. Expected Behavior

All campers are expected to act in a mature and responsible manner. During scheduled activities, the expectation is to pay attention, giving respect to the presenter, no horseplay, be on time and participate. At work sites, campers are expected to treat all people with respect, complete assigned work, come dressed appropriately and ready to work on time each morning; this includes closed toed shoes – NO SANDALS at the work sites. We are working very hard to project a respected, valued image in the Hartford area community and we are looking to build respect for our program, which is imperative for future camps and community support.

7. Discipline

Anyone violating these policies or acting in a disruptive or unruly manner will be referred to the Camp Director for appropriate action. The Camp Director reserves the right, in his discretion, to dismiss a camper or advisor, and to call parents for immediate pick-up.

8. Right of Inspection

The Camp Director as well as Advisors reserve the right to inspect campers' rooms and belongings at any time while camp is in session to insure that the above policies are being adhered to at all times.

9. Valuables

No one should bring valuables, such as iPods, laptops, stereos, boom boxes, good cameras, jewelry, excess cash to camp, as there is no place to lock and secure these items. If you bring valuables, you do so at your own risk.

I am an advisor at HUH! and understand the policies as stated, agree to adhere to the above stated policies, and agree to hold campers accountable for these policies.

Signature

Date

I am a camper at HUH! and understand the policies as stated and agree to adhere to the policies during camp. I understand that I may be dismissed from HUH! if I do not comply.

Signature

Date

Heads Up! Hartford!
June 21-27, 2008

LIST OF THINGS TO BRING TO CAMP

Work clothes (shorts and T-shirts)
Shoes for work (hard sole, closed toe - **REQUIRED**)
Sneakers for play
Work gloves (recommended)
Clothes for evening activities (comfortable and relaxing)
Church clothes
Fan for the room
Extension cord with additional plug capability
Toiletries
Beach towel
Swimsuit
Sun block
Hat
Flashlight
Rain gear
Bug spray/insect repellent
Spending money (\$20), if you wish
Frisbee, softball glove, football, playing cards

The doors aren't secure so if you have valuable items such as iPod, PSP etc...Please bring a LOCK to lock your items to prevent and deter theft.

Things you might need for the talent show . . . e.g., dance shoes, music, musical instruments, juggling balls, etc.

WHAT NOT TO BRING

Cell phones (you can use an adult advisor's phone, if necessary)
iPod or other valuables, as there is no safekeeping and we are not responsible for stolen items

Dear Heads Up! Hartford Participant:

My name is Jayson Seaman and I work at the University of New Hampshire. This summer, I am helping Heads Up! Hartford look at the different ways people learn from their experience in the program. I'd like to invite you to participate in my project. Hearing what you have to say will help improve future programs.

If you agree to participate, here are a few things you should know:

- You will need to sign this letter and return it with your other registration materials;
- You will be asked to fill out a couple short surveys before, during, and after the program (they should take around 15 minutes);
- I will be joining in with your work teams to help out and to observe the process (one of my students will be doing this too);
- I might ask you to share your thoughts during short interviews throughout the week;
- I might check with you after an interview to make sure I understood what you said;
- I might try to contact you after the program by email, phone, or in person to get some more information—if I need to do this, I will do my best to make it convenient for you!

You might have some questions, like:

Will I get paid to participate? I am not able to pay you to participate in this project. However, your participation in this study may help you think about your friends and your communities in new ways.

What happens if I don't want to participate? You can decide not to participate in the study if you don't want. If you decide not to participate, nothing bad will happen to you. If you agree to participate and then change your mind, you can stop at any time and nothing bad will happen.

What about confidentiality? I will do my best to keep everything you say confidential. I will use fake names for everyone when I talk about the project to others. All information I gather will be kept in my office, which is locked when I am not in it. Any recordings will be stored on my personal computer and will be erased once the project is complete. There is one exception: because Bart Crawford—one of the leaders in your program—is helping me with the project, he will probably read some of my notes and materials. You should also understand that there are rare times when I am required to tell other people things I've been told. For example, if anybody tells me they've been hurt by an adult or are going to hurt themselves or somebody else, I have to tell Heads Up! Hartford leaders.

What if I have questions? If you have any questions about this project or would like more information, you can contact me at the address below. If you have questions I can't answer or want to talk to somebody else about the project, you can contact Julie Simpson at UNH by calling 603-862-2003. She's happy to discuss your questions.

I have enclosed two copies of this letter. If you want to participate, please sign one of them on the back and return it with your Heads Up! Hartford registration materials. The other copy is for you to keep. Thank you for thinking about my request.

Sincerely,
Jayson Seaman
University of New Hampshire
124 Main Street
Durham, NH 03824
(603) 862-1162
Email: jseaman@unh.edu

(please sign on back)

Consent form for participating in research/evaluation for Heads Up! Hartford summer program, 2007

If you agree to participate, please print and sign your name in the spaces below. If you are under the age of 18, please also have your parent or legal guardian sign below.

Participant signature:

Yes, I, _____ consent/ agree to participate in this research project.

(print name here)

Signature of youth participant

Date

Parent/guardian signature:

Yes, I, _____ consent/ agree to allow my son/daughter to participate in this research project.

Signature of parent/guardian

Date

What's the church commitment/relationship with HUH?

Chaperones

We ask each church to provide one adult chaperone for every 8 participating students that come to Heads Up Hartford. These chaperones will go out with work groups in the city of Hartford during the day and will stay overnight at St. Thomas seminary during the week. In addition to room and board, we provide training and support for the adult chaperones who attend. The chaperones are considered a full fledged member of the HUH team.

Volunteers

Each church is encouraged to recruit part-time volunteers for the week. Each day there are 2 three-hour spots (approx 3-6 PM and 11PM – 2AM) to help us in a variety of ways.

The church, parents and the entire congregation are encouraged to attend the closing event on Friday evening at 7:00 PM.

Our operations committee would be glad to talk to the adults of your church to let you know the ways you could participate in HUH.

HUH church representative

Each church must have a point person with whom the HUH organization can communicate. Their purpose is also to help recruit kids as well as adult volunteers for the HUH camp. They are the ones who coordinate an overview meeting with parents and youth to explain what HUH is, and ‘talk it up’ via church bulletins and announcements to raise the awareness within the church population about the camp and the purpose for which it was formed. In addition to building enthusiasm for the camp, the church reps are also responsible for distributing and collecting completed youth and adult applications and medical forms.

Youth Participation

Students who participate in HUH must be a part of the youth group at church. Everyone must have a completed application and medical forms returned by the deadline to the youth director/HUH representative from your church.

Youth are expected to participate the full 7 days, unless they submit a request to the camp director a minimum of 3 weeks prior to the start of camp. No visitors to HUH are permitted without permission from the camp director.

There is no drinking, drugs, or tobacco use allowed during the week. Additionally, cell phones are not permitted. Personal music players/devices are allowed in individual rooms during ‘down time’ only. If we find them being used during work or activity time, we reserve the right to take them and hold on to them until the end of camp.

All students are expected to participate in all facets of the program for the week.

There is also a Youth Advisory Board that works with HUH coordinators to plan and prepare for the week-long camp. Each church is asked to have at least 2 youth volunteers

actively involved in the Youth Advisor Board meetings (approx 1/month from March through June).

Snack

You can imagine that keeping 90 active youth fed is a daunting task! Therefore, we ask the churches to help us with the evening snack by volunteering to contribute to one of our evening snack times.

Donations

We ask each church to donate money, which can be accomplished in a variety of ways. One church took a retiring (second offering) on a Sunday. Another went to their Christian concern committee to appeal for funding. Others have asked straight out for donations or held fund-raising events. We do not assign an amount; we ask you to give toward this ministry as God enables you.

If your church would like more information, we would be glad to provide both adults and students to come and speak to your youth group, board, parents or combination thereof. Please contact Reverend Denny Moon at (860) 874-4273 for further information or to schedule a meeting.