

# Youth in Service: MISSION POSSIBLE 2019



A Day of Service around the Presbytery for Youth in grades 6-12, and their Adult Advisors!

Saturday, February 2  
10 a.m. – 2 p.m.

## Four different sites, a common purpose:

- ❖ First, Presbyterian Church, Clarksburg
- ❖ Old Stone Presbyterian Church, Lewisburg
- ❖ Village Chapel Presbyterian Church (with South Park Presbyterian Church assisting), Charleston
- ❖ Highlawn Presbyterian Church, Huntington

Youth across the presbytery are encouraged to join together at different sites to participate in local mission in a variety of forms. You might find yourself at a food pantry, a clothes closet, or helping elderly persons in their homes.

Each site will begin with an Opening Gathering, following which participants will go out to local mission sites, before coming back together for a Closing Gathering. Each site will follow the same Opening and Closing Gathering process, while local mission sites/projects will vary.

Each participant is asked to bring a brown bag lunch. There is no cost for the day.



The **REGISTRATION DEADLINE** is **THURSDAY, JANUARY 24, 2019**, in order to enable planners to have the appropriate number of work sites available.

For more information, contact Susan Sharp Campbell, 304-645-4568, or [susan\\_sharp\\_campbell@hotmail.com](mailto:susan_sharp_campbell@hotmail.com).

**Youth in Service: Mission Possible!**

Saturday, February 2, 2019

Registration Form

**REGISTRATION DEADLINE IS THURSDAY, JANUARY 24**

The following will be participating in **Youth in Service: MISSION POSSIBLE:**

1. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

Bring some friends

2. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

3. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

REGISTRATION DEADLINE IS Thursday, January 24, 2019

**Youth in Service: Mission Possible!**  
**Saturday, February 2, 2019**

Registration Form

**REGISTRATION DEADLINE IS THURSDAY, JANUARY 24, 2019**

The following will be participating in **Youth in Service: MISSION POSSIBLE** at (check one):

- First Presbyterian Church, Clarksburg;
- Village Chapel Presbyterian Church (with assistance from South Park), Charleston;
- Old Stone Presbyterian Church, Lewisburg
- Highlawn Presbyterian Church, Huntington

1. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

2. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

3. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

4. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

5. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

6. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

7. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

8. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

9. Name \_\_\_\_\_  
Church \_\_\_\_\_  
email \_\_\_\_\_  
home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
please check either \_\_\_ youth (write grade in blank) \_\_\_\_\_ OR \_\_\_ adult

**YOUTH**

**MEDICAL RELEASE FORM and INSURANCE INFORMATION**

**Youth Events – Presbytery of West Virginia**

**To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia “Youth in Service: MISSION POSSIBLE,” Saturday, February 2, 2019. Please send it with your youth to the event.**

I give permission for my child, \_\_\_\_\_,  
to participate in the **Youth in Service: MISSION POSSIBLE** of the Presbytery of WV,  
February 2, 2019. In case of emergency, I give my permission for medical treatment. Please  
reach me at one of the following telephone number:

Day \_\_\_\_\_ Night \_\_\_\_\_. In the event I cannot be reached in the case of  
an emergency, please contact: \_\_\_\_\_

who is \_\_\_\_\_ (relationship to youth)

at phone number: day \_\_\_\_\_ night \_\_\_\_\_.

Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_

**INSURANCE INFORMATION: This needs to be completed each time. Please do not  
assume the presbytery has this on file. This form will be shredded after the event.**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Please circle if your child has a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Other Illnesses or Conditions: \_\_\_\_\_

Name \_\_\_\_\_

**ADULTS**

**MEDICAL RELEASE FORM and INSURANCE INFORMATION**  
**Youth Events – Presbytery of West Virginia**

**To be completed by each Adult participant at the Presbytery of West Virginia Youth in Service MISSION POSSIBLE, February 2, 2019. PLEASE BRING WITH YOU.**

**While we hope to never have to use this information, in the event that something happens such that you are unable to provide this, you are asked to complete the following.**

**INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file anywhere. This will be shredded after the event.**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Please circle if you have a history with any of these medical problems:

- |                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| Hay Fever                    | Convulsions             | Lung Problems   |
| Bee stings                   | Blood Pressure Problems | Ulcers          |
| Fainting                     | Cancer                  | Kidney Problems |
| Asthma                       | Heart Disease           | Diabetes        |
| Sulfa Drug Allergic Reaction | Poison Ivy or Oak       |                 |
| Penicillin Allergic Reaction |                         |                 |

Other Illnesses or Conditions: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ who is  
\_\_\_\_\_ in relationship to me at phone number Day  
\_\_\_\_\_ Night \_\_\_\_\_. Should I be in need of  
immediate medical care, I give permission for those in charge of the event to seek appropriate  
medical care for me, if I am unable to do so for myself.

**Covenant Form**  
For All Participants (youth and adults) of  
**Youth in Service, Mission Possible**  
Do Not Mail  
Bring to Gathering Site

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ School Grade \_\_\_\_\_ M \_\_\_ F \_\_\_

Church \_\_\_\_\_

I agree to abide by the following Youth Event Covenant:

In coming to this event, it is important to remember that I am participating in a Presbytery-sponsored event, and am in a Christian setting. I promise to follow the event covenant and I will:

- ◆ Not bring or use tobacco;
- ◆ Not bring or use illegal drugs, alcohol, or weapons;
- ◆ Follow the schedule, try to be prompt, and participate in all activities;
- ◆ Respect the environment by caring for all buildings, putting trash and materials for recycling in proper containers, not wasting food, etc;
- ◆ See the designated person for medical care;
- ◆ Use my phone only during non-activity time.

Signature \_\_\_\_\_

**BACKGROUND CHECK CONSENT FORM**

***Applicant should complete all relevant information and sign and date the form***

**PLEASE WRITE LEGIBLY!**

Applicant's Name (Printed): \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Telephone: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*NOTE: The above information is **required** for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Presbytery of West Virginia abides by all applicable state and federal employment laws.

**ADDRESSES (for the past 7 years)**

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Please list all states and counties of residence since turning 18:

\_\_\_\_\_  
\_\_\_\_\_

**MOTOR VEHICLE RECORDS**

Name as it appears on License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Presbytery of West Virginia, and/or their agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Presbytery of West Virginia.

I release Presbytery of West Virginia and their agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant

Date



**APPENDIX A**

**PRESBYTERY OF WEST VIRGINIA  
INFORMATION FORM FOR WORKERS WITH  
CHILDREN, YOUTH AND PERSONS WITH DISABILITIES**

1. Name (last, first, middle, maiden name) \_\_\_\_\_

If you have ever used another name, please indicate the name and the time period(s) used: \_\_\_\_\_

Current Address: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

How long have you lived in West Virginia: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2. *(skip number 2 if your position does not include driving)*

Drivers License Number: \_\_\_\_\_

Have you ever had your driver's license suspended or restricted for any reason? \_\_\_\_\_ If yes, please describe the dates and reasons for each such occurrence on the back.

3. Please answer the following questions:

Name of church in which you participate \_\_\_\_\_

How long have you been regularly participating \_\_\_\_\_

Are you a member? \_\_\_\_\_ Date you became a member? \_\_\_\_\_

4. Have you served as a volunteer at any church in the past ten years? If so, please state the name and address of the church, the pastor of the church, the time period(s) of your volunteer work and describe generally the nature of your volunteer work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you served as a volunteer for any civic organization in the past ten years? If so, please state the name and address of that organization, the person overseeing the volunteer work the time period(s) of your volunteer work and describe generally the nature of your volunteer work. Please indicate which organizations involved working with children and youth.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been arrested, charged, indicted or convicted for any criminal offense (misdemeanor or felony) other than a traffic violation? \_\_\_\_\_ (If yes, please explain on the back.)
7. Have you ever been subject to any disciplinary action, complaint or allegations that you violated any employer's or any organization's policy concerning sexual misconduct? \_\_\_\_\_ (If yes, please explain on the back.)
8. References: Please list the names, addresses, occupations, and telephone numbers of three people who are not related to you who are familiar with your character and abilities. References will be contacted.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. I understand and agree that:
  - a. All Information that I have provided may be verified. I agree to release from liability any person or organization that provides information concerning me, including these persons I have listed as references. I understand and agree that any information received will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.
  - b. By signing this form, I certify and affirm that the information I have given is true, complete, and correct in all respects.
  - c. I have read, understood and agree to abide by the Statement of Policies and Procedures for the Protection of Children, Youth and Persons with Disabilities of the Presbytery of West Virginia.
  - d. [Only applicable to persons eighteen years of age and older] I have completed the release of information form.

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

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under age eighteen)

This form is confidential and will be kept in a locked file.