

# INTERGENERATIONAL DAY OF SERVICE



**Saturday, February 1, 2020**  
**10 a.m. – 2 p.m.**

## Three different sites, a common purpose:

- ❖ Highlawn Presbyterian Church, Huntington
- ❖ Bream Memorial Presbyterian Church, Charleston
- ❖ First Presbyterian Church, Clarksburg

People from ages 10 through adult 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 people in their homes. Those under 18 should be accompanied by an adult, who will need to complete a background check or have one on file at the presbytery office.

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 23, 2020**, in order to enable planners to have the appropriate number of work sites available. Registration materials will be on the presbytery's website and emailed to church leaders in late November.

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

**INTERGENERATIONAL DAY OF SERVICE**

**Saturday, February 1, 2020**

Registration Form

**REGISTRATION DEADLINE IS THURSDAY, JANUARY 23, 2020**

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

- First Presbyterian Church, Clarksburg;
- Bream Memorial Presbyterian Church, Charleston
- 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

(OVER FOR MORE SPACES)

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** (for adult form see next page)

**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's Intergenerational Day of Service on Saturday, February 1, 2020. Please send it with your youth to the event.**

I give permission for my child, \_\_\_\_\_,  
to participate in the **Intergenerational Day of Service** of the Presbytery of WV, February 1,  
2020. 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 Intergenerational Day of Service, February 1, 2020. 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.