

**Jr. High Mission Trip:  
Southside Community Center  
River Work Camp • San Marcos, TX**

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# Youth Mission Blitz 2011

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## The Basics

**Dates:** Friday, June 24 – Friday, July 1

- We will depart at 12 p.m. on Friday, June 24.
- We will all return to the church at 4 p.m. on Friday, July 1, for our closing rally. All are invited to attend the closing rally. We will be finished at 5:30 p.m.

**Cost:** Junior High Trip to San Marcos: \$400\*

### Deadlines:

- March 6, 2011\*\*
  - \$200+ Raised for Running Down a Dream 5K
  - Commitment Covenant
  - Completed Application
  - Power of Attorney (Must be Notarized)
  - Medical Release
  - San Marcos River Work Camp Medical Consent Form
  - San Marcos River Work Camp Liability Release Form
  - Your one-on-one interview will be scheduled when you turn in your forms.
- Sunday, May 1
  - Balance of trip not earned through fundraising
  - Completed interview

\*\*This is an estimate of cost for each participant that includes room, board, materials, transportation, and contributions to the various organizations we will be assisting. The bulk of this cost is to be borne by the participant (see fundraisers) not the parent. I have found that the more “sweat” a participant puts into the finances of these mission trips, the more they own the experience.

\*\*Students that turn in their completed registration forms after March 6 will be placed on a waiting list.

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## Fundraising Details Running Down a Dream

This year we are doing a competitive 5K run, along with a 1 mile fun run/walk. Our goal is to involve our congregation as well as many community participants. There will be t-shirts and prizes for the event.

For mission trip participants, there will be a minimum sponsor amount that is your responsibility to raise (see below).

This is a major fundraiser for our trips and nets the greatest income of any of our fundraisers. This is how it works:

1. Get friends, family, and people in our church to pledge a dollar amount for you to run. (There is not a entry fee for students going on Mission Trip)
2. Get your friends, family, and people in our church to sign up to participate in the 5K/1 Mile Run/Walk. Make sure they put your name on their registration form. (Their entry fees will go toward the money that you raise).
3. Turn in the pledge sheet, money, and all Mission Trip paperwork by Sunday, March 6.

**Be able to explain what it is you are running for and why it is important to you.** The students that are able to raise the most money tend to be able to articulate what they are doing this for.

In your covenant there is a clause that states that you will participate in this fundraiser. I am asking everyone here to be responsible for his or her part of this agreement.

**Each Junior High student (not their parents) should raise a minimum of \$200 for the 5K. Parents – the more your student raises, the less you will have to pay.**

\* Sponsor Boards and the Burger Blitz are not individual fundraisers and will not count toward a student's individual trip.

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## Important Dates

### **Saturday, March 5**

- ❑ Running Down a Dream 5k  
All students participating in Mission Trip must participate in the 5k  
Volunteers Needed!

### **Sunday, March 6**

- ❑ Mission Trip Registration Form Due  
Bring all of your completed forms to Youth.  
A notary will be present to notarize your paperwork
- ❑ All funds raised for Running Down a Dream Due  
Each student is responsible for fundraising at least \$200

### **Sunday, April 3**

- ❑ Burger Blitz  
Volunteers Needed!

### **Sunday, May 1**

- ❑ Final payment due  
Notices will be sent after the 5k indicating the balance due for each student
- ❑ Sponsor Boards Begin on Sunday mornings  
Volunteers Needed!

### **Sunday, June 12**

- ❑ Mission Trip Commissioning, 11 a.m. Worship Service
- ❑ Mission Trip Training, 12:30 p.m. – Lunch provided  
All students and adults must attend

### **Friday, June 24**

- ❑ Depart for Mission Trip

### **Friday, July 1**

- ❑ Return from Mission Trip
- ❑ Mission Trip Wrap-Up Service  
4 p.m. in Fellowship Hall

# **Youth Mission Blitz 2011**

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## Commitment Covenant

Each missionary has certain responsibilities that they and each parent/guardian must be aware of and agree to. They are listed below to ensure the smoothest and most effective preparation of the missionaries for ministry.

**Upon signing this covenant, each missionary commits to the following:**

- 1) I will fully participate in the training event selected. The training event is required so that all missionaries will be prepared for the trip.
- 2) I will fully participate in the fundraising efforts. I will raise the \$200 minimum for the 5K run. I will also help with the sponsor boards in any way that I am asked. I understand that this may include being available to visit Sunday School classes, being visible in the narthex after services, and other activities.
- 3) I will follow all trip guidelines set forth at the training event.
- 4) I will participate in all activities required to fulfill the ministry of the Junior High Mission Trip. I understand that this may include menial and/or other undesirable tasks (see Matthew 20:26).
- 5) I will not whine.

I/We have read all of the requirements above and understand the importance of each.

Missionary Signature: \_\_\_\_\_

Please Print Missionary Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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## Jr. High Mission Trip Application: San Marcos, Texas

The goal of this application is to get you to think about who you are and where you are in your life. Additionally, this information will help me to learn more about you and your family (especially if you will be coming into grade 7). There are absolutely no right or wrong answers, or answers that I am looking for. I only ask that you spend some quality time reflecting on your answers so that we can talk about them when you come in for your interview.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

1. Describe yourself in 5 to 8 sentences: \_\_\_\_\_

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

2. Describe your relationship to God for the past few months. When have you felt the closest to God? When have you felt the furthest from God? \_\_\_\_\_

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

3. If you could change one thing about your life what would it be? \_\_\_\_\_

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

4. Finish this sentence: One thing I really need to work on in terms of my personality is: \_\_\_\_\_

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

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Jr. High Mission Trip Application  
San Marcos, Texas

5. What kind of mission work or volunteer work experience do you have? *(This can be almost anything from Scout work to fundraisers.)* \_\_\_\_\_

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

6. Why do you want to go on a mission trip? \_\_\_\_\_

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

7. A mission trip is not meant to be your only source of spiritual growth. Can you commit to being an active member FUMC Hurst Youth after the trip is over? \_\_\_\_\_

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

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## POWER OF ATTORNEY

I, the undersigned, hereby authorize First United Methodist Church, Hurst, and any medical or dental persons to allow \_\_\_\_\_,  
Group Leader of the Group \_\_\_\_\_ to act in my stead  
and **IN LOCO PARENTIS** for my Child, \_\_\_\_\_,  
to make any and all arrangements that are appropriate and in the best interest of my Child, for my Child's personal  
care, or medical, surgical or dental care, and:

To give **CONSENT** in my name and in the name of my Child to any and all types of **MEDICAL TREATMENT**  
or procedures, **DENTAL TREATMENT** or procedures or **SURGICAL** procedures for my Child;

To give **CONSENT** in my name and in the name of my Child to the disclosure of any confidential or privileged  
communication or information related to the care of my Child; and

To give **CONSENT** in my name and in the name of my Child to the signing of any and all **RELEASE OF  
LIABILITY AND INDEMNITY AGREEMENTS**, being aware that **THESE AGREEMENTS DO RELEASE  
LEGAL RIGHTS** on my behalf and on the behalf of my Child and to legally bind me for my Child.

A photocopy or facsimile of this instrument shall be deemed an original for all purposes.

This document shall be valid for the period of time from  
(starting date) \_\_\_\_\_ to (ending date) \_\_\_\_\_.

Parent's Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

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

Print Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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## Permission Slip / Activity Liability / Medical Release Form

I give \_\_\_\_\_ permission to participate in activities of the Youth or Children's Division of the First United Methodist Church, Hurst, Texas for the dates below. I understand that such activities are those which are passed by the Church boards or Council and which are publicized in the church newspaper and/or bulletin. I support the Key Sponsor in acting as a responsible leader who is in touch with parent's as well as children's needs. I also realize that I may give special instructions and requests for any individual activity to the Youth Minister, Director of Jr. High Teens, Youth, Elementary or Children's Ministries, at 817-282-7384.

### ACTIVITY LIABILITY RELEASE:

It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child or property damage that might result from my child's participation in any church sponsored activity, on or off campus, whether under the direct supervision of the church, its staff, adult youth, children's leaders, parents or other church members.

To restate, the undersigned agrees to accept full responsibility for my child's participation in any church related or sponsored activity and to hold harmless First United Methodist Church, Hurst, Texas, its staff, adult youth or children's leaders and other church members.

### MEDICAL RELEASE:

I do give my permission for to be administered medical aid by a physician or hospital staff if the need arises. I assume the responsibility for passing all communication concerning each activity to the parents of any visitor brought by my child or family.

Activity: \_\_\_\_\_ Date(s) \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

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

Cell Phone(s): \_\_\_\_\_ Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Person(Other than Parent): \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Doctor(s) Name(s): \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

List any medical allergies or physical conditions plus special requests: \_\_\_\_\_



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## San Marcos River Work Camp 2011 Liability Release Form

In Consideration for letting my Son/Daughter to participate in the Southside Community Center Work Camp Program, the undersigned agrees that Southside Community Center and the officers, agents, members, volunteer and employees of the same shall not be held liable or responsible for, and shall be saved and held harmless by me from any all claims of damages of every kind, for injury to or death of my Son/Daughter arising out of or attributed directly or indirectly, to participation in activities of Southside Community Center's Summer Work Camp Program.

June 21 – July  
Date of Camp

First United Methodist Church, Hurst, Texas  
Name of Church

\_\_\_\_\_  
Name of Camper(s)

\_\_\_\_\_  
Signature of Parent or Guardian

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The Consent and authorization shall include and extend to all matters for which consent and authorization is required under the policies of Southside Community Center. In consideration of the services which are rendered to any child named above, pursuant hereto, we agree to pay for all such services this authorization shall be effective until revoked in writing.

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent name

In the event that only one parent executes this form, please state below the reason why the signature of the other parent cannot be obtained.

If the child or children are under guardianship then the guardian should execute this authorization.

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

Policy Number: \_\_\_\_\_

*Please attach a copy of the Medical Insurance Card*