

Episcopal Appalachian Ministries Work Camp Application

Come and receive the kingdom which has been prepared for you ever since the creation of the world. I was hungry and you fed me, thirsty and you gave me drink; I was a stranger and you received me in your home, naked and you clothed me, in prison and you visited me."

Matthew 25:34-36

Please indicate which camp you will be attending: _____

Name _____ Gender _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Date of Birth _____

Phone _____ (home) _____ (office)

Parent (for work camper under 18): I have read the information on the EAM work camp and give my permission for _____ to attend.

(Signed) _____

Priest: I have read this application and understand that _____ will be attending this EAM work camp. I will endeavor to support him/her upon return in putting this experience to practical use in the life of the parish and the community.

(Signed) _____

Please answer the questions on this form and return your application, signed covenant and medical form by 2 weeks prior to your work camp date:

**Episcopal Appalachian Ministries
161 E. Ravine Rd.
Kingsport, TN 37660
Phone: 423-230-1034
FAX: 423-230-1036
Email: episcopalappministries@gmail.com**

The work camp fee of \$250.00 (covers food, lodging and a portion of the materials used) can be paid on-line or by sending a check to the address above. Fees should be paid 2 weeks in advance or of the work camp.

Work Camp Experience Questionnaire:

Have you had experience in housing construction work? (Please be specific)

What special carpentry or repair skills do you have?

Are you trained in First Aid or CPR? If so, is your training up to date?

Do you or your church have a van or pickup truck that can be used for transportation to and from the work sites?

EPISCOPAL APPALACHIAN MINISTRIES WORKCAMP

INFORMATION AND MEDICAL RELEASE FORM

This form must be kept in the vehicle in which you are traveling at all times.

Name _____ Birthdate _____ / _____ / _____
(Last) (First) (Mid.Initial)

Address _____ (_____) _____
(Street) (City) (State) (Zip Code) (Phone Number)

Blood type _____ Social Sec.# _____

In case of emergency contact:

Name _____ Daytime Phone (_____) _____
(Parent, Spouse, or Legal Guardian)

Evening Phone (_____) _____

Address of Above

(Street) (City) (State) (Zip Code)

Name _____ Daytime Phone (_____) _____
(Parent, Spouse, or Legal Guardian)

Evening Phone (_____) _____

Address of Above

(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name _____ Relationship _____ Daytime Phone (_____) _____
Evening Phone (_____) _____

Address

(Street) (City) (State) (Zip Code)

Date of last tetanus shot

Medication(s) you cannot take:

Dietary restrictions:

Allergies/special health problems or concerns:

Insurance Co. _____ Phone (_____) _____

Address

(Street) (City) (State) (Zip Code)

Policy # _____ Policy Holder's Identification # _____

Doctor's Name _____ Phone (_____) _____

Address

(Street) (City) (State) (Zip Code)

Work Camp Covenant

The Episcopal Appalachian Ministries work camps are grounded on three questions from our Baptismal Covenant: *“Will you proclaim by word and example the Good News of God in Christ?...Will you seek and serve Christ in all persons, loving your neighbor as yourself?...Will you strive for justice and peace among all people, and respect the dignity of every human being?”* The relationships formed here are as important as the work done here.

Therefore, we ask all participants to enter into a three-way covenant between Episcopal Appalachian Ministries, the work camp host site and all work campers.

Responsibilities of Episcopal Appalachian Ministries (EAM):

1. Provide staff for the work camp
2. Oversee all logistical matters, including the safety and well-being of all participants
3. Serve as a liaison with the work camp host site.

Responsibilities of work camp host site:

1. Serve as host for the work camp, providing accommodations, local contacts, maps and other support as needed
2. Arrange for work sites, including work to be done and materials needed

Responsibilities of Individual Work Campers and Staff Members:

1. Foster community by being respectful of the feelings, rights and property of others
2. Participate in all community gatherings
3. Exercise caution in the use of tools and obey all safety guidelines

- 4. Remember that we are guests in the homes of the families we work with
- 5. Adhere to the following norms:

- A. Smoke only in designated area
- B. Help conserve water (no longer than 5 minutes in the shower)
- C. Notify a staff member when leaving the property (two or more people together when leaving work camp host site)
- D. Be respectful of the host facilities by cleaning up after yourself and not leaving trash or things untidy.
- E. No alcohol, drugs or weapons (Any one in possession of any of these items will be sent home immediately)
- F. No men in the women's areas; no women in the men's areas.

For Episcopal Appalachian Ministries	Date
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For work camp Host Site	Date
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Work Camper	Date
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