



## SAINT JAMES' EPISCOPAL PARISH

562 University Drive

Prestonsburg, KY 41653

606/886-8046 (telephone) 886-8042 (fax)

Fr. Stan McGraw, Priest-in-Charge

The Right Reverend Stacy F. Sauls, Bishop of Lexington

Dearest Sirs/Madam: Grace to you and peace from God our Father and our Lord Jesus Christ!

Please find enclosed a copy of our packet for Mission in the Mountains, which is designed to be photo copied to supply as many as you would need for those who expect to attend. Also be aware that dates are filling fast and we need a deposit to hold your date as soon as you can get it to us.

Also know that the fee paid to St. James' Parish includes a place for you to stay, typically the church's parish hall with showers being taken at the local high school, some local evening entertainment, groceries for meals that you will prepare yourself, a picnic meal and pot luck provided by the parish, and lunches. We also asked that you come prepared to offer some funds to assist in the home repairs you will be involved in while with us.

I trust you will indeed come visit with us and participate in this ministry that directly benefits our people and in fact, may be the only assistance they will receive in preparing their home for the elements of winter, rains, flooding, and the hot/humid Kentucky summers.

Thanks for your interest and should you need to speak with us further, please do not hesitate to call us, 606/886-8046.

Faithfully,

Campbell Welsh  
Parish Clerk

Sr. Judy Yunker, OSB  
Senior Warden

*P.S. For the food - if you would prefer to keep your own groceries - the fee for each person is only \$160.00 a grocery is right across from the church.*

# MISSION IN THE MOUNTAINS

St. James' Episcopal Church – Prestonsburg, KY 41653

Full Legal Name: \_\_\_\_\_

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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Telephone: (\_\_\_\_) \_\_\_\_\_

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

Citizenship: ( ) U.S. ( ) Other \_\_\_\_\_

Occupation: \_\_\_\_\_

**If under 21 – Parent's Name:** \_\_\_\_\_

Home Church: \_\_\_\_\_

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

Church Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

List any medical conditions that should be noted: \_\_\_\_\_

\_\_\_\_\_

If under 21, parent must sign one of the following. *Please sign only one of the spaces below!*

I, \_\_\_\_\_, **DO** have the right to authorize emergency medical treatment that I may need if I should become injured.

I, \_\_\_\_\_, **DO NOT** have the right to authorize medical treatment that I may need if I should become injured.

The cost is \$250.00 per person.

( ) Enclosed is my \$50.00 deposit which is not transferable or refundable. *Please make all checks payable to St. James' Episcopal Church.*

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***Consent for Medical Treatment***

In the event that I am unable to offer a formal medical consent for any reason, I hereby consent to and expressly authorize any doctor, hospital, clinic, and/or any qualified health care provider to render any and all such medical treatment and/or services, including medications, and provide any care deemed medically necessary for my safety and well-being.

I have the following medical condition (s) and am allergic to:

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

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

Social Security #: \_\_\_\_\_

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

***Please attach a copy (front & back) of your medical insurance card.***

### ***MISSION IN THE MOUNTAINS***

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#### **Skills and Abilities Assessment Checklist**

	EXCELLENT	GOOD	FAIR	POOR
Laboring				
Carpentry – rough				
Carpentry – finish				
Masonry – brick/block				
Sheetrock – hanging				
Sheetrock – finishing				
Insulation				
Painting				
Electrical				
Plumbing				
Stucco – plaster				
Excavation by hand				
Concrete – finishing				
Metal roofing				
Landscaping Skills				

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

Do you have any physical limitations that would prevent you from doing certain types of work?

Explain: \_\_\_\_\_

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