

SIERRA SERVICE PROJECT



Portland Weekend of Service

2012 Preparation Packet

*Committed to creating community and teaching selfless
service by reaching out to those in need!*

December 9, 2011

To all leaders and participants:

Thank you so much for agreeing to participate in SSP's Weekend of Service Project! We are very excited about the sessions we have to offer this spring in Portland.

Last fall we successfully piloted a weekend project in Northeast Portland and we are excited to return. Augustana Lutheran, our host church, is a great homebase for this project.

This is your prep packet for the trip. We do not expect this to answer all of your questions, so please feel free to email or call the office to get any additional information that you need.

Blessings,

Rick, Megan and Meghan

GENERAL INFORMATION

Project Location

We will operate out of the Augustana Lutheran Church, located at 2710 NE 14th Avenue, Portland, OR 97212. Please use your favorite mapping software to work out directions.

Showers: We will shower at the Matt Dishman Swimming Pool.

Arrival time

We hope that groups will be able to arrive between 5 and 6 PM on Friday, but that may not be possible for all of you. We will call each liaison the week prior to the session to find out your individual plans.

Transportation

We assume that you will be arriving in vans or cars. If you plan to bring a large bus or have some other unusual transportation planned, please let us know!

What to Bring

Please bring these items in a manila envelope clearly marked with the Church name:

- The original and one (1) copy of each Volunteer's Medical Release form (*Separate the originals and copies into two groups. It is also a good idea to carry one group in each of your vans in case of an emergency. Collect them when you get to SSP.*)
- One copy of the signed Camper Covenant form
- At least one large (5 Gallon) water cooler per group
- One first aid kit per vehicle
- Maps and directions to Augustana Lutheran Church

Background Check Requirements: All adult counselors and leaders are required to have a current national criminal background check before participating in SSP. Because most churches currently require all adult volunteers to be background checked, we will verify with your church that all adults have undergone appropriate screenings. If anyone needs a background check, be sure to get it done at least two weeks prior to your weekend. If you do not have a current background screening you can complete a background screening online at <https://sierraserviceproject.volunteerportal.net/> and enter the password **counselor**.

Group Rosters: The group roster is the most convenient way for us to track who has participated in our activities. Please fill it out and email it to us at least one week prior to leaving for the weekend.

Please call the SSP office at (916) 488-6441 with questions, concerns, or last-minute changes.

THE DRESS CODE

SSP seeks to maintain a somewhat modest and conservative dress code in order to fit in well in the homes and communities in which we work and to try to reduce peer pressure among the youth.

- The following are **not allowed**: sleeveless tops, tank tops, halter tops, half or crop tops. Bare midriffs are not acceptable. This includes tying up t-shirts in the back. Please leave sleeveless shirts at home. Skirts are also not a good idea at SSP, we spend a lot of time sitting on the floor and a skirt would not be comfortable at the work site.
- T-shirts must not be offensive or display any slogan or artwork which includes alcohol, tobacco, or obscenities.
- No short shorts. Thrift store jeans cut off at mid-thigh work great.
- The showers may be group showers, please ask your youth to bring a swim suit.

Garments at the Work Site

- Closed toe shoes (work boots or tennis shoes) must be worn at the work site - no sandals or open-toed shoes. We recommend bringing a pair of rain boots.
- Be sure to bring a raincoat, layers of clothing, boots, hats and gloves. We may be working outside, and the weather in Portland is often unpredictable! We aren't going to let a little rain stop us from working. (In case of seriously bad weather, we will shift to indoor work.)
- Work gloves. Please bring a pair of work gloves that fit the user.

Medical and Insurance Information for All Participants

We are pleased to be able to tell you that in our 35 years of operation, we have had few participant injuries. Our staff is CPR and First Aid trained and safety and health conscious. A number of measures are in place to preserve the health and safety of all participants. Sierra Service Project has an Accident and Illness Prevention Plan which includes procedures in case of an emergency. Staff and volunteers all have responsibilities to keep us all safe and in good health. Once the groups arrive at site, directions and phone numbers to nearby medical facilities will be distributed.

- In spite of these precautions, we need to be prepared in case of an emergency. Your answers and signature on the medical release form will help us deal with an emergency appropriately. *This is crucial - any participant arriving on-site without a signed medical release will not be allowed to work with his or her work team until a form is received.*
- In the event that medical treatment is necessary, you or your guardians will be financially responsible.
- The assisting Sierra Service Project staffer or group leader will use the insurance information provided by you to pay for your treatment. SSP participants are not covered by Worker's Compensation.

If the volunteer is not covered by insurance. . .

Sierra Service Project purchases supplemental accident insurance coverage for all participants. For those who have personal insurance, this coverage is “excess” over that coverage. The maximum accidental medical expense benefit is \$3,000 for approved claims. For those individuals who have personal insurance, Sierra Service Project's coverage will be "excess" of benefits provided by any other plan.

Volunteers will be covered while:

- In regular attendance in our program
- Taking part in regularly scheduled, approved activities
- Traveling to/from camp activities in properly scheduled supervised groups
- Traveling directly between home and camp, as long as that travel does not extend beyond 48 hours prior to or after the volunteers are in regular attendance at the program



Sierra Service Project

Portland

Weekend of Service

Section 2: Youth Participant Forms

Liaison: Bring the original and 1 copy of this form with you (front and back) for each youth participant

SIERRA SERVICE PROJECT

Youth Medical History & Release Form

Church Name _____

Name _____ Male/Female Current Grade _____

Date of birth _____ Home Phone () _____

Home Address _____

City _____ State _____ Zip _____

Mother's Name _____ Work Phone () _____

Father's Name _____ Work Phone () _____

Father's/Mother's Employer _____

Health Insurance Co. _____ Policy No. _____

Family Physician _____ Phone() _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken? (Yes/No)

If parents can't be reached in an emergency, please contact:

Name _____

Home phone () _____ Work Phone () _____

The following information is required to ensure that your youth's individual needs are met while attending SSP. Information is confidential and will be made available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For their safety and well-being, no child will be allowed to attend without a completed and signed Consent/Medical Authorization.

Date of youth's last tetanus shot _____

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, depression, eating disorders, asthma, etc.)

Please be specific so that we can provide the best care for your child: _____

Is your youth allergic to any food, medication or insect bites? (Yes/No) If yes, please list particular allergy and probable reaction: _____

(If you need to further explain your child's special needs, please call the SSP office.)

Youth Medical History Form - continued

Is your youth currently taking any medication? Yes ____ No

If yes, please list all medications that your child will be bringing including complete instructions for administering: _____

Unless absolutely necessary, do not change your youth's prescription before their time at SSP. Since we don't know what normal behavior is for your child, we will be less likely than you to detect negative reactions to medication changes.

May the staff/adult counselor administer to your youth: aspirin (yes/no), aspirin substitutes (yes/no), eye ointments (yes/no), antihistamine or decongestant (yes/no), motion sickness medication (yes/no), laxative or anti-diarrhea medication (yes/no), antibacterial or antibiotic ointment (yes/no), insect bite or poison oak ointment (yes/no).

Specific directions: _____

Note: If your child requires special care or diet, please contact us as soon as possible prior to arrival so that necessary arrangements can be made. Our cooks most likely will have done all their shopping before the participants arrive. We are always prepared for vegetarian diets.

Your signature here confirms that the information on these two pages is complete and correct as far as you know, and that you are giving permission to staff and adult counselors as noted.

Parent/Guardian's signature

Date

Medical Release and Permission Paragraph

(Youth's name) _____ has my permission to attend Sierra Service Project. I understand that the program involves construction and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

I have read and understand the page entitled "Medical and Insurance Information for Parents/Guardians and the foregoing paragraph.

Parent/Guardian's signature

Date

Church Liaison: Bring one signed copy of this with you to SSP for each youth participant.



Participant Covenant

As a participant with the Sierra Service Project, I agree that I will:

- Conduct myself in a way that brings credit to God, my church, my youth group, Sierra Service Project, and to me.
- Sacrifice, at times, my own needs for the greater needs of the community of which I am a member.
- Fully participate in all activities.
- Adhere to all the rules and regulations of SSP presented in this packet and by the SSP staff, including dress codes, safety measures, and prohibited items.

I understand that willful failure to follow the policies of SSP could result in the termination of my volunteer experience and departure from the site.

If asked to leave the site, either my parents or church will assume responsibility for me and the arrangement and cost of transportation back to my place of departure. I understand that SSP will not refund my fee under these circumstances.

Youth's Signature

Date

What to Bring Checklist

Each youth and counselor should bring the following items:

<input type="checkbox"/> Sleeping bag or blankets	<input type="checkbox"/> Bible and devotional materials
<input type="checkbox"/> Pillow	<input type="checkbox"/> Musical instruments
<input type="checkbox"/> Sleeping mattress	<input type="checkbox"/> Camera
<input type="checkbox"/> Towel for Showers	<input type="checkbox"/> Swimsuit (may be needed for showering)
<input type="checkbox"/> Wash cloth	<input type="checkbox"/> Shower shoes/ sandals
<input type="checkbox"/> Toothbrush	<input type="checkbox"/> Work/rain boots or tennis shoes (mandatory on work site)
<input type="checkbox"/> Toothpaste	<input type="checkbox"/> T-shirts
<input type="checkbox"/> Shampoo	<input type="checkbox"/> Sweatshirt and jacket
<input type="checkbox"/> Other personal care items	<input type="checkbox"/> Long pants
<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Work Gloves & warm gloves
<input type="checkbox"/> Water bottle	<input type="checkbox"/> Warm hat
<input type="checkbox"/> Any prescription medication you are taking (Please check these in with your church counselors)	<input type="checkbox"/> Backpack for personal items
	<input type="checkbox"/> Raincoat
	<input type="checkbox"/> Sense of humor
	<input type="checkbox"/> Sense of adventure

What NOT to Bring

These items are absolutely forbidden at SSP!

Tobacco
Pets

Alcohol
Pyrotechnics

Firearms

Illegal Drugs

Electronic gadgets (other than cameras) detract from the community we attempt to build at SSP. If you bring these items they will be collected for safe keeping so it is best not to bring them at all:

Cell phones*
MP3 Players
CD Players

Camera phones
Computers
iPods

Hand-held computer games
2-way radios
TV's

We request that DVD players in vans not be used during the weekend.

*Counselors will keep their cell phones for emergency use.



Sierra Service Project

Portland

Weekend of Service

Section 3: Adult Counselor Forms



Bring to Site

Church Liaison: Bring the original and 1 copy of this form (back and front) to site for each adult counselor

SIERRA SERVICE PROJECT Counselor Medical History & Release Form

Church Name _____

Name _____ Male/Female _____

Date of Birth _____ Home Phone () _____

Home Address _____

City _____ State _____ Zip _____

Employer _____

Health Insurance Co. _____ Policy No. _____

Physician _____ Phone () _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken? (Yes / No)

Emergency Contact:

Name _____

Home phone () _____ Work Phone () _____

Date of last tetanus shot _____

Please list any physical or behavioral conditions that the program staff should be aware of (sleepwalking, epilepsy, diabetes, fainting, asthma, etc.): Please be specific: _____

Are you allergic to any food, medication or insect bites? (Yes/No) If yes, please list particular allergy and probable reaction: _____

Are you currently taking any medication? Yes ___ No ___

If yes, please list all medications: _____

Continued on next page...

Medical Release

I understand that the SSP program involves construction and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. I agree to indemnify and hold harmless the Sierra Service Project, its officers, agents and employees from any and all claims, damages, expenses or injuries arising out of or incident to my participation in this Project, unless such loss or injury results directly from the neglect or willful act of an officer, agent or employee of Sierra Service Project acting within the scope of his/her employment.

Signature

Date

Information contained herein is confidential and will be made available only to staff and medical professionals as necessary.

