

Important Info Regarding URC's Trip to Kiln, MS:

Contact info for Dave Hinkley

- cell: (only operative during the trip) (517) 488-5660
- office @ URC: (517) 351-6810 x14
- home: (517) 267-0384
- fax @ URC: (517) 351-7909
- Email: hinkley@urc-msu.org

Web updates:

- <http://blogs.urc-msu.org/dig/>

Times & Dates:

- June 8th, money and registration forms must be submitted to Dave.
- On Saturday, June 21st we will leave from the URC Parking lot, at 8:00am. We will drive to the Ramada Inn in Chattanooga, TN and stay overnight.
- On Sunday the 22nd, we will attend church and finish our trip to Kiln, MS.
- On Friday the 27th, we will leave Kiln around 9am, travelling to Louisville, KY where we will stay the night.
- On Saturday, June 28th, around 3pm, we will arrive at URC Parking lot. Parents should plan to pick up then.

Where we will be staying:

- Hotel info:

June 21 st	June 27 th
Ramada Limited 30 Birmingham Hwy Chattanooga, TN 37419 (423) 821-7162	Ramada Downtown North 1041 Zorn Avenue Louisville, KY 40207 (502) 897-5101

- **Camp Coastal Outpost** (228) 586-1579
16256 Hwy. 603
Kiln, MS 39556
<http://www.campcoastaloutpost.org/>
info@campcoastaloutpost.org
 - The Camp's bunkhouses sleep 12 and are air conditioned. There is a private bathroom in each bunkhouse - with shower, sink and toilet. Volunteers must bring bedding and towels.
 - We will be provided 3 meals a day at the camp, and we are required to help with chores around the camp. Expect to participate in cooking, cleaning, etc at the camp each day.
 - Local retail is available within walking distance.

What to pack

- Sleeping bag, pillow & bath towel.
- 8 days worth of clothes (including church clothes, long pants and a long
- Hat
- Mosquito Repellant with DEET

sleeved shirt for work; we WILL be painting, etc)

- | | |
|---|---|
| <input type="checkbox"/> Flashlight & Batteries | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Comfortable work shoes & shower shoes. | <input type="checkbox"/> Toothbrush, toothpaste, deodorant, medicines, etc. |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Bible, notebook & pencil or pen |
| <input type="checkbox"/> Spending money | <input type="checkbox"/> Sunscreen |

What we will be doing:

- **General Labor; including, but not limited to, hammering, painting, scraping, hauling, yardwork, etc.**
- **Your child will be supervised in these activities at all times.**
- **We will have chores around the camp that everyone will be responsible for helping with.**
- **We will also have some planned sightseeing time as well as a daily worship/devotional time.**

Here is what the Camp requires of its guests, from their website:

CCO Guest requirements

- ***All guests and all of the people we help are expected to treat each other with respect, dignity, grace and kindness.***
- ***All campers are expected to clean up after themselves. When you eat in the dining area pick up all your trash (and anyone else's trash left) and put it in the garbage can. If the can is getting full, tie up the bag and toss it in the dumpster (in the parking lot). If you are walking around the camp and see trash, please put it in a garbage can.***
- ***Please do not bring food in bunk houses we are trying to avoid the ant, rat, and roach problem by not feeding them in your bunk house.***
- ***Please clean your bunk house and shower and toilet during your stay and when leaving, check and sweep under bunks. brush toilet, wash face bowl, and scrub shower.***
- ***Quiet Time is 10:00 PM.***
- ***No ball throwing in the parking lot.***
- ***Shirts and shoes must be worn at all times.***
- ***Words have weight - please choose yours carefully.***
- ***Please respect all safety procedures while in camp and when on project sites.***

Camp Chores

- ***CCO is a camp not a hotel. Guests and visitors at the camp are expected to help with camp chores. The camp has a small -mostly volunteer - staff; we depend on our guests to clean up after themselves and often after each other***
Types of camp chores:
 - ***Kitchen help, Dining room, Maintenance***

URC Medical Release & Permission Form

Name:		DOB:		Height:	
				Weight:	
Address:			Social Security Number:		
City:		State:		Zip:	

Emergency Contact Info:

Emergency Contact:		Phone:	(h):
Address (if different):			(w):
Alternate Contact:		Phone:	

Insurance Info:

Insurance Company:		In whose name?	
Policy Number:		Group Number:	
Family Doctor:		Phone Number:	City:

Health Info:

Pre-existing or present medical conditions?	
Allergies?	
Tetanus shot within last 5 years?	

Medicines that should be taken:

	name / dosage	frequency
1		
2		
3		

I understand that if medical attention is needed by my son/daughter, every attempt will be made to contact the persons listed on this form immediately. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/ or to order an injection, anesthesia or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event that medical intervention is necessary.

I understand that all reasonable safety precautions will be taken at all times by the staff and representatives of University Reformed Church during these activities.

In addition, by signing below I give permission for URC to take my child on their trip to Kiln, Mississippi. I understand that this will be a trip to and from Kiln, and possibly to other places while they are down there (sightseeing, etc).

I agree not to hold URC or its staff or volunteers liable for any loss, damages or injuries that may occur on this trip.

Signed:		Date:	
Parent or Guardian			
Witness:		Date:	

All information on this form will be kept confidential and only used for the purposes outlined.

**University Reformed Church
4930 S. Hagadorn Road
East Lansing, Michigan 48823
www.urc-msu.org
(517) 351-6810
urc@urc-msu.org**

TO BE COPIED AND GIVEN TO EVERY VOLUNTEER WORKER TO COMPLETE AND RETURN TO TEAM LEADER. TEAM LEADER WILL BRING COMPLETED FORMS IN AN ENVELOPE WITH TEAM NAME ON IT AND GIVE TO THE SITE LEADER IMMEDIATELY UPON ARRIVAL AT THE SITE.



Volunteer Code of Conduct & Waiver

Arrival Date _____ / _____ / _____ Departure Date _____ / _____ / _____

Name _____ E-mail _____

Address _____

City, State, Zip _____ Birthdate _____ / _____ / _____

Cell _____ Home _____ Work _____

Team Leader (name and number) _____

Church/Group _____

Emergency Contact Person _____ Relationship _____

Phones for *Emergency Contact Person*

Cell _____ Home _____ Work _____

Any physical limitation(s) we need to be aware of:

Dietary needs: _____

Skills: [] Carpentry [] Drywall [] Roofing [] Electrician [] Plumbing [] General Labor [] Cleanup [] Painting

Other/Notes(trade professional/certified) _____

- As a volunteer Camp Coastal Outpost, I agree to pay all costs related to my trip, such as, travel, food and lodging while traveling, and miscellaneous costs. I agree to serve without remuneration.
- I will be responsive to the counsel and suggestions of authorities and abide by the standards of conduct and ethics of the area wherein I serve.
- I will abstain from any form of conduct unbecoming of a Christian example.
- I also affirm that I do have health insurance or agree to be responsible for any medical costs I might incur.
- I will not hold Camp Coastal Outpost and any of their Katrina partnerships, churches, segments, officers, volunteers, agents and employees responsible for any accident, injury, or illness resulting from my visit to the area nor for the loss of or damage to personal property while on this assignment, and will indemnify and hold them harmless from and against any and all liability occasioned by my service.
- I also give permission to Camp Coastal Outpost the right to use pictures and photographs taken during my visit in all forms of media including electronic media and/or composite representations, for advertising, trade, or any lawful purposes, and I waive any right to inspect or approve the finished product.

Signature Date

Witness Date