

Dear Volunteer Group,

We, at Christ's Outreach for the Blind, want to welcome you to our camp. You will find a week workcamp experience information packet enclosed. Some of the items will have to be filled-out and returned to Christ's Outreach for the Blind prior to your arrival. Their **due** dates are listed. You may wish to make a copy of this packet for each of your group leaders, so they will be familiar with procedures and what can be expected on your mission trip here. It will also help in case the original should get misplaced in the sharing of materials.

If your group chooses to take a day off and tour the area, we must know in advance so that we do not prepare for that day as a work day. The internet offers several Kentucky tourist websites for options. If you choose to take a day off, breakfast is the only meal served at the camp. You'll be responsible for your lunch and supper. We also offer caving in the evening for the summer groups **ONLY**. Please contact us for available dates and time.

Servanthood is serving GOD. Servanthood is acting for the benefit of another, comes from the inside, and involves sacrifice. Serving means working hard and comes from the heart. Servanthood means adjusting to a hard place. Where you're coming probably won't be just like home.

Please leave all laptop computers, cell phones, portable DVD, and MP3 players home. We don't have wireless services and very few cell phones get service here. If you have cell phones leave them in your cars or your room so as not to drop them on the property, we can't be responsible for them when they are dropped, lost, or misplaced. Also, please remember to bring all printed materials that you will need for your group, i.e., devotional materials, etc.

Some guidelines for group leaders:

- Because we are still under construction, all persons must be **14 years or older** – **NO Exceptions!**
- An adult must be in each room/cabin and he/she needs to enforce the Health Department policies regarding no food and drinks (**you may have water only**) in the bedrooms/cabins.
- The adult supervisor in the room must enforce the Health Department's policy of no removal of plastic mattress covers.
- Due to the health department regulations, no one under 21 may be in the kitchen. Thus, you may want to consider bringing at least two adults (depending on group size) who will be assigned to the kitchen only.
- Review packet with all volunteers. In the past, youth have come unprepared with improper clothing for working.
- No walkmans, cell phones or hand held games on jobsites.

We book throughout the year. We do like to get all adult groups to sign up; we really need skilled workers. So, if your church offers all adult mission trips, please refer them to us.

Volunteers **are not** covered under our auto insurance, so they will not be allowed to drive any of Christ's Outreach's vehicles. Transportation will be provided to work sites. This also includes the Kabota and golf cart.

Cost for 2010, is \$215.00 per person. This price includes the group's meals. No meals are provided on Friday thru Sunday. The kitchen/cafeteria is closed Thursday evening at 7:00 p.m. You'll receive 3 meals a day Monday-Thursday. If you choose to take a day off, then you'll receive breakfast that day only. Your group will be responsible for lunch and supper for that day. Remember, the group members are welcome to bring snacks.

Groups may arrive Sunday after 5:00 p.m. Departure time is before 9:00 a.m. the following Friday.

If after receiving this packet, you haven't booked your week, you'll need to do so NOW! Most groups re-book when they are here or between September and December.

Every day you choose the clothes you wear, the food you eat, and the attitude you adopt – and there are only two kinds of attitudes – good and bad! A good attitude is the one the Psalmist adopted when he woke up each morning: "This is the day that the Lord has made; we will rejoice and be glad in it!"(Ps. 118:24) Make that your attitude, too!

We look forward to meeting your group and sharing our mission with you! It will be lots of work but also fun. You will be creating lasting memories and fellowshipping with other Christians. Please call me at 1-888-254-6319 if you have any questions.

Sincerely,

Michael Gates, President
Christ's Outreach for the Blind

Christ's Outreach for the Blind
Work Camp Experience
Forms Checklist

1. ___ **PAYMENT SUMMARY:** One- Half (½) of the total amount is due 2 weeks prior to your arrival. All group members must be **14 years old or older**. **NO EXCEPTIONS!** Note: If more volunteers join your group after you've sent in your payment, we will accept the full amount for them at your arrival with all other paper work listed below.

2. ___ **MEDICAL CONSENT AND WAIVER OF LIABILITY AND BEHAVIOR POLICY FORMS:** We will not allow any volunteer (adult or youth) to go on-site if this form has not been completed and turned in to Christ's Outreach for the Blind. Please copy this specific form as necessary (other forms from your group are not acceptable substitutes). If the participant is a minor (under the age of 18), this needs to be signed by their parent/legal guardian.
****The original should be mailed to Christ's Outreach for the Blind. A copy should be made for your files. Again, all participants must be 14 years old or older.**
****Make certain that you bring one copy of all forms for any new sign ups!**

3. ___ **YOUTH SKILLS LIST & ADULT SKILLS LIST:** We cannot stress enough the importance of the Skill Lists in helping the staff schedule projects suited to your group. We ask the adults to fill out individual forms and the youth to complete the Youth Skills List.

4. ___ **PERMISSION TO PHOTOGRAPH:** While here working, we would like to photograph the work and progress of the projects. The pictures may be used for newspaper articles, our website, or presentations. If the participant is a minor (under the age of 18), this needs to be signed by their parent/legal guardian

5. ___ **DIRECTIONS TO CHRIST'S OUTREACH FOR THE BLIND**

6. ___ **CAVING FORMS (for those groups booked when the professional cavers are here to take them)**

7. ___ **CHRIST'S OUTREACH FOR THE BLIND'S GUIDELINES**

8. ___ **CHRIST'S OUTREACH FOR THE BLIND'S SAMPLE DAY SCHEDULE:** This gives you an "idea" of your typical day and what your experience will entail. Three weeks prior to your arrival we will be better able to determine what jobs your group will be assigned.

9. ___ **SAMPLE MENU: Your group will be served three meals per day for four days, Monday thru Thursday.** If your group arrives on Sunday, you will be responsible for your meal. We can get you a deal with the area Pizza Hut or there are other fast food places in the area.

10. ___ **SAFETY IN THE WORKPLACE:** Each participant should be safety conscious at all times.

11. ___ **PERSONAL & GROUP INFORMATION CHECKLIST:** What individuals and the group should bring...these will enhance your team's comfort and effectiveness.

12. ___ **CHECK APPENDIX FOR ADDITIONAL FORMS OF WHICH YOU WILL NEED TO MAKE ENOUGH COPIES FOR YOUR GROUP MEMBERS.**

PAYMENT SUMMARY

Thank you for your non-refundable reservation deposit. This confirms your group of _____ total persons (youth and leaders). Below is a chart to help you figure the balance of your payment which is **due upon arrival at Christ's Outreach for the Blind. ***All group members must be at least 14 years old. No exceptions!!! - (We are still under construction!)**

Number in group _____ x \$215.00 = \$ _____

Please take your total and divide by two to determine your **deposit**: _____

The same amount is **due upon arrival** to pay your balance in full: \$ _____

Please note: If you have more people to sign up, the full amount is due upon arrival for those individuals.

New volunteers added, after deposit has been paid:

Number in group _____ x \$215.00 = \$ _____

This amount is due in addition to the above.

_____	Balance of ½ Due Upon Arrival
+ _____	Amount Due for New Volunteers
= _____	Total Due Upon Arrival

If you arrive with less than the number of individuals stated above, you forfeit the non-refundable deposit. We turn away volunteers each year and it's important for groups to come with the numbers they committed to bring. Job sites have been selected, and ½ of each participant's fee will have been used to purchase materials prior to arrival. The other ½ is used for utilities and food.

There are four cabins: 2 male and 2 females. They sleep 14 persons dorm style. Each one has its own bathroom.

***There **must** be an adult leader/supervisor of the same gender in each cabin.

Medical Information/Consent and Release of Liability

Christ's Outreach for the Blind, PO Box 3192, Mt. Vernon, KY 40456 (606) 256-8888 FAX (606) 256-8484

Return completed copy to Christ's Outreach 14 days prior to arrival.

Name of Volunteer _____

Address _____

Home Phone Number _____ Date of Birth _____ Occupation _____

EMERGENCY CONTACTS:

Name _____ Relationship _____ Phone () _____
Alternate Phone () _____

Name _____ Relationship _____ Phone () _____
Alternate Phone () _____

MEDICAL INFORMATION:

Family Physician: _____ Phone () _____

Insurance Company _____ Policy #: _____ Phone () _____

Special Medical Conditions - such as allergies, chronic illness, or other conditions. Please include names of medications needed if youth is on the trip.

*****Please bring a list of all medications and dosages that the volunteer takes on a regular basis in case he/she needs to be seen by a doctor.*****

MEDICAL CONSENT AND LIABILITY RELEASE

Volunteers participating with Christ's Outreach for the Blind will be involved in construction activities. They may also participate in free time activities such as campfire cookouts, sports, etc. Planned evening activities may also include visits to places of regional interest. Volunteers are not required to engage in any work or other activity in which they feel they are not able to safely participate.

The foregoing statement of activities has been read and understood by either the participant, if over age 18, or the parent/guardian of the participant if said participant is under the age of 18. Consent is hereby given for the participant named herein to be treated by competent medical personnel, as a result of any accident or medical emergency while involved in the activities of Christ's Outreach for the Blind. In addition, Christ's Outreach for the Blind, its agents, employees and all persons connected therewith are hereby discharged from any and all liability, claims and causes of action arising out of participating with Christ's Outreach for the Blind.

Signature _____ Date _____
(I certify that I am 18 year of age or older)

Signature _____ Date _____
Parent/Legal Guardian of Minor Participant

***** THIS FORM MUST BE SIGNED BY PARENT / LEGAL GUARDIAN (if under 18) or VOLUNTEER (if 18 or older) *****

WAIVER OF LIABILITY FOR VOLUNTEER **GROUP LEADER**

Return completed copy to Christ's Outreach 14 days prior to arrival.

Know all people by these presents that I, _____ group leader of
(Group Leader's Name)

(Church or University Name and Address)

_____ serving at Christ's Outreach for the Blind in Mount Vernon, KY on the following dates _____

as a condition of selection in the Volunteer Program at Christ's Outreach for the Blind (herein known as the Workcamp), and in consideration for being admitted into such volunteer service, and for good and valuable consideration, do hereby covenant and agree with the said Christ's Outreach for the Blind that for myself, my heirs, executors, administrators, distributees and assigns, I agree not to commence or prosecute, and to hold Christ's Outreach for the Blind and its agents and staff harmless in the event of commencement or prosecution of, and demand, claim action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to the same, personal harm or illness that may come to me while engaged in the activities of Christ's Outreach for the Blind. I understand that Christ's Outreach for the Blind does not assume any liability for such loss, damage, personal harm or illness.

IN WITNESS WHEREOF, I have hereunto set my hand on _____, 2010.

(Group Leader's Signature)

In the presence of _____
(Witness' Name)

(Witness' Address)

*****This form must be signed in front of a witness, who must then sign and give his/her address.**

INSURANCE STATEMENT

() I do have health or accident insurance. --- or --- () I do not have insurance.

Name of Company _____ Policy # _____

Retain a copy. Return original to: Mike & Lori Gates
Christ's Outreach for the Blind
P.O. Box 3192
Mount Vernon, KY 40456

WAIVER OF LIABILITY FOR INDIVIDUAL VOLUNTEER

Return completed copy to Christ's Outreach 14 days prior to arrival date.

Know all people by these presents that I, _____
(Print Volunteer's Name)

currently residing at _____
(Print Volunteer's Address)

as a condition of selection in the Volunteer Program at Christ's Outreach for the Blind (herein known as the Workcamp), and in consideration for being admitted into such volunteer service, and for good and valuable consideration, do hereby covenant and agree with Christ's Outreach for the Blind that, for myself, my heirs, executors, administrators, distributees and assigns, I agree not to commence or prosecute, and to hold Christ's Outreach for the Blind and its agents and staff harmless in the event of commencement or prosecution of, and demand, claim action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to the same, personal harm or illness that may come to me while engaged in the activities of Christ's Outreach for the Blind. I understand that Christ's Outreach for the Blind does not assume any liability for such loss, damage, personal harm or illness.

IN WITNESS WHEREOF, I have hereunto set my hand on _____, 2010.

(Volunteer's Signature)

In the presence of _____
(Witness' Signature or IF UNDER 18, Parent/Guardian's Signature)

(Witness' or Parent / Guardian's Address)

*****This form must be signed in front of a witness or if under 18, signed in front of parent / guardian, who must then sign and give their address.**

INSURANCE STATEMENT

() I do have health or accident insurance. ---or--- () I do not have insurance.

Name of Company _____ Policy # _____

BEHAVIOR POLICY

Return completed copy to Christ's Outreach 14 days prior to arrival date.

Please read the following policy and consequences before signing the form. Signature of this form indicates that you have read, understood, and agreed to the policy and consequences.

Policy:

1. Smoking, possession, or use of illegal substances, intoxicants, firearms, lighters, or knives is prohibited.
2. Mutual respect will be the standard. Bullying, teasing, inappropriate touching, or couple behavior will not be tolerated.
3. Youth are not to bring cell phones. Personal stereos (with earphones) and electronic games are to be used during free time in the evening only. They cannot be used on the jobsites for safety reasons.
4. Youth and adults should not bring laptops. Only exception would be if the laptop is being used during the devotional service to project screen materials. Internet access is **not** available. Copying services are **not** available either.
5. While at the camp, there will be no roaming the grounds after dark, unassisted or alone.
6. Use discretion regarding dress. Work clothes should be used at the job site (remember that mosquitoes, ticks, and chiggers are present. Cover up!) Boys should wear shirts at all times. Girls should not wear tube tops or mid-drift shirts. While working, wear closed-toe shoes.
7. Sleeping arrangements are in dorm-style cabins. These cabins are gender specific. Female cabins must have female chaperones; male cabins must have male chaperones. No exceptions.
8. Remember that you are here to serve, not to be served. Conduct yourselves as guests and treat everyone you meet with dignity, gentleness, and respect.

Consequences:

1. For any incident, which poses a danger to the group or an individual, the participant involved will be removed from the group immediately. The participant will either be sent home at the parent's expense, or the parent will be required to pick up the student, at the discretion of the camp staff and/or chaperones. Follow up and counseling with adult staff will be provided for all those affected by the incident.
2. For other infractions of the policy, the following range of consequences may be imposed according to a consensus of the camp staff/chaperones.
 - Admission of wrong doing and forgiveness
 - Peer mediation
 - Redirection to appropriate behavior
 - Temporary loss of privileges
 - Contact of parents
 - Follow up and counseling by adult staff for all those affected by the incident

Persistent negative behavior may result in removal from the activity and/or being sent home.

Date

Participant's Signature

Parent Signature (if participant is a minor)

Forms to Send
w/Deposit

	Name	Age	Occupation	M	F	Medica I	Waiver	Behavio r Policy	Photo
1									
2									
3									
4									
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25									
26									
27									
28									
29									
30									

Return completed copy to Christ's Outreach 14 days prior to arrival date.

Each **youth** participant in the mission experience fills out a Skills List Sheet. Check all statements that describe your work experience in each of the areas. Please give an **accurate** assessment of your experience. If you not feel comfortable doing these jobs, then this may not be the mission trip in which you can use your servanthood gifts to serve the Lord.

Name _____

MOWING

- 1. ___ no experience
- 2. ___ some experience
- 3. ___ mow on a regular basis

WEED WHACKING

- 1. ___ no experience
- 2. ___ weed whacked a couple of times
- 3. ___ weed whack on a regular basis

TRADE SCHOOL EXPERIENCE

- 1. ___ no experience
- 2. ___ have attended vocational school
name of trade(s): _____

GARDENING

- 1. ___ no experience
- 2. ___ potted a few flowers
- 3. ___ have raised a veggie garden
- 4. ___ pulled weeds

CAN YOU FIX LAWN MOWERS/WEED WHACKERS

- 1. ___ no experience
- 2. ___ some experience

OTHER

- 1. ___ been on a mission trip before
- 2. ___ participated on a work team at Christ's Outreach

CAN YOU USE A:

- Rake
- Shovel
- Wheel barrel
- Power washer
- Leaf blower
- Pruning Shears/Loppers

YES

NO

ANY EXPERIENCE WITH:

- Wildlife
- Horses
- Cows

YES

NO

ARE YOU GOOD AT:

- Doing Bulletin Boards
- Building Bird Houses
- Other: _____
- Other: _____

YES

NO

Christ's Outreach for the Blind Adult Skills List

Return completed copy to Christ's Outreach 14 days prior to arrival date.

Each **adult** participant in the mission experience fills out a Skills List Sheet. Check all statements that describe your work experience in each of the areas. Please give an **accurate** assessment of your experience.

Name _____

Retired? YES _____ NO _____

What did you do before you retired? _____

PAINTING

1. ___ no experience
2. ___ some experience
3. ___ extensive painting experience
4. ___ painter by trade

DRYWALLING

1. ___ no experience
2. ___ hung sheetrock, taped joints, and repaired holes
3. ___ helped remove, install, and finish sheetrock
4. ___ extensive drywall experience
5. ___ drywall hanger/finisher by trade

ROOFING

1. ___ no experience
2. ___ helped patch a roof leak
3. ___ helped remove old roofing and install shingles
4. ___ extensive roofing experience
5. ___ roofer by trade

GARDENING

1. ___ no experience
2. ___ potted a few flowers
3. ___ have raised a veggie garden
4. ___ farmer/gardener by trade

HEAVY MACHINERY (Bulldozer, tractor, back hoe, etc.)

1. ___ no experience
 2. ___ some experience in one or more
 3. ___ extensive experience in one or more
- Specify machinery: _____

LANDSCAPING

1. ___ no experience
2. ___ planted a few flowers/shrubs
3. ___ installed pathways, gazebo, decks, etc.
4. ___ a landscape artist by trade

Outreach

Heating and Air

1. ___ no experience
2. ___ some experience
3. ___ HVAC installer by trade

CARPENTRY

1. ___ no experience
2. ___ minor remodeling
3. ___ major remodeling
4. ___ extensive carpentry experience
5. ___ carpenter by trade

PLUMBING

1. ___ no experience
2. ___ minor plumbing
3. ___ major plumbing
4. ___ extensive plumbing experience
5. ___ plumber by trade

ELECTRICAL

1. ___ no experience
2. ___ minor electrical
3. ___ major electrical
4. ___ electrician by trade

TILING

1. ___ no experience
2. ___ some experience
3. ___ a tile layer by trade

CEMENT

1. ___ no experience
2. ___ some experience
3. ___ extensive experience
4. ___ concrete worker by trade

OTHER

1. ___ worked in construction
2. ___ significant remodeling of a home/building
3. ___ willing to teach your trade to youth
4. ___ participated on a previous work team
5. ___ knowledge/skills in rock climbing/rappelling
6. ___ participated on a work team at Christ's

Permission to Photograph

Return completed copy to Christ's Outreach 14 days prior to arrival date.

Dear Volunteer,

We are glad that you are coming to Christ's Outreach for the Blind for a work camp experience. While you are here and working, we would like to photograph the work and progress of the projects. The pictures may be used for newspaper articles, websites, presentations, reports, and various promotions.

If you agree to allow the use of photographs of you (in the manner mentioned above), please sign and date below.

I have read the above and agree to allow a staff member of Christ's Outreach for the Blind to photograph me for the purpose of possibly using the pictures in the future in newspaper articles, on our website, or in presentations.

Yes, as stated above, I agree to be photographed.

No, I do not wish to be photographed.

Volunteer's Name (printed)

Volunteer's Signature

Date

Parent or Legal Guardian's Name (REQUIRED if volunteer is under 18 years of age)

Parent or Legal Guardian's Signature (REQUIRED if volunteer is under 18 years of age)

***This form *must be signed*.

MISSION STATEMENT

Through the love of our LORD Jesus Christ, our aspirations are to build character, confidence, and self-esteem in the lives of the physically challenged. We will strive to strengthen their families and more fully integrate them into their community. By providing unique life experiences, we hope to motivate participants to be independent, responsible, and productive; thus, overcoming their fears and dependencies. Our camp will teach each participant that there can be enjoyment, meaning, and purpose in their lives.

I. Christ's Outreach for the Blind's first priority is service to the physically challenged. Christ's Outreach for the Blind's secondary priority will be to encourage volunteers to view service as a lifestyle inseparable from Christian faith. While serving a week with Christ's Outreach for the Blind, we hope to help participants to process their experiences and become aware of barriers caused by stereotypes of handicaps and limitations, the importance of listening, and relationships.

II. As a group, discuss your ideas of service and learning. Discuss how your group will carry out its mission in servant hood at Christ's Outreach for the Blind during your week here.

III. Closing: Micah 6:8 "He has showed you, O man, what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God." NIV

Directions to Christ's Outreach for the Blind

- Take Exit 59.
- Turn left onto HWY 25. Go underneath the interstate bridge. Stay on this road approximately 3 mi.
- Then turn left onto Honeycomb Road by the Christ's Outreach for the Blind " sign (4 x 8 ft.) on the left side of the road.
- Go over the railroad tracks.
- Take the left fork. The electric substation should be on your right.
- Continue straight up the hill until you reach the gate with our name on it. Call us, and we will give you the combination to enter.

- If you arrive and it is dark, stop at the Shell Station and call : 1-888-254-6319, and we will come down and get you. The Shell Station is located on the left side of road close to both interstate exits.

Traveling from the south on I-75N:

- Take Exit 59.
- Turn right onto HWY 25. Do NOT go under the interstate bridge. Stay on this road approximately 3 mi.
- Then turn left onto Honeycomb Road.
 - Look for the following landmarks:
 - left side of the road, "Christ 's Outreach for the Blind " sign (4 x 8 ft.)
- Go over the railroad tracks.
- Take the left fork. The electric substation should be on your right.
- Continue straight up the hill until you reach the gate with our name on it. Call us, and we will give you the combination to enter.

- If you arrive and it is dark, stop at the Shell Station and call : 1-888-254-6319, and we will come down and get you. The Shell Station is located on the left side of road close to both interstate exits.

GPS:

Latitude: N 37.34248

Longitude: W 84.26295

CHRIST'S OUTREACH FOR THE BLIND

SOME GUIDELINES TO FOLLOW

- ↪ Use of alcoholic beverages, illegal drugs, and tobacco is strictly prohibited. (Leaders who smoke need to do it in their vehicles only, **not** in the rooms or buildings, **not** in the woods, **not** in front of the kids. No butts on the ground)
- ↪ No roaming the grounds after dark. Lights out at leader's discretion. Keep in mind the days are long and hard, and the kids need to know how important it is to get a good night's rest. There are no street lights, and it is dark after the sun goes down. There are cliffs, wild animals, snakes, etc. We have had youth injured from roaming the grounds at night.
- ↪ Group members are expected to use discretion regarding dress. Work clothes should be used at job sites. Bring old clothes that you wouldn't mind throwing out. You will need closed-toed shoes for safety. **NO FLIPFLOPS OR SANDALS** on job sites. If you wear shorts, there's a chance of scrapes from thorns and briars. You could also encounter poison ivy or oak. Light weight long pants are a good option. **NO HALTER TOPS OR TUBE TOPS.**
- ↪ In case of rain, we encourage alternative activities (outings, games, etc.). Please be prepared. We have some games and DVDs on the premises.
- ↪ Medical help is available within reasonable distance of most work sites. Report all injuries to Christ's Outreach for the Blind staff. Be sure to bring your first aid kits.
- ↪ **Patience will be needed.** Life is slower in Appalachia. People may not always be on time, and materials may not be available as quickly as expected. If you temporarily run out of things to do, relax, and use the time to get to know the people you are working with. This can become one of the best parts of your experience in Kentucky!
- ↪ Remember, we are all here to serve; not to be served. Conduct yourselves as guests, and treat everyone you meet with dignity and respect.
- ↪ No smoking in the woods. Ask where the designated areas are.
- ↪ Sleeping arrangements: same gender in dorm-style cabins (one being an **adult** leader - **NO EXCEPTIONS!**) These are not co-ed, so please respect each gender and their cabin space.
- ↪ Health Department regulations restrict youth under the age of 21 from the kitchen at all times.
- ↪ When swimming or sitting at the ponds, hiking, walking or visiting around the camp all youth must be supervised by adults.

Christ's Outreach for the Blind

WEEKLY SCHEDULE

DAY OF ARRIVAL

5:00 p.m. (If you haven't eaten, then make arrangements for supper.)

Unpack

Orientation in the cafeteria of the Outreach Building will cover introduction of staff, work assignments, scheduling, & details about the facilities.

MONDAY TO THURSDAY

- 7:00am Rise and Shine for the cooks.(only if you have volunteers working in the kitchen)
- 8:00am Morning Prayer, Breakfast, and Clean-up*
- 9:00am Work Assignments
- 11:00am Cooks will prepare lunch
- 12:00-1pm Lunch break and Clean-up*
- 4:30pm Cooks will prepare dinner
- 5:00pm Quitting time!!
- 5:30pm Dinner and Clean-up*
- Free time and Devotions

10:00pm Lights out at the discretion of leaders. Leaders, we have had problems with youth roaming the grounds at night. We can not have this happening because there are possible safety issues such as getting lost, falling off cliffs, and wild animals. Previous leaders have suggested we set the time for lights out at 10pm so that all can get adequate sleep for work assignments. Some youth have had a problem with this time, so it is better to address this issue ahead of time.

Again, this is a sample.

***Important information:

* ____ Youth may help clean up the cafeteria area, but kitchen clean up must only be done by adults over 21, due to health and safety regulations.

** ____ A cook will be responsible for food preparation, and cleanup.

*** ____ Cooks and kitchen help must plan on being at the Outreach Building, this is their work site. If they have free time between meals and cleaning, we will have other jobs in the building.

CHRIST'S OUTREACH FOR THE BLIND SAFETY IN THE WORKPLACE

It is important that groups make every effort to maintain personal and group safety at the worksite. Every worksite has its hazards, seen and unseen, and so it is important that the following guidelines be understood and followed in order to reduce anxiety and risk of injury and increase enjoyment of your work.

SLEEPING AND EATING:

- Without enough sleep and nutritious food, the volunteer's alertness and physical well-being will suffer, setting up a potentially unsafe work condition. Be sure to be in bed at "light's out" and eat well.

SAFE CLOTHING:

- Shoes--hard soled or work boots for ground work. Tennis shoes for roofing. Shoes **MUST** be worn at all times at the worksite.
- Shirts--100% cotton tends to be coolest; avoid polyester. Wear long sleeves if working with insulation. Always wear a shirt when working to protect against sunburn and insects.
- Long pants are preferred at worksites.
- Use work gloves to protect against blistering, and wear goggles or some sort of eye protection.
NOTE: Gloves and goggles are supplied.

POWER TOOLS:

- Make sure you are using power tools in a situation where there are no explosive or flammable materials.
- Keep the worksite free from debris--you will lessen a fire hazard as well as heighten personal safety.
- Inspect your heavy duty extension cords for breaks or cracks in the insulation. Do not use a cord in bad condition. **NEVER** use adapters that allow for several items to be plugged in at the same time. These are dangerous fire hazards.
- Unless the cord of a power tool is double insulated, it should be plugged into a 3-hole grounded outlet. Don't use an adapter plug to connect a 3-hole plug to a 2-hole outlet. Make sure your cord is on dry ground at all times, never on damp ground or in the water. Don't carry a power tool by its cord, and never jerk the cord to remove it from the outlet. **REPLACE** a damaged cord immediately.
- If your power tool overheats, shut it off and allow it to cool completely before using. If you have trouble with a power tool and must inspect it or clean it, **TURN IT OFF AND UNPLUG IT.**
- Make sure that your clothing is away from the tool (open jacket, unbuttoned shirt sleeve, etc.).
- When cutting with a saw, make sure that you are cutting on a firm, flat surface and that you are not balancing the piece being cut, but that a proper brace (i.e. saw horse) is used. Always keep the saw's cord behind you away from the blade when cutting. Keep your hands and body parts away from blades. Never put your hand in front of the saw in the direction of the cut. Cut away from yourself and concentrate on the task at hand. Never allow your saw to come in contact with stone, metal, or concrete. Keep bystanders far away from the work area.

HAND TOOLS:

- **NEVER** toss tools, nails, pencils or **ANYTHING** around the worksite. You or a work crew member might suffer a punctured foot through someone's carelessness.
- **NEVER** run with tools in your hand or attached to your belt.
- When using hand tools, never hold your work in your hands.

HEAVY MATERIALS AND EQUIPMENT:

- Never try to lift an object that is too heavy for you. Get a buddy or two to help lift and move.
- When picking up heavy objects, do a squat from the knees and lift, keeping the back straight.
- Take your time when loading or unloading. Be aware of others when carrying overly large objects.
- If you are transporting supplies to a worksite, close all doors on vans and tailgates on pickups. Much of the terrain is hilly and this could affect the way lumber is secured in vehicles. IN most cases, doors can be partially closed and tied with a rope when carrying long pieces of lumber. When using pickups, always keep the tailgate up and allow longer lumber to hang over upright tailgate. Always nail a red flag to materials that extend beyond the length of the vehicle. Drive appropriately and with great care.

LADDERS:

- Place ladders only on firm, flat surfaces.
- Place an extension ladder so that the distance from its feet to the surface it leans on is only one-quarter the length of the ladder. Never extend an extension ladder so that the hooks that join the two parts are connected to the last rung. This gives the ladder too much flexibility. If roofing, make sure that extension ladders rest firmly against the roof with the ladder extended well above the roof so that you do not step off the top rung onto the roof.
- Check your ladder for flaws and damage; make sure hardware is sure.
- Always wear shoes when climbing a ladder; make sure they are free from dirt and mud. Climb with both hands holding the side rails. It is best to always have a partner hold the ladder securely against the object it is leaning against. This will insure additional stability.
- As you stand on a ladder, keep your hips between the rails. Never reach more than an arm's length in any direction. When distances beyond your arm's length are needed (as in painting a wall), move the ladder.
- Do not stand or sit on the shelf of a stepladder or climb its back section.
- Always face the rungs as you climb or descend.
- Never climb beyond the second from the top rung on a stepladder.
- When using an aluminum ladder, be sure not to touch electrical wires or poorly grounded power tools.
- When you finish with a ladder, take it down and put it out of reach of children.

ROOFING:

- Before stepping on a roof, visually inspect the rafters for strength. This can be done by looking at the ends of rafters at the overhangs and in the attics.
- Keep the roof cleared of debris and watch out for loose shingles, moss, and wet leaves.
- On high pitched roofs, use ropes for support. On very steep roofs, build a form of scaffolding. Nailing a board to the roof for a foot support is a way of firmer footing.
- Walk at an angle on a roof with a steep pitch, never straight up and down. Be very cautious when nearing the edge of a roof and avoid stepping on eaves, as they will give with your weight.
- Use work gloves for handling the tin for roofs. Tin is sharp and gets very hot to the touch.
- Try not to drop things from the roof; but if you must, loudly warn those below of what is coming and where. If you accidentally drop something from the roof, don't run after it.
- Wear a carpenter's apron with tools and supplies that you will need while on the roof. This will minimize trips up and down the ladder.
- If you are afraid of heights, roofing is not your job. Let someone else do the roofing and find a "land" job.
- Never get on a roof when: it is raining, the roof is wet, or a storm is imminent.
- Unless you are on the ground, don't step back to admire your work.
- When working on a tin roof, "walk on the nails". There are wooden rafter at those places to support your weight.

MISCELLANEOUS:

- When removing old boards to be thrown away, either remove all nails or discard the wood properly. Do not leave old boards with nails sticking out lying around the worksite.
- If you are unsure of your ability to perform a job, say so! Never attempt a job that you are unable to do for which you do not have the proper skills.

Snakes, spiders, rodents, ticks, etc. are a reality. When looking around a woodpile or in dark, damp areas, use extreme caution. When lifting boards or debris from the ground, first kick the object to be moved. When picking up the object, keep it between you and the ground. Stacked wood and building materials which have been sitting on the ground for awhile are excellent hiding places for black widow spiders. Avoid them--if you are bitten, seek medical attention immediately. Copperheads and rattlesnakes also enjoy the refuge of stacked supplies. Again, use caution. Also watch out for bees and wasps. If you require special medication for stings, please always keep it in your vehicle and alert other crew members to what they should do for you.

CHRIST'S OUTREACH FOR THE BLIND PERSONAL & GROUP INFORMATION CHECKLIST

Each Individual Should Bring:

- Work clothes - long light-weight pants, hard shoes (no flip-flops or sandals at work sites), old shirts. Bring enough for the time you will be away because there are **no laundry facilities available on site!**
- Leisure clothes - Please use discretion and not pack your shortest shorts, tube tops, sports bras without shirts, etc. Please do not cut the sleeves out so that the sports bra is exposed. You do not want to be offensive to the local community.
- Sunscreen, jacket, and insect repellent (legally, we cannot supply insect repellent to youth)
- Sports bottle to take to work sites. (We have city water)
- Towels, washcloths
- Personal toiletry items
- Sleeping gear – sleeping bag or blanket, sheets, pillow, etc (Twin size bed provided.)
The mattresses are covered with vinyl protectors that have to stay on, so you might want to bring a sheet if you bring a sleeping bag.
- Devotional material - Bible, pen and paper, musical instruments, favorite songs, skits
Come share your gifts with us!
- Baseball Cap or Visor (some type of hat) Sunglasses

What the Group Should Bring:

- Chainsaws if available.
- One first aid kit for group.
- Medical Release Forms - original signed and sent in advance to Christ's Outreach for the Blind's office, and 1 copy for each person in your files. Your copy must be brought to the camp too.
- Copies of all forms for new recruits due on the day of arrival.
- Volleyballs, Badminton, Table games or other games in case of rainy days or down time

APPENDIX

Name: _____

Age: _____

1 What compelled you to come on this mission trip?

2 What tasks did you do during your service for God at Christ's Outreach?

3 Do you feel the tasks you performed at Christ's Outreach helped prepare you for serving God in the mission field?

Christ's Outreach for the Blind

SAMPLE Menu Plan

<p><u>Monday</u> Breakfast</p> <p>Oatmeal Cold Cereals Whole Fruit Pop Tarts Bread</p>	<p><u>Monday</u> Lunch</p> <p>Lunchmeat Sandwiches Garden Salad Snack Fruit Peanut Butter/Jelly</p>	<p><u>Monday</u> Dinner</p> <p>BBQ Pork Sandwiches Macaroni & Cheese Green Beans Garden Salad Dessert</p>
<p><u>Tuesday</u> Breakfast</p> <p>Pancakes Sausage Fruit Cocktail Syrup</p>	<p><u>Tuesday</u> Lunch</p> <p>Peanut Butter/Jelly Tuna Fish Sandwiches Carrot & Celery Sticks/dip Snack Garden Salad</p>	<p><u>Tuesday</u> Dinner</p> <p>Baked Chicken Mashed Potatoes Corn & Garden Salad Garlic Bread Dessert</p>
<p><u>Wednesday</u> Breakfast</p> <p>Sausage Gravy Biscuits Scrambled Eggs Granola Bars Fruit</p>	<p><u>Wednesday</u> Lunch</p> <p>Hotdogs Macaroni & Cheese Garden Salad Snack Dessert</p>	<p><u>Wednesday</u> Dinner</p> <p>Lasagna Garlic Bread Garden Salad Corn on the Cob Dessert</p>
<p><u>Thursday</u> Breakfast</p> <p>Breakfast Casserole Toast</p>	<p><u>Thursday</u> Lunch</p> <p>Peanut Butter/Jelly Grilled Cheese Sandwiches Garden Salad Sliced Peaches Snack</p>	<p><u>Thursday</u> Dinner</p> <p>Hamburgers Baked Beans Garden Salad Snack Dessert</p>

NOTE: This is a SAMPLE Menu!

**CAVING AND RELATED ACTIVITIES
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

A unique cave exploration experience ("Caving") may be available during your visit to Christ's Outreach for the Blind. Caving is free and completely optional activity.

This will be a "wild" caving experience in Kentucky. "Wild" caving means that there are no sidewalks, lights, handrails, or other improvements within the cave!

This trip involves a variety of rigorous physical activities. These include, but are not limited to: climbing, crawling, wading, rappelling, hiking, walking, etc. If there are any medical conditions that could be affected by these or other strenuous activities, contact your physician or other appropriate medical professional for guidance. Please list any relevant medical conditions and any medications that are currently being taken by the participant:

I grant authority to authorize any emergency medical treatment required for the participant listed below in the event that I cannot be contacted.

Emergency Contact:

Name: _____

Phone #: _____

I (parent/guardian) authorize _____ ("Participant") to participate in the Caving and related activities.

I understand that there are certain inherent risks in caving and related activities that can result in permanent injury or death. These risks include, but are not limited to:

- Slips, trips, falls, or painful crashes due to pits, boulders, loose debris, inclines, declines, wet areas in the cave, non-level ground and travel surfaces, and other causes.
- The risk of injury by failure to wear head protection, failure of any equipment or head protection device(s), and banging my head on rock protrusions or the ceiling.
- The fact that since all caves are underground they may flood and have high water levels which can cause drowning or hypothermia.
- The complicated labyrinth of passages in a cave which may cause me and other members of my party to get lost.

I on my behalf and the behalf of any minor in my charge or for which I am parent, legal guardian or otherwise responsible, my heirs, personal representatives or assigns, do hereby release the Christ's Outreach for the Blind and any persons or organizations involved with this trip or activity from all liability and waive any claim for personal injury, property damage, or wrongful death occurring to me and/or any minor in my charge or for which I am parent, legal guardian or otherwise responsible from any cause whatsoever.

Participant
Signature _____

Parent/Guardian
Signature _____

Participant
Printed Name _____

Parent/Guardian
Printed Name _____

Date _____

Date _____