

**ADULT APPLICATION
SEA CITY WORK CAMP
CORPUS CHRISTI, TEXAS**

NOTE: Each participating church must send a *minimum* of 1 adult for every 4 youth registered.

CHECK THE WEEK YOU PLAN TO ATTEND:

_____ June 6-11, 2010

(First United Methodist Church, Portland)

_____ June 13-18, 2010

(Grace United Methodist Church)

REGISTRATION INFORMATION

Name _____ Male _____ Female _____ Occupation _____

Spouse's Name _____ Church Membership _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

E-mail address _____ Cell Phone _____

T-shirt Size: (circle one) **S M L XL 2XL 3XL**

MEDICAL INFORMATION

1. Is there evidence or history of chronic infection of nose, throat, ears, sinus, lungs? If so, what?

2. Have you had an appendectomy? _____

3. Has there been recent exposure to a contagious disease? If so, what? _____

4. Indicate any recent illness and/or surgery _____

5. Are you subject to:
_____ fainting _____ convulsions _____ sleep walking _____ asthma _____ hay fever _____ overheating

6. List inoculations that are still active _____ Tetanus _____ Polio _____ Others

Date of Last Tetanus _____

7. List all allergies, such as: _____ Penicillin _____ Sulfa _____ Insect stings _____ Drugs
others (list) _____

Food Allergies _____

8. Are you on routine medication? _____ No _____ Yes If yes, name drug, dosage, and instructions:

9. List any diet restrictions _____

10. Should any restrictions or special needs be observed during work camp? (If so, explain)

11. Family Physician _____ Office Phone _____

12. Person to notify in case of emergency:

Name _____ Relation _____

Phone: (work) _____ (home) _____ (cell/pager) _____

Received by Registrar on _____ Confirmation Sent _____ Balance Paid on _____

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In the judgment of any representative of the Sea City Work Camp, if I, the above-named participant, should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to me by any physician, hospital, or Sea City Work Camp representative.

Signed _____

Insurance Policy Number _____ Company _____

In the name of _____

COVENANT OF CONDUCT FOR SEA CITY WORK CAMP

As Christian people and representatives of the participating churches, we commit ourselves to uphold certain moral standards of behavior. These include:

1. Anything considered illegal under civil and criminal law in Texas is illegal for participants of Sea City Work Camp. This would include tobacco use in the presence of youth, alcohol consumption, and possession of firearms, weapons, or fireworks.
2. All participants are expected to be in designated places at all times, and to have a cooperative attitude.
3. All participants are expected to respect the host church, the property of participants, the homes and belongings where work is being done, as well as the designated work camp neighborhood.
4. Any damage to the host church will be the sole responsibility of the person or persons who cause the damage.
5. Quiet time begins one half-hour following the close of the last organized activity, and continues until 6:00 a.m. the following morning. All participants in Sea City Work Camp are expected to be in their rooms during quiet time and to be respectful of others so that all may get plenty of rest.

I have read and agree to abide by the Sea City Work Camp covenant as stated above.

Signature of Adult Participant _____

Total cost of Sea City Work Camp 2010 for ADULT participants is \$50.00. Checks should be made payable to Sea City Work Camp.

Fill out this application form completely, including the Interest / Skill Information and Release of Liability, and return with fee to:

**Sea City Work Camp Registrar
P. O. Box 10449
Corpus Christi TX 78460**

Refund Policy: You will receive a full (100%) refund of the fee paid if cancellation notice is given to the Registrar by close of business on the Monday prior to the Sunday of the week of camp for which you are registered. You will receive a 50% refund if cancellation notice is given to the Registrar by close of business Wednesday prior to the Sunday your week of camp begins. **After this time, no refunds will be made.**

***** SEE NEXT PAGE! *****

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ADULT VOLUNTEER INTEREST / SKILLS INFORMATION

Availability: Circle all appropriate days: Sun Mon Tue Wed Thur Fri Sat All Week

How many years have you participated in Sea City Work Camp? _____

Have you worked on other mission projects or work camps? _____

General Construction on Worksite (Volunteers with no previous experience are **welcome!**)

Specific Skills: *Please rate your skills in these areas with 1 being no experience and 5 being able to handle all areas of these repairs:*

General Carpentry ____	Framing ____	Interior/Exterior Trim ____
Flooring and joist repairs ____	Porch/Deck ____	Window Installation/Repairs ____
Sheetrock install/repair ____	Tape/texture ____	Vinyl flooring installation ____
Painting interior/exterior ____	Roofing with decking ____	Roofing w/o decking ____
Bathroom tear out/reinstall ____	Kitchen tear out/reinstall ____	
Electrical (Licensed? __) ____	Plumbing (Licensed? __) ____	

Can you bring any of the following tools?

Please check and bring any of the following tools you have to Camp your Week!

Jig Saw ____	Circular saw ____	Reciprocating saw ____
Hand saw ____	Drill ____	Chalk Line ____ Square ____
Utility Knife ____	Screwdrivers ____	Putty knife ____ Paint Scraper ____
Paint Brushes ____	Paint Rollers & Trays ____	Tin snips ____ Hammer ____

We ask that YOU put your name on all personal tools
That you bring to camp in case of misplacement!
Thank You in Advance!

***** MORE ON BACK! *****

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According to Texas Department of Human Services, anyone who works with youth under 18 years of age must have the recommendation below signed and available.

Name _____ Phone _____

Address _____ City _____ Zip _____

Local Church _____

Driver's License # _____ Social Security Number _____

Please ask your pastor to read and sign the statement below:

As his/her pastor, I am acquainted with _____ 's gifts for ministry with
(Name of Adult Participant)
youth and recommend him/her as an adult volunteer/sponsor for Sea City Work Camp.

Signed _____ Date _____

Background check done: _____ (date)

*If you would be willing to drive a Sea City rental van or truck during camp, please attach a copy of your Texas driver's license and current proof of auto insurance. Your insurance will not be responsible as Sea City has vehicle insurance to cover the rental van or truck.
You must be 25 years of age to drive either vehicle.*

RELEASE OF LIABILITY

I understand that the Sea City Work Camp, a housing rehabilitation project, is physically demanding. I recognize the risk of injury by participating in this event. I understand that I must assume the risk of injury and any related financial responsibility that could result from participating in these activities. I release the Corpus Christi District Office of the United Methodist Church, The Most Rev. Edmond Carmody, D.D., Bishop of Corpus Christi, a Corporate Sole His Successors in office and St. Thomas the Apostle Catholic Church, the participating churches, staff members, directors, and volunteers from all liability for any injury occurring while participating in any activities held during the Sea City Work Camp.

Date: _____ Participant's Signature: _____

**Thank you in advance for giving of YOURSELF & of YOUR TIME
to be role models to our youth that are participating in
Sea City Work Camp!**