



**“LOVE THY NEIGHBOR”  
2022 VOLUNTEER  
PACKET**

**Salem, MO**

**June 5 - 9, 2022**

*ltndent.com*

1 John 4:19

*“We love because He first loved us.”*



*Love Thy Neighbor is a community home repair outreach ministry provided by the local churches in Dent County. The purpose of this ministry is to share the Gospel of Jesus Christ while providing needed home repairs & maintenance to homeowners of Dent County.*

Love Thy Neighbor 2022 will take place the week of **June 5-9**. On Wednesday, June 8th, we will work a half day, then have our “Community Fun Day” at the City Park. Join us as we bring Matthew 22:39 and 1 John 4:19 to life and share the love of Jesus Christ as we *LOVE THY NEIGHBOR!*

ALL VOLUNTEERS must complete and submit the following pages:

1. LTN-DC Medical Release Form
2. Release and Waiver of Liability
3. Tell Us About Yourself

**These forms need to be filled out and turned in by April 24th along with \$50 registration. Sponsorships are available. All volunteers must complete release forms and pay to participate.** The Release/Waiver Form requires a notary. If you cannot get this form notarized beforehand, a notary will be available onsite the day of registration.

**Participants will need to check in at First Baptist Church (3<sup>rd</sup> and McArthur, 3<sup>rd</sup> street entrance) on Sunday, June 5th by 2:30 for a team meeting and dinner.**

If you are not from the Salem area and would like to stay in town during the event at a host facility, please let us know before May 8th.

*Thank you* for volunteering for the Love Thy Neighbor event. We are so excited to see what God will do this year and are thrilled to have you as a vital part of this ministry! The lifeblood of LTN is our common commitment to Jesus Christ. Thank you all for your willingness to lay down our differences and join together for the cause of Christ. May God bless us all as denominations work together as one in Christ to enhance His Kingdom and bring Him Glory.

**CONTACT INFO:** If you need to contact us about sponsorships, out of town volunteers, getting forms notarized, or any other questions and/or inquiries, you may contact us at any of the following:

Email : [ltndent@gmail.com](mailto:ltndent@gmail.com)

Facebook and/or Messenger page: *Love Thy Neighbor Dent County, MO*

Call or text 573-247-7886

***Return the last 3 pages of this packet (noted above).  
The remainder is for you to keep.***

## DRESS CODE:

### CLEAN ~ NEAT ~ MODEST

- **No offensive clothing!** – Shirts with inappropriate images and/or writing on them. *Colossians 3:12-17, “Therefore, as God’s chosen people, ... clothe yourselves with compassion, kindness, humility, gentleness and patience. ... And whatever you do, whether in word or deed, do it in the name of the Lord Jesus, giving thanks to God the Father through him.”*
- **NO** spaghetti strap tops, **shorts shorter than your fingers when arms are at your side (~6” inseam)**, low-cut shirts, or shirts that are too high. Please make sure your clothes actually cover you and are NOT overly tight fitting. **Do not** wear anything inappropriate such as yoga pants or shorts with writing on the backside. If it looks like you painted it on, then it most likely isn’t a good choice!
- If you wear something that is unsuitable, you will be asked to change. Please understand that this can be a very difficult and divisive issue. If everyone will read and cooperate with the guidelines, then we can focus on what God is doing and not get bogged down in disagreements about issues like the dress code.

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*1 Timothy 4:12 “Don’t let anyone look down on you because you are young, but set an example for the believers in speech, in conduct, in love, in faith and in purity.”*

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## IMPORTANT: Cell Phone Policy

Cell phones are a wonderful and distracting privilege, and here are some suggestions to consider when bringing and using a cell phone:

- We encourage you to leave your cell phone in your personal bag or crew’s vehicle during the day (out of the sun!!).
- Youth must use their phones responsibly. If youth wish to use their phone it should be during the designated free time or at the discretion of their Crew Chief/Encourager.
- Youth–Your parent/guardian can get your Crew Chief or Encourager’s cell number when they sign you in for the work day in case they need to contact you.
- ***LTN-DC is not responsible for lost or damaged cell phones.***

===== **Items to bring** =====

**For Work:**

- work gloves
- Hat/ bandana
- Insect repellent
- 50+ Sunscreen
- Prepare for the weather, rain/shine
- Long pants
- Closed toe shoes/work boots
- Sunglasses/safety glasses
- Water bottle (water will also be provided)

***Bring if you have, but if you don't have it, we will have extras:***

- hammer
- carpenter pencil or regular pencils
- paint roller & pans
- pry bar
- paint scraper/putty knife (optional)
- tape measure (25 ft.)
- paint brush

**For Worship/Free Time:**

- Pen/pencil
- Bible and Journal
- Tennis shoes or flip flops
- Appropriate shorts & t-shirts with sleeves (*LTN shirts will be collected daily to be washed, so bring a shirt to change into.*)
- Gym bag/backpack to stash your stuff

**Community Fun Day at Park:**

- Appropriate shorts & t-shirts
- Modest swim suit and a swim shirt (required for boys and girls)

**Every day (not optional):**

- A smile
- A flexible attitude
- A servant heart

===== **WHAT NOT TO BRING** =====

- Alcohol, tobacco, or illegal drugs of any kind. Appropriate action will be taken if these are found in anyone's possession.
- Fireworks or any kind of weapon. This includes knives, air soft guns, paintball guns, real or fake guns, finger guns, rubber bands, or water guns.
- Anything inappropriate! If it is questionable in your mind, DON'T bring it!
- Bad attitudes & mischief. No being mad, no being bad, no griping, no swiping, no duking, no puking, no stinking, no drinking, no hissing, no kissing, no complaining, no raining (*God's in charge of that one*), no shoving, only loving (*but not too much 'cause we already said 'no kissing'*). The name of the game for this ministry is BE FLEXIBLE and have a good attitude!!

# Schedule

## Sunday, June 5th

2:30 PM	Arrive at Salem First Baptist Church
2:30 PM	Crew Chief meeting
3:15 PM	All participants Decrees & Directions
4:00 PM	Meet your Crew!
4:30 PM	Crews visit worksite & meet homeowner
5:45 PM	Dinner
6:30 PM	Worship
8:00 PM	Head home, rest and prepare for Monday!

## Monday, June 6th - Tuesday, June 7th

6:15 AM	Crew Chief meeting over breakfast
6:30 AM	Breakfast
7:00 AM	Head to jobs
11:45 AM	Lunch & Devotions
12:30 AM	Back to work
4:30 PM	Reassemble at FBC/ snacks
5:00 PM	Worship/Group Share & Prayer
6:30 PM	Head home, clean up, rest and recharge

## Wednesday, August 11<sup>th</sup>

6:15 AM	Crew Chief meeting over breakfast
6:30 AM	Breakfast
7:00 AM	Head to jobs
11:45 AM	Lunch & Devotions
12:30 PM	Back to work
2:30 PM	End of work day, change out LTN shirt, go home and clean up
4:00 PM	Community Day at City Park!! ☺ 🍷 <i>(come early to help set up if you can)</i>
5:15 PM	Hamburgers, Hotdogs, and Pool time!
7:00 PM	Pool closes

## Thursday, August 12<sup>th</sup>

6:15 AM	Crew Chief meeting over breakfast
6:30 AM	Breakfast
7:00 AM	Head to jobs *
12:00 PM	Lunch & Dismissal Ceremony

\* Thursday will be used to wrap up on job sites and the rest of the day will be used to clean up the host facility, reorganize for next year, put tools away, and clean up loose ends. \*

***Return forms on the next three pages to one of the following:***

- 1. First Baptist Church office (3rd and McArthur - use 3rd street entrance): M-Th, 8:00-4:00.**
- 2. Edward Jones Office, 907 S. Pershing: M-F, 8:00-5:00**
- 3. New Harmony Church, 5841 Hwy 32 West: M-Th, 9:00-4:00**
- 4. Mail to: Love Thy Neighbor, P.O. Box 732, Salem MO 65560**

***Tell Us About Yourself:***

**RETURN THIS PAGE**

Name: \_\_\_\_\_ Youth: Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

First phone contact: \_\_\_\_\_ Second phone contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_ email: \_\_\_\_\_

***Would you like to receive LTN news and updates via email or USPS mail? (If yes, circle one)***

**T-Shirt size:** \_\_\_\_\_ *(please indicate adult or youth sizing) Extra shirts can be ordered for \$8 ea.*

Church/organization you are coming with: \_\_\_\_\_

Contact person for your group: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

How long have you been with the church/organization you are coming with?: \_\_\_\_\_

What activities are you involved with in your church/organization?: \_\_\_\_\_

Adult: List any first aid training/experience and current certifications: \_\_\_\_\_

In what way are you most interested in being involved in the LTN workweek? *(Check all that apply)*

- Work Crew – Youth and Adults (***All youth*** grades 6-12 will be on work crews unless special arrangements are made. Work will be construction and /or yard work, no experience necessary.)
- Youth Grades 7-12 check here if interested in spending nights at Baptist Camp for more youth activities after the work day.** Additional information will be sent to you about overnight accommodations.
- Crew Chief - Adult only (extensive construction experience and approved by Construction Coordinator)
- Food Prep – Adult only
- Go-fer/Floater/ Lunch and Cooler deliveries
- Kids Crew (*youth grades 1-5*)
- Photographer – adult, one per work crew – sends photo/video to LTN media team.

List any special skills/experience/interests or info that could be useful:

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

# LTN-DC Medical Release Form

Attach a photocopy of insurance form or card.

**RETURN THIS PAGE**

## Participant Info:

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Emergency Contact Info:

First Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

## Medical Profile

Generally, Participant's Health is: (Circle One):    Excellent            Good            Fair            Poor

*If Fair or Poor, please explain your condition:*

Circle any of the following that cause you problems and explain:

Asthma            Heart Trouble            Diabetes            Dizziness            Heat            Seizures            Other

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

List any allergies to medicines, substances, plants, or foods to which you are allergic:

\_\_\_\_\_

List any medications you are currently taking:

\_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Phone: (\_\_\_\_) \_\_\_\_\_

Policy Holder Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Policy Holder Work Phone: (\_\_\_\_) \_\_\_\_\_

### **Refusal/Absence of Vital Information (Sign only if you are not providing health insurance information)**

To Love Thy Neighbor Dent County:

Please let this serve to confirm that, despite the request of Love Thy Neighbor Dent County for such information, I am unable or refuse to provide an insurance card in connection with the medical release for myself and/or for my minor child. I understand that the absence of this information in the medical release could cause delays or other problems in securing medical attention for myself and/or for my minor child. To induce Love Thy Neighbor Dent County to permit for myself and/or for my minor child to participate in the event and related activities despite the absence of an insurance card or any other vital information, I hereby release Love Thy Neighbor Dent County (LTN-DC) and Salem Area Community Betterment Association (SACBA), their respective affiliates, directors, officers, trustees, employees, church or event sponsors, donors, volunteers and agents, and the homeowner or property owner and hold them harmless from and against any and all claims for any and all damages and expenses relating to Love Thy Neighbor Dent County's failure to have this information.

**To be signed in the presence of the notary:**

Participants Signature or Parent/Legal Guardian if for minor: \_\_\_\_\_ Date: \_\_\_\_\_



**RELEASE AND WAIVER OF LIABILITY  
PLEASE READ CAREFULLY  
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS**

My permission is granted for the Love Thy Neighbor Dent County (LTN-DC) and Salem Area Community Betterment Association (SACBA), their respective affiliates, directors, officers, trustees, employees, church or event sponsors, donors, volunteers and agents, or adult present or in charge of first aid, the homeowner or property owner, ("Released Parties"), to obtain reasonably necessary medical attention in case of sickness or injury to me or my child.

**Release, Waiver and Indemnity.** I, the undersigned, do hereby verify that the above information is correct, I desire to work as a volunteer for LTN-DC, I understand the activities associated with my participation in LTN-DC activities may be dangerous or hazardous to me or my child. In consideration of and in order to be allowed to participate in LTN-DC activities, I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my child or my or my child's heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my or my child's activities with any of the Released Parties, including but not limited to personal injury, bodily injury, illness, property damage, loss or death, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct.

I understand and acknowledge that by signing this Release I knowingly assume the risk of injury, harm, damage and loss associated with LTN-DC activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

**Insurance.** I understand that the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for me or my child. I am expected and encouraged to obtain my own health, medical, travel, disability or other insurance coverage. I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

**Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

**Media Consent and Release Form.** \_\_\_\_\_ YES \_\_\_\_\_ NO

**For youth:** I, as the parent or guardian of \_\_\_\_\_, hereby give Love Thy Neighbor Dent County and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

**Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).** *To be signed in the presence of the notary:*

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Notary Acknowledgement**

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this \_\_\_\_day of \_\_\_\_\_, 20\_\_.

Notary signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_