



**“LOVE THY NEIGHBOR”
2024 VOLUNTEER
PACKET**



Salem, MO
June 2-6, 2024

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 2023 will take place the week of **June 2-6**. On Wednesday, **June 5th**, 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 1st along with \$50 registration. Family units registering more than 2 can register for \$100. The Release/Waiver Form requires a notary. If you cannot get this form notarized by April 1st, a notary will be available onsite the day of registration.

Participants will need to check in at First Baptist Church (3rd and McArthur, 3rd street entrance) on Sunday, **June 2nd 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 by April 1st.

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

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.

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.”

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 (ask Crew Boss):

- 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 swimsuit 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, vapes, tobacco, or illegal drugs of any kind. Appropriate action will be taken if these are found in anyone's possession. **If you are of legal age, please do not drink, vape, or smoke while participating in LTN activities.**
- Fireworks or any kind of weapon.
- 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

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
5:00 PM	Dinner
6:00 PM	Worship
7:00 PM	Head home, rest and prepare for Monday!

Monday & Tuesday

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

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, go home and clean up, <i>(come to park early to set up if you want)</i>
4:00 PM	Community Day at City Park!! (Pool time - 4:00 to 6:00)
5:15 PM	Food, fun, and music!
6:00 PM	Pool closes

Thursday

6:15 AM	Crew Chief meeting over breakfast
6:30 AM	Breakfast
7:00 AM	Head to jobs *
12:00 PM	Return to FBC for 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: _____ Age _____ Youth: Grade _____ School _____

First phone contact: _____ Second phone contact: _____

Mailing address: _____ email: _____

*Check here if you do **NOT** want to receive LTN email newsletter:* _____

T-Shirt size: _____ *(please indicate adult or youth sizing) Extra shirts \$10 ea.* _____

What days do you plan to volunteer with LTN: Sun _____ M _____ Tu _____ W _____ Th _____

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: _____

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant.)

Yes _____ No _____ If yes, please explain: _____

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.)
- Crew Chief/Assistant - 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 – 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.

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, insects, or foods:

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: _____