

Bethlehem Farm 2011

Bethlehem Farm is a Catholic community in Appalachia that transforms lives through service with the local community and the teaching of sustainable practices. We enable volunteers to join in living the Gospel cornerstones of prayer, simplicity, service, and community. While Bethlehem Farm serves our brothers and sisters primarily by working with local community organizations, our work involves much more than physical labor. With a focus on social justice, we emphasis working with people, not for them. Volunteers often leave here feeling they are taking home more than they have given, because the people of Summers County are rich in spirit, family, pride, and faith, gifts that are freely given to stranger and friend alike.

When:

July 3—9

Who:

Teenagers currently enrolled in high school, grades sophomore through graduate.

Cost:

\$300 due no later than March 20, 2011.

Please return completed registration materials along with payment.

Cost includes registration and gas, but participants will want to bring extra money for meals bought on the road and for Farm merchandise. If you feel called to make this trip but cannot afford the fees, please talk to us about possible scholarship.

ST MICHAEL YOUTH UNITED

317 W. Willow Avenue
Wheaton, IL 60187

Leslie Stopka

Phone: 630-462-5047

Fax: 630-690-3324

E-mail: stmccyu@yahoo.com

To learn more about Bethlehem Farm, visit their website at www.bethlehemfarm.net





P.O. Box 274
 Pence Springs
 West Virginia
 24962
 304.445.7143
 bethlehemfarm.net

VOLUNTEER CONTRACT

(Completion of the Volunteer Contract is required for the Bethlehem Farm Trip)

I am fully aware that the volunteer experience at Bethlehem Farm will require me to make personal sacrifices of which I may not be accustomed. I agree to live this week in simplicity, doing without some of the conveniences to which I am accustomed. I will work and complete tasks to the best of my ability.

I realize that living and working together in community will require me to display patience and respect toward all members of the group. I realize the importance of following a schedule and the guidance and instruction of the leaders. I am willing to comply with the requests of the leadership and be flexible with what is asked of me.

I am aware that the week will involve a focus on prayer based on the Catholic tradition. I am open to this experience and will actively participate to the degree that I am able.

I further realize that I will be visiting an area where the culture and the customs may differ from my own. I will treat all people at the Farm and in the surrounding community with respect.

I agree not to involve myself in drugs, alcohol, or sex while at Bethlehem Farm.

I give consent for Bethlehem Farm to videotape and photograph me during my volunteer week. I understand these photographs and videotapes may be used for advertising and/or orientation materials for Bethlehem Farm including the Farm website. I give my permission for possible participation in videotaping and/or still photographs.

During my group week, I give consent for Bethlehem Farm to post my address, in order to confirm and/or correct my mailing address and email contact information.

I dedicate myself to be an active participant in this week of service, prayer, simplicity, and community as an experience of Christian living.

 Signature Date

 Parent/Guardian Signature (if under 18) Date

Name (print) _____

E-Mail: _____

Address (permanent) _____

Phone _____

Address (current) _____

Phone _____

Current School or Work _____

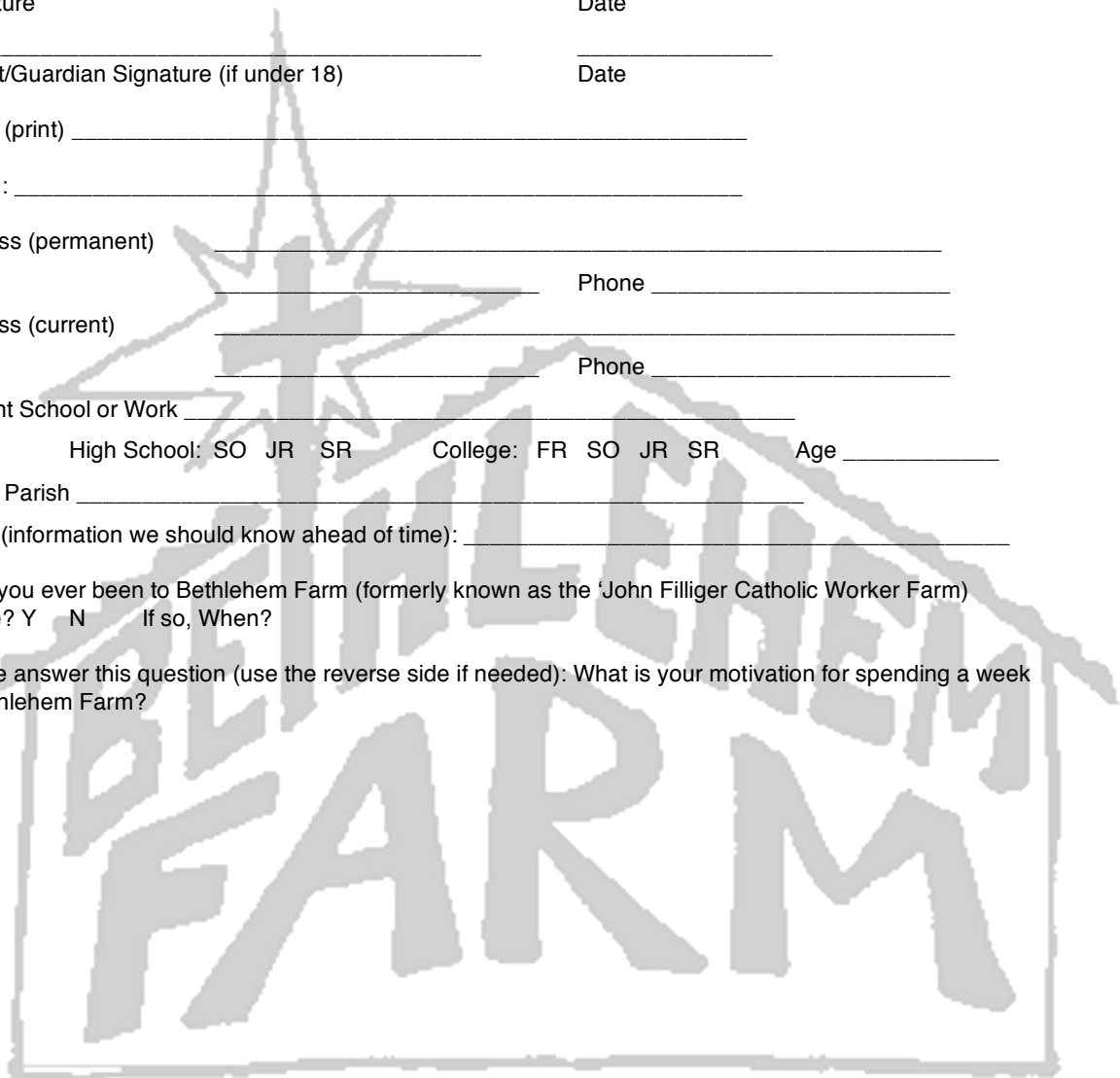
Class: High School: SO JR SR College: FR SO JR SR Age _____

Home Parish _____

Other (information we should know ahead of time): _____

Have you ever been to Bethlehem Farm (formerly known as the 'John Filliger Catholic Worker Farm) before? Y N If so, When?

Please answer this question (use the reverse side if needed): What is your motivation for spending a week at Bethlehem Farm?





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Health Insurance/Medical Release Form Volunteers Under Age 18

Please Print

Name of volunteer participant: _____ Birth Date ____/____/____

Circle one: Male / Female Name of parish or school: _____

Home Address _____

City: _____ State & Zip: _____ Phone: (____) _____

Date of this trip to Bethlehem Farm: _____

Emergency contact person: _____ Relation to you: _____

Day phone: (____) _____ Evening Phone: (____) _____

Known Allergies: _____

Dietary Restrictions (vegetarian, food allergies, etc.): _____

Current Medications: _____

Will you need assistance with your medication(s)? Please specify.

Blood Type (if known): _____ Date of most recent TETANUS BOOSTER: ____/____/____

Date of most recent physical exam: ____/____/____ (must be within the last 12 months)

Limitations to physical labor: _____
(You will **NOT** be made to perform any task you are unable to do for whatever reason.)

Emotional/Psychological condition(s) and/or concerns: _____

Insurance Information:

Complete name of Insurance Company: _____

Policy Number/Group Number: _____

Name on insurance card: _____ Cardholder's date of birth: _____

Cardholder's social security number: _____ Employer's name: _____

If an accident occurs mail the claim to: _____

(If you do NOT have health insurance, please contact us at the above number).

For Parents or Guardians:

During the volunteer's week here at Bethlehem Farm, she or he will ride in vans to and from worksites. Because parish/school groups are broken up into work groups, it is very likely that your child will ride in a van driven by an adult chaperone other than your child's group leader. All vans will only be driven by adult chaperones during the week.

I, the undersigned parent or guardian of _____ (participant's name) a minor, do hereby authorize the adult staff members of Bethlehem Farm as my agents, to consent to any examinations, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. Bethlehem Farm agrees to contact the undersigned as soon as possible if an emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Address, City, ST, Zip



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HOLD-HARMLESS AGREEMENT

This agreement entered into on the day _____ of _____, 20__ is between, volunteer participant _____ and Bethlehem Farm Inc. This agreement states that the above mentioned volunteer comes willingly to participate in Bethlehem Farm Inc. activities and work projects with prior knowledge of the nature of its work and activities. The above mentioned volunteer/participant will hold harmless Bethlehem Farm Inc. and any/all employees from any and all injury or liability that may occur while at Bethlehem Farm or any liability or injury associated with the repair work initiated by Bethlehem Farm Inc. The above mentioned volunteer also understands that Bethlehem Farm Inc. does NOT provide medical insurance or coverage to its volunteer participants during their time here at Bethlehem Farm, and that it is the above mentioned volunteer's responsibility for coverage should any medical situation arise either during or after their stay at Bethlehem Farm. It is also understood that Bethlehem Farm Inc. does maintain adequate liability insurance on its property.

This agreement is entered into by:

Name (please print) _____

Permanent Address _____

_____/_____/_____
Volunteer Signature Date

_____/_____/_____
Parent/Guardian Signature (if under 18) Date

Caretaker: _____ Date: ____/____/____

