



YOUTH APPLICATION (Under 18)

Applicants must complete 8th grade before the trip (rising freshman). Please complete (PRINT) all of the items below and return completed application and the \$375 fee to the church office. Make checks payable to Trinity Church with ASP in the memo field. Register and complete the Medical Form and Volunteer Agreement on <https://apps.skycog.com/reg/APPSEV/>

Please respond thoughtfully, with as much information as you can. Go over the application with your parent/guardian before submitting. Use additional paper if needed.

GENERAL INFORMATION

Name: _____ Grade attending this year: _____

Address: _____

City/State: _____ .Zip _____

Adult T-shirt Size (circle one): S M L XL 2XL 3XL 4XL

Parent's Email _____ Parent's Cell: _____

Youth's Email _____ Youth's Cell: _____

QUESTIONS Use additional paper if necessary.

- Have you been on a mission trip before? _____ If so where and when?

If yes, please describe your experience explaining what it meant to you:

- Why do you want to go on this mission trip?
- Describe your relationship with God and what God means to you in your daily life.

- Where is God working in your life now?
- In what area of your relationship with God do you see a need for growth?
- How do you think participating in this mission project will help you grow as a Christian?
- What do you expect to get out of this trip?

*** * *** The following questions will not affect your eligibility for this mission. Everyone is accepted as they are. These questions are designed to give the leaders as much information as possible to make the trip safe and successful for all volunteers.

Use additional paper if necessary.

- Do you have any physical limitations? If yes, explain: _____
- Do you have any severe allergies? _____
- Do you have any dietary restrictions? _____
- Are you a vegetarian? Yes No
- Are there any other concerns/conditions we should know about? _____

- What kind of construction jobs and tools are you familiar with? _____

Volunteer Covenant:

- I pledge to participate in the preparation process by my presence and participation in group discussions and events. This includes all fundraising and a sensitivity workshop.
- I pledge to maintain a Christian attitude throughout the entire ASP experience.
- I will adhere to all rules as defined by ASP and the Trinity Mission Team.
- I will pray for the safety and success of our mission trip.

Volunteer Signature

_____ Date _____

Parent/Guardian's Signature

_____ Date _____

Permission Slip for Photo Use by Trinity United Methodist Church:

(For Youth Volunteers under 18 please have your parent sign below)

As a parent of a youth volunteer I understand that serious violations of the rules as set forth by ASP and the Trinity Mission team can result in the leaders sending my child home at my own expense.

ASP would like to use pictures of your child taken during the mission trip experience. By signing below you give Trinity United Methodist Church of Hackettstown, New Jersey, permission to use the picture of your child on the Trinity United Methodist Website or other related ASP advertisement or promotional items.

_____ *Please do not* include my child's name or photo on the church web site or any promotional/advertisements of the ASP Mission trip.

_____ *I agree* to the use of any pictures taken during the ASP trip and or any related activity leading up to the trip. I also agree to the following statement relating the use of names identifying the participants in the picture.

_____ You may put *pictures and the name* of my child on the site.

_____ You may put *pictures only* of my child on the site.

_____ I prefer not to have my child's picture on the site. You may include his/her name with a last initial only when writing about events.

My child's name as I would want it used (i.e. Joe Smith, J. Smith, Joe S., Joe,)

Signature: (Youth Volunteers over 18, Parent/Guardian of a Youth Volunteer under 18)

_____, Date, _____



Volunteer Trip Agreement (Liability Release Form)

Submit online OR give copy to staff upon arrival at ASP center.

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and home building for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care and ASP cannot guarantee the safety or sanitation of work sites, accommodations, or facilities. Volunteers will be participating in construction activities including, but not limited to roofing, carpentry, framing, dry wall installation, plumbing, insulating, painting, flooring, masonry, electrical wiring, other home building, remodeling, and renovation. These activities may include the use of a variety of tools such as ladders, shovels, rakes, hammers, saws, other hand tools, and power tools such as saws and drills. The foregoing activities may also require working from a ladder or scaffolding or in high places such as on roofs. Volunteers will be travelling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also engage in non-ASP sponsored recreational activities of their choosing on and off ASP sites and gathering locations. Planned evening activities may include travelling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction work, travel, and recreational activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks, voluntarily choose to assume the risks of all activities with ASP, and agree to hold ASP harmless for any injury, damages or other loss resulting from these activities. All volunteers, as well as their parent(s)/legal guardian(s), must have read, be familiar with, and abide by [ASP's "3-S" Safety Guidelines and Expectations, Rules and Regulations](#). **Volunteers on a JR HIGH or COMBINED JR/SR HIGH Trip must be age 11+ and have completed 6th grade. Volunteers on all other ASP Trips must be age 13+ and have completed 8th grade.**

I give permission for treatment by competent medical personnel resulting from accidents or medical emergencies while I am a volunteer with ASP. Consent is given to accompanying adult volunteers or ASP staff to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. I acknowledge that ASP does not provide accident or medical insurance for volunteers, that my insurance company will be responsible for such medical care expenses, and that I may be billed by and responsible to the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage, I am responsible for the payment of any medical bills.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by ASP (specifically ASP's Expectations, Rules, and Regulations and ASP's "3-S" Safety Guidelines) and I understand the extent and nature of the activities in which I or my youth will participate. If this Release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this release, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. I understand that as a volunteer, I am not an employee of ASP and I am not entitled to compensation or any other employment benefits of ASP.

COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and increased sanitation practices by individuals and organizations.

Participation with ASP may involve working, sleeping, eating, or recreating in close proximity to others. It may also involve working inside someone's home and/or necessitating touching surfaces, objects, building materials, tools, or equipment that others have touched. While ASP has enacted sanitation procedures and behavioral protocols to mitigate against the risk of spread of COVID-19 or other infectious diseases, all risks cannot be eliminated. I assume all risks and hold ASP harmless for any illness that may result from my involvement.

By signing below, I (and/or I and my youth) release and discharge Appalachia Service Project, Inc. its agents, employees, and all persons connected therewith, from all liability claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Appalachia Service Project, Inc. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or I and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

Media Release and Waiver: The Volunteer and Guardian grant and convey to ASP all rights, title, and interest in all photographic images, video or audio records made during participation with ASP. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer participation in ASP programs, solely for the purpose of marketing, research, and/or education. ASP will not identify by name any minors in either print or web-based images without permission.

SIGNATURE (REQUIRED)

I have completed *
[ASP Required Reading](#)

I'm 19 years of age or older and my background
check is current (within past 3 yrs) *
 Yes No NA (under 18)

Printed Name of Participant/Volunteer *

Printed Name of Parent/Legal Guardian (if Participant is under 18 years old) *

Signature of Participant (if over 18) or Parent/Legal Guardian (if under 18) *

Date *



Volunteer Medical Form (Emergency Contact and Consent for Treatment)

Submit online OR give copy to staff upon arrival at ASP center.

VOLUNTEER INFORMATION (REQUIRED)

Volunteer Last Name*	First Name*	Middle Int.	DOB (MM/DD/YYYY) *
Address (street, apt #)*		City, State*	Zip*
		() -	
Email*	Phone*		

In an emergency, please contact: *

Name _____
 Relationship _____
 Address _____
 City, State, Zip _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 On this ASP trip? Yes No

Name _____
 Relationship _____
 Address _____
 City, State, Zip _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 On this ASP trip? Yes No

EMERGENCY MEDICAL INFORMATION (OPTIONAL)

Medical information is optional to share but can be helpful if treatment is needed and a responsible party cannot be reached. Information on this form is kept confidential and will **only** be used if medical treatment is needed. If you are taking medications or have allergies or health conditions that would be important for a medical professional to know during treatment, please list below.

Date of last Tetanus shot: _____

Medication(s) you currently take (prescribed & over-the-counter): _____

Medication(s) you **CANNOT** take or allergies, health conditions or concerns: _____

Physician information:

Physician name _____ Phone _____

WE SUGGEST YOU BRING A COPY OF YOUR INSURANCE CARD WITH YOU

CONSENT (REQUIRED)

In the event of an emergency or non-emergency situation in which medical treatment is required while participating with Appalachia Service Project, Inc., every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Signature of Participant (if over 18) or Parent/Legal Guardian (if under 18) *

Date *



Appalachia
SERVICE PROJECT®

**VOLUNTEER
INFORMATION
HANDBOOK**

July 12-20, 2025



UPDATED 1/20/2025

Table of Contents

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 - Adult Application
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To complete your registration please log into ASP's Participant Center:

**[https://apps.skycog.com/reg/APPSEVR/Si
gnIn.asp](https://apps.skycog.com/reg/APPSEVR/Si
gnIn.asp)**

Join our Group: 13488

Download and fill out the Trip Agreement and Medical Form. Either email PDFs to toby.connornicholas.dog@gmail.com or print both forms and mail or drop off to the church office with your application and fee.

Roles & Responsibilities

All Volunteers

- Participate in all fundraising events
- Recruit new volunteers
- Display mutual respect to all adults, youth, staff & families
- Be positive encouragers & supportive of each other
- Attend Sensitivity/Team Building workshop
- Attend the team dedication during worship before the trip
- Participate in all activities on the trip, especially chores
- Report back to the congregation at all worship services after the trip

Youth Volunteers

- Be responsive and attentive to the trip coordinators and your crew leaders
- Leave phones home - they're too distracting

Adult Leaders (19 years +)

- Mentor youth in all ASP related activities
- Attend the adult orientation/picnic before the trip to discuss Safe Sanctuary, roles, responsibilities, logistics, workshop, expectations, work crews, etc.
- Help facilitate the Sensitivity/Team Building workshop
- A current national criminal background check is required for all adults 19 years and older, whether a crew leader or not
- Communicate/coordinate with your work crew prior to the trip
- Transporting your crew, ensuring safety on work sites, helping volunteers follow the rules at the center and worksite, leading them in discussions, motivating the youth to learn and practice social skills, and being a role model.
- Ensure all members of your crew have a positive experience
- Ensure Safe Sanctuary protocols are followed at all times
- Communicate any problems/potential issues to the trip coordinators

A Week on ASP

Days 1-2

Saturday: Travel in rental vans with our work crews staying overnight at a hosting church.

Sunday: Arriving at our assigned Center (usually a school) by 3 pm. Find our assigned sleeping areas (classrooms or gym) and set up.

5 pm: Evening Gathering, Staff and church introductions.

6 pm: Dinner

7 pm: Staff and crew leaders do home visits to meet the families

Monday-Friday

7 - 8 am: Rise and shine, devotions, breakfast

8:30 am - 4:30 pm: Work day with lunch break at noon at the worksite

5 - 6 pm: Clean up and inventory supplies needed for the next day

6 - 7 pm: Dinner

7 - 10 pm: Center clean up; Evening Gathering (an hour of fellowship and reflection, sometimes with a guest speaker, local musician, artist); team time, staff and group leaders discuss details of the day's work followed by free time

10:30 - 11pm: Quiet time; settle in for a well-deserved sleep

11 pm: Lights out. It's important for everyone to get enough sleep

Days 8-9

Pack up, say our Good-byes, travel home staying at a hosting church overnight and sharing in a special Recap/Sharing program. Arrive safely back at Trinity spiritually refreshed and ready to share our experiences.