



14th Annual Hurley Mission Work Week

The Annual Hurley Mission Work Week is a Catholic social justice outreach program sponsored by St. Francis of Assisi Catholic Church and Holy Cross Regional Catholic School.

WHO: Rising 7th Graders up to ANY AGE! *** (Rising 7th & 8th graders must have a parent also participating on the trip). Participants include, but are not limited to, the Lynchburg area Catholic Faith Community.

WHAT: Working on home repair projects such as roofing, drywall installation, floor replacement, painting, plumbing or porch building. Skilled & unskilled workers are both needed! Many of the homes are in terrible condition as a result of poverty, general neglect and harsh winters.

WHEN: June 14th – 19th, 2015 (Sunday – Friday)

WHERE: Hurley, Va. is located in the mountains of southwest Virginia. It is a former coal mining community where unemployment is widespread and many are on disability from Black Lung & Emphysema.

WHY: To make someone's life a bit better with our efforts and live out our faith!

COST: \$260/person – these funds help pay for the food for the week and the cost of building materials and supplies used in the home repair projects.

Registration instructions and forms may be downloaded at the Holy Cross Regional Catholic School website: www.hcrs-va.org

Please register by May 25th

For more info contact Clark Charlton at 434-258-8118 email tarheel5@verizon.net or Jeff Hansen at 540-223-5069 email jhansen@riteaid.com

Hurley Mission Statement

Empowered by the Holy Spirit, the Catholic Faith Community in and around the Lynchburg Va. area share their time and talents with our neighbors in Hurley, Va., to do God's Work by developing friendships, providing fellowship and offering service to those in need.

Hurley Mission Workweek

Information and Registration Instructions

Thank you for your interest in participating in this year's Hurley Mission Workweek. The attached materials provide detailed information about the workweek. In order to register for Hurley, please complete the forms listed below.

The completed forms should be mailed, along with a check in the amount of **\$260.00** made out to **St. Francis of Assisi Catholic Church**, no later than May 25th to:

St. Francis of Assisi Catholic Church
P.O. Box 663
Amherst, VA 24521
Attn. Jeff Hansen, Hurley 2015

Items on This Checklist - must be returned by the required meeting (see below)

1. Medical Release and Waiver of Liability (3 pages)
2. Adult or Teen permission forms
3. Screening One Form (request form 18 years and older must fill one out or have one on file)
4. Volunteer Driver Form and Copy of your driver's license and car insurance (adults only)
5. Volunteer Information Sheet
6. Release of Liability for Hurley Community Development
7. Volunteer Program Rules
8. Hurley Consent form for photos
9. CHECK for \$260 made out to St. Francis of Assisi Catholic Church

General Info

- ✓ All participants are required to attend one of the two pre-trip meetings. There will be two opportunities to attend. Either Saturday May 9th at 3:00 PM or Monday May 11th at 6:30 PM. **Both meetings will be held at Holy Cross School.**
- ✓ Everyone must have a current tetanus shot.
- ✓ **Virtus Training:** All participants 18 years of age and older (in leadership rolls, crew captain, assistance captain or mentor) must have Virtus training. You can find information and register for a Virtus session at www.virtus.org.
- ✓ Arrive at Holy Cross School parking lot **before 7am** on June 14th. Bring a bag lunch.

Special Note:

Participants age 18 or older must have a **current** diocesan background check. The form for this is included in the registration packet.

For more info contact Clark Charlton at 434-258-8118 or tarheel5@verizon.net or Jeff Hansen at 540-223-5069 or jhansen@riteaid.com.

Hurley Youth Mission Adult Participant Responsibilities

Adult participation is welcome and necessary in order to insure a successful, rewarding and safe experience for the younger participants. Each adult who participates in this youth ministry is collectively responsible for each and every young person. This will be explained in more detail at the organizational meeting which is required of all participants. The number of young people who can attend (up to the mission limit) is determined by the number of adults who participate.

Examples of adult responsibilities are:

- Worksite Team Leader or assistant at job sites (home repair skills are not required to be an assistant)
- Conduct worksite safety talks (daily)
- Monitor after work activities (park visits, breakfast/lunch/dinner, youth gatherings i.e. bonfire and group hangout)
- Lead before and after work responsibilities (breakfast/lunch/dinner/clean up)
- End of day discussion with mentors of work project progress as well as youth concerns, issues and involvement

We will all be tired at the end of the day, but active participation with and observation of our youth is necessary until lights out. It is a blessing to serve our friends in Hurley and a blessing to make this experience possible for our youth.

Hurley Workweek Information

- Hurley Community Center 276-566-7142
- Depart **Sunday, June 14** from Holy Cross School
- Arrive back in Lynchburg Friday, June 20 early to mid afternoon
- Directions from Bluefield, Va
Take 460 West. Stay on 460 through Grundy, Va. Turn right onto State Route 83 where 460 and 83 split. Turn left onto local Route 642. This turn is after a gas station and a small used car lot with a cinder block building. You will be coming out of a curve just before the turn. Travel across the mountain to the 1st stop sign. Turn left onto local Route 651 (Rodeo Rd.) at the stop sign. Go to the next stop sign (in Rosann) and turn right onto local Route 650. The Community Center is about 1 mile down Route 650 on your right.
- Current Tetanus shot is required
- Things to bring:
 - Sleeping bag (or sheets & blanket, mattress cover), pillow.
 - Leather work gloves, safety glasses, proper footwear, tools.
 - Towels.
 - Toiletries, shower shoes.
 - Several changes of old clothes (very old), casual clothes for the evening. Some jobs require long pants (jeans).
 - Bottled water, Gatorade - enough for the first 2 days (4 – 6 per day): We will purchase additional water/Gatorade in Hurley.
 - Bring bag lunch and drink for Sunday plus snacks for the car.
 - Money for fast food lunch on Sunday and Friday.
 - Hand Sanitizer
 - Coolers (Group Leaders)

Tentative Schedule for the week:

- Sunday – Depart HCRCS. Bring snacks. Arrive in Hurley for dinner.
- Monday – Thursday: work at sites from 8:00am – 4:00pm.
- Monday – Sand Volleyball and relaxation at the community park.
- Tuesday –Quilt project and the park.
- Wednesday – Outdoor Mass and campfire (weather permitting).
- Thursday – Community picnic in the evening.
- Friday – Travel home after breakfast and Bunkhouse/Community Center clean-up (lunch money will be needed). We expect to arrive back in Lynchburg between early to mid afternoon.

Hurley Mission Trip

**Sponsored by St. Francis of Assisi and Holy Cross Regional Catholic School
With participating members of area churches**

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

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by _____ (the "Volunteer") in favor of the Hurley Mission Trip

The Volunteer desires to work as a volunteer for Hurley Mission Trip and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Hurley Mission Trip office, and living in housing provided for volunteers of the Hurley Mission Trip.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless the Hurley Mission and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with The Hurley Mission Trip.

Volunteer understands that this Release discharges the Hurley Mission, the Catholic Diocese of Richmond and the volunteer's parish (above) the sponsors and group leaders from any liability or claim that the Volunteer may have against the Hurley Mission with respect to any bodily injury, illness, death, or property damage that may result from Volunteer's Activities with the Hurley Mission, whether caused by the negligence of the Hurley Mission or its sponsors and the group leaders.

Volunteer also understands that the Hurley Mission Trip, the Catholic Diocese of Richmond and the volunteer's parish (above) the sponsors and group leaders does 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 or illness.

Medical Treatment: Volunteer does hereby release and forever discharge the Hurley Mission, the Catholic Diocese of Richmond and the volunteer's parish (above) the sponsors and group leaders from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the Hurley Mission Trip.

Assumption of the Risk: The Volunteer understands that the Activities include work that may be hazardous to the volunteer, including, but not limited to, construction (including power tools), loading and unloading, transportation to and from the work sites, working from roofs, ladders, decks and porches due to the terrain and environmental concerns that may include unclean water, bees, insects, snakes rodents and other natural animals, domestic or foreign to the area.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Hurley Mission Trip, the Catholic Diocese of Richmond and the volunteer's parish (above) the sponsors and group leaders from all liability for injury, illness, death, or property damage resulting from the Activities.

Activities and responsibilities: I understand and acknowledge that there are risks involved in this activity that are inherent in demolition and construction activities. These risks can arise from, but are not limited to, the use of hand and power tools, the use of ladders, and being on structures such as roofs and decks at various heights above the ground. I have discussed with my son/daughter the necessity of his /her proper behavior during this activity.

Parent/guardian:

Date: _____

Insurance: The Volunteer understands that, except as otherwise agreed to by The Hurley Mission Trip in writing; The Hurley Mission Trip does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is required to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto the Hurley Mission Trip all right, title, and interest in any and all photographic images and video or audio recordings made by the Hurley Mission Trip during the Volunteer's Activities with the Hurley Mission Trip, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Virginia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. Each volunteer, adult or youth understand that the individual will conduct himself in accordance with the standards of a safe environment of all participants and will observe the health, safety and sanitation of the program.

Virtus Training is **required** for all adults and teen leaders of a group (volunteers) in the Diocese of Richmond.

The Diocese of Richmond requires licensed drivers for any teen volunteer have adequate personal liability and automobile insurance coverage; at least \$100,000 per person, \$300,000 per accident, and \$50,000 for property damage. Always wear seat belts while in the car. Any person 18 or younger will not be allowed to operate an automobile while on the mission, regardless of a licensed status.

FOR ADULTS: volunteer has executed this Release as.

Volunteer: _____ Date: _____
Address: _____
Phone (H) : _____ (W): _____ (C): _____
Date of Tetanus Booster: _____
Any allergies we should be aware of (medicine, foods, bee stings etc.)? _____
Any medical problems/conditions we should be aware of? _____
Medicines routinely taken or taken during the mission: _____
*** Provide separate instructions to program manager and usage *** Please add additional information the team leaders should be aware of

Signature: _____ Date: _____

FOR PERSONS UNDER THE AGE OF 18: volunteer has executed this Release via parent/guardian.

Parent/Guardian: _____ Volunteer: _____ Date: _____
Address: _____
Phone (H): _____ (W): _____ (C): _____

MEDICAL RELEASE: I hereby warrant that to the best of knowledge, my child is in good health, and I assume all responsibility for the health of my child in the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for any treatment deemed necessary by the hospital or doctor.

Parent/Guardian: _____ Date: _____

Date of Tetanus Booster: _____
Any allergies we should be aware of (medicine, foods, bee stings etc.)? _____
Any medical problems/conditions we should be aware of? _____
Medicines routinely taken or taken during the mission: _____
*** Provide separate instructions to program manager and usage ***. Please add additional information the team leaders should be aware of

Signature: _____ Date: _____

The Hurley Mission Trip is an outreach program designed to help others in need, volunteers are responsible for their own cost of the trip, where available area parishes may assist in the tuition of the trip. The Hurley Mission Trip as sponsored by St. Francis of Assisi and Holy Cross Regional Catholic School does not make any profit from this outreach.

Adult Liability Form

Hurley Mission Trip
Sponsored by
St. Francis of Assisi and Holy Cross Regional Catholic School

Participant name _____ Date _____

Home, work & cell phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Name of health insurance/insurance ID# _____

Name and phone number of family physician _____

Name of parish/church* _____

I, _____ understand that I will be driven to & from the above mentioned activity in a vehicle driven by a volunteer. I agree to hold harmless the Lynchburg Area Catholic Parishes staff and volunteers should there be an accident or emergency. I understand and acknowledge that there are risks involved in this activity that are inherent in demolition and construction activities. These risks can arise from, but are not limited to, the use of hand and power tools, the use of ladders, and being on structures such as roofs and decks at various heights above the ground, unclean water, contact with bees, insects, snakes, rodents and other natural animals, domestic or foreign to the area.

Signature of Participant: _____

Please make checks payable to St. Francis of Assisi Catholic Church

Emergency Contact numbers:

Name _____ Phone No. _____

Name _____ Phone No. _____

T Shirt size _____ Email address _____

*The Hurley Mission Trip is open to any and all denominations, space is limited.

HURLEY

Teen Permission Form
Hurley Mission Trip
Sponsored by
St. Francis of Assisi and Holy Cross Catholic School

Participant name _____ Date _____

Name of parent or guardian _____

Home, work & cell phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Name of health insurance and ID number # _____

Name and phone number of family physician _____

Name of parish/church* _____

I, _____, Parent/Guardian of _____ understand that _____ will be driven to & from the above mentioned activity in a vehicle driven by a volunteer. I agree to hold harmless the Lynchburg Area Catholic Parishes staff and volunteers should there be an accident or emergency. I understand and acknowledge that there are risks involved in this activity that are inherent in demolition and construction activities. These risks can arise from, but are not limited to, the use of hand and power tools, the use of ladders, and being on structures such as roofs and decks at various heights above the ground, unclean water, contact with bees, insects, snakes, rodents and other natural animals, domestic or foreign to the area. I have discussed with my son/daughter the necessity of his/her proper behavior during this activity.

Signature of Student _____

Signature of Parent _____

Please make checks payable to St. Francis of Assisi Catholic Church

Permission for Treatment:

I, _____, in my absence give permission to those in charge of the Hurley Mission Trip, to seek medical treatment for my son/daughter in case of emergency.

Print Parent Name _____

Sign Parent Name _____

Additional Phone numbers where Parents can be reached during the Hurley Mission Trip _____

T Shirt size _____ Email address _____

*The Hurley Mission Trip is open to any and all denominations, space is limited.

HURLEY

Name: (Last) (First) (Full Middle) (Maiden) (Required)				Parish/School and City (Required)	
Residential Address: (include full address with City/State/Zip code)				Telephone No.: (include area code) (Required) [H]	
Email Address:				[W] [Cell]	
Date of Birth:* (Required) Month/Day/Year			Volunteer role:		
<p>Please answer the following questions. If you answer yes to either question, please proceed to the section on the back and sign the release section.</p> <p>Are you employed at any Diocesan location? Yes/No (Circle) If yes, name of location(s) _____ Proceed to the "Release Section" on the back of this form.</p> <p>Are you a volunteer at any other parish/school location and have already completed the background screening process? Yes/ No (Circle) If yes, name of location _____ Approximate date of screening _____. Proceed to the "Release Section" on the back of this form.</p>					
<p>Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide explanation here or attach explanation.</p>					
<p>Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details here or attach explanation:</p>					
Personal reference: Name		Relationship	Phone	Address	
Date sent to CPS _____				ScreeningONE Date Entered _____	
Notes: _____ _____ _____ _____ _____				Blue Flag Approved _____	

VOLUNTEER CONSENT SECTION

I, _____ hereby authorize the ***Catholic Diocese of Richmond*** and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteering with the Catholic Diocese of Richmond.

I release the ***Catholic Diocese of Richmond*** (the "Diocese") and its agents from any and all liability for any damages I may sustain as a result of my furnishing information to the Diocese or as a result of other persons or entities furnishing information to the Diocese in connection with screening and/or background checks.

*If the Diocese determines I do not meet the background standards for volunteer work, I will be notified in writing. Also, I can receive a copy of the background report from ScreeningONE or other agencies that contained information used by the Diocese in making it's decision. I may challenge any adverse information disclosed by the background report. To obtain a copy of my report as provided by law, I may contact ScreeningONE by writing: ScreeningONEInc., 1860 N. Avenida Republica de Cuba, Tampa, FL 33605.

I agree that a copy or fax of this document shall be as valid as the original.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

(Clearly Print Full Name)

(Signature)

(Date)

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteering or employment. The ***Catholic Diocese of Richmond*** considers all applicants for positions without regard to race, color, national origin, age, marital or veteran status, handicap or medical condition, sex, sexual orientation, status, except where such is a bona fide occupational qualification for the position sought.

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Driver's License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: _____

In order to provide for the safety of those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

Please be aware that as a volunteer driver, your insurance is primary

Thank you for helping us with our transportation needs.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

_____/_____/_____
Volunteer Driver Signature Date

Hurley Mission

Volunteer Information Sheet
Hurley Community Development Inc
Volunteer Program

Please Print Clearly

Name: _____ Home phone: _____

Address: _____

Date of Birth _____ Age: _____ In case of emergency _____

Relationship _____ Phone _____ Alternate phone _____

Please list any allergies:

Please list any special medical restrictions, health problems, or dietary needs.

1. Are you a Vegetarian?
2. Are you a Vegan?
3. What special skills- painting, hanging drywall, landscaping, carpentry skills, computer skills, and children- you do not have to be a professional at the job; just have experience or knowledge of the job?
4. In general what are your future plans?
5. What is your cultural background? Would you be willing to share your cultural heritage with our community?
6. Is there anything in particular that you want to do while you are in our community?
7. Do you have a special talent? Do you sing or play an instrument, or paint? If possible bring your instrument and share your talent with us!
8. Do you have volunteer experience? If so doing what? Where? With what organization?

HURLEY

Release of Liability
Hurley Community Development Inc
Volunteer Program

I _____ understand that my involvement in Hurley Community development Inc. Volunteer program in Hurley Virginia is entirely voluntary. I also understand that some of the activities I will be engaged in will involve risks. This risk may include, but not limited to those involved in construction, travel, and recreational activities.

I understand that my participation in this program is at my own risk, and I take full responsibility for my own welfare. I will be responsible for all legal and financial responsibilities for payment of any medical, hospital and emergency care.

I also give permission to Hurley Community Development Inc. to use any photographs of myself or written comments for the purpose of promoting this program.

I, for myself, and for my successors of every kind, by my signature hereby release the community of Hurley Virginia, Hurley Community Development Inc, Buchanan County, the Community 's churches, individual clients, landowners, their staff,board,and volunteers from liability for any accident illness or loss that I may sustain while, or as a result of participating in this program.

Additionally in the case of an emergency I give permission for the acting site leader or other person in charge to provide me reasonable and necessary medical care including professional medical care.

Signature of Participate

Date

Signature of Legal Guardian
(If participate is under 18)

Date

Insurance Information

Name of Health Insurance Company_____

Name under which the insurance is filed_____

Policy Number_____ Type of coverage_____

Emergency Contact_____ Phone_____

Note this form must be returned to HCD prior to participating in the program. If we do not get this form you will NOT be allowed to participate in the weeks activities.

HURLEY

Updated 2013

Volunteer Program Rules
For the
Bunkhouse and Community Center

- 1) No ALCOHOL or DRUGS allowed.
- 2) No Romantic Involvement.
- 3) Use the Buddy system. Do Not go anywhere without a buddy, Do Not leave the community center, job site or activity area without your buddy, and permission of a staff member.
- 4) The Crew Hall is Off limits to anyone not with the volunteer group. Community members may enter the crew hall to check on things, but must be accompanied by a volunteer.
- 5) The Crew Hall is divided into male and female sides. Men sleep on one side and women on the other. The porches on the front and back can be used to gather together.
- 6) Treat others as you would have them treat you. Have respect and consideration for people and their property.
- 7) Volunteers are responsible for maintaining the Crew Hall and Dining Area during their stay.
- 8) Volunteers are responsible for their own wake up call. Volunteers need to be up and ready to go by 8:00 am.
- 9) Volunteers are responsible for preparing their own breakfast and packing their lunches. Hurley Community Development Inc will provide the food.
- 10) CD Players and Radios may be played in the crew hall or outside be permission of your group leader. The Community Center is used for meals, evening entertainment, community business and conversation.
- 11) Quite Hours and Lights Out is 11:00 p.m.

Please have each member of your group read and sign this copy of the rules, and return it along with your information and insurance forms. I have read and understand the above rules and agree to abide by them while I am in Hurley.

Date: _____

Signature: _____

Hurley Community Development Inc.
P.O. Box 693
Hurley Va. 24620
(276) 566-7142
Consent Form

We are sending you this consent form to both inform you and request permission for your photo/image and personally identifiable information to be published on the Hurley Community Development web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we want to celebrate your week of accomplishment by posting picture/image of your group in action. The law requires that we ask for your permission to use information about you.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you. Personally identifiable information includes names, photo or image, residential addresses, e-mail address, phone numbers.

If you, or a parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending us a letter and such rescission will take effect upon receipt.

Check one of the following choices:

____ I/We **Grant** permission for photo/image that includes this volunteer to be published on the Hurley Community Development internet site.

____ I/We **DO NOT GRANT** permission for photo/image that includes this volunteer to be published on the Hurley Community Development internet site.

Volunteer Name (please print) _____

Volunteer Signature _____

If under 18

Print name of Parent/Guardian _____

Signature of Parent/Guardian _____

HURLEY