

Schedule

Sunday

Check-in 5-7pm

Chapel

Monday - Wednesday

Breakfast and devotion

Work at mission sites, lunch, go back to work

Free time

Dinner

Chapel

Group time

Thursday

Breakfast

Half day work (lunch & dinner not provided)

Free half-day to enjoy local activities

Closing Chapel service

Friday

Breakfast

Free day to enjoy local activities (lunch & dinner not provided)

Friday Night Fellowship

Saturday

Breakfast and check-out by 10:00 am

**Due to times varying at each camp, a detailed schedule will be provided at check-in.*

Packing List

- * Work clothes (clothes you wouldn't mind getting dirty)
- * Athletic shoes or other shoes appropriate for work (no open-toed shoes or thinly soled shoes)
- * Clothes for free time and evening programs (refer to the dress code)
- * Refillable water bottle
- * Bathing suit (modest one piece bathing suits only)
- * Bible, pencil/pen
- * Sleeping bag or twin sized linens and pillow
- * Toiletries & bath towel
- * Insect repellent
- * Flashlight
- * Work gloves and hat
- * Sunscreen





Camp Location: _____ Camp Date: _____

Permission Slip & Release of Liability

Church Name: _____ Church Address: _____

City: _____ State: _____ Zip: _____

I, (please print) _____ acknowledge that I have volunteered to participate in construction and other activities at TEAMeffort, Inc. I understand that these activities are not conducted in the course of trade or commerce, and do not involve the lease or sale of goods or services.

I am aware that I am voluntarily participating in these activities of construction, which include, but are not limited to, the construction of homes, loading and unloading materials, painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of the danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below.

I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of TEAMeffort, Inc., its directors, officers, agents, employees, volunteers, suppliers, or contractors. This release is intended to be broad in its effect.

I authorize a church representative and/or TEAMeffort staff member to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for treatment.

Participant Name: _____ D.O.B: _____

Address: _____

Contact Phone: _____

Insurance Carrier: _____ Policy #: _____

Allergies: _____

Date of last tetanus shot: _____

Medical information: _____

Signature of participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

NOTARY SECTION:

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of 20____, by _____

Notary Public's Signature

Notary Name

My Commission Expires on _____

(Notary stamp here)