

# SERVING PHOENIX 2009

Check out the dates for our service projects throughout Phoenix. Sign up to reserve your spot by texting MATT 602.319.1837. Spots are limited - sign up early!

## Andre House

Dining Room Setup & Soupline.  
10 people max  
Departure: 2:30pm / Return: 8:00pm

## Shifting Gears

Repair Bicycles for homeless.  
12 people max  
Departure: 3:00pm / Return: 7:00pm

## Crisis Nursery

Play with kids, read, and make art projects.  
12 people max  
Departure: 3:00pm / Return: 7:00pm

## United Methodist Outreach Ministries

Working with young children  
10 people max  
Departure 3:00pm / Return: 7:00pm

## Habitat for Humanity

Construction projects.  
5 people max / 16 years old +  
Departure 7:00am / Return: 12:30pm

	SUN	MON	TUE	WED	THU	FRI	SAT
AUGUST	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	1	2	3	4	5
SEPTEMBER	6	NO SCHOOL	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	1	2	3
OCTOBER	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	OUT DAY	26	27	28	29	30	31
NOVEMBER	1	2	3	4	5	6	7
	8	9	10	NO SCHOOL	12	13	14
	15	16	17	18	19	20	SERVANT EVENT PHX
	22	23	24	25	26	NO SCHOOL	27
	29	30	1	2	3	4	5
DEC:	6	7	8	9	10	11	12
	13	14	15	16	17	18	19

**WHAT TO WEAR:** closed toed shoes are required at each site. Shorts are okay if they are not too short (with arms relaxed at your side shorts must be longer than the tips of your fingers). Shirts must have sleeves - no tank tops. Remember that it will be important to be dressed modest and 'work minded' at each site so that you are comfortable play with kids, prepare food in a kitchen, work on bicycles and build a house.

# Locations

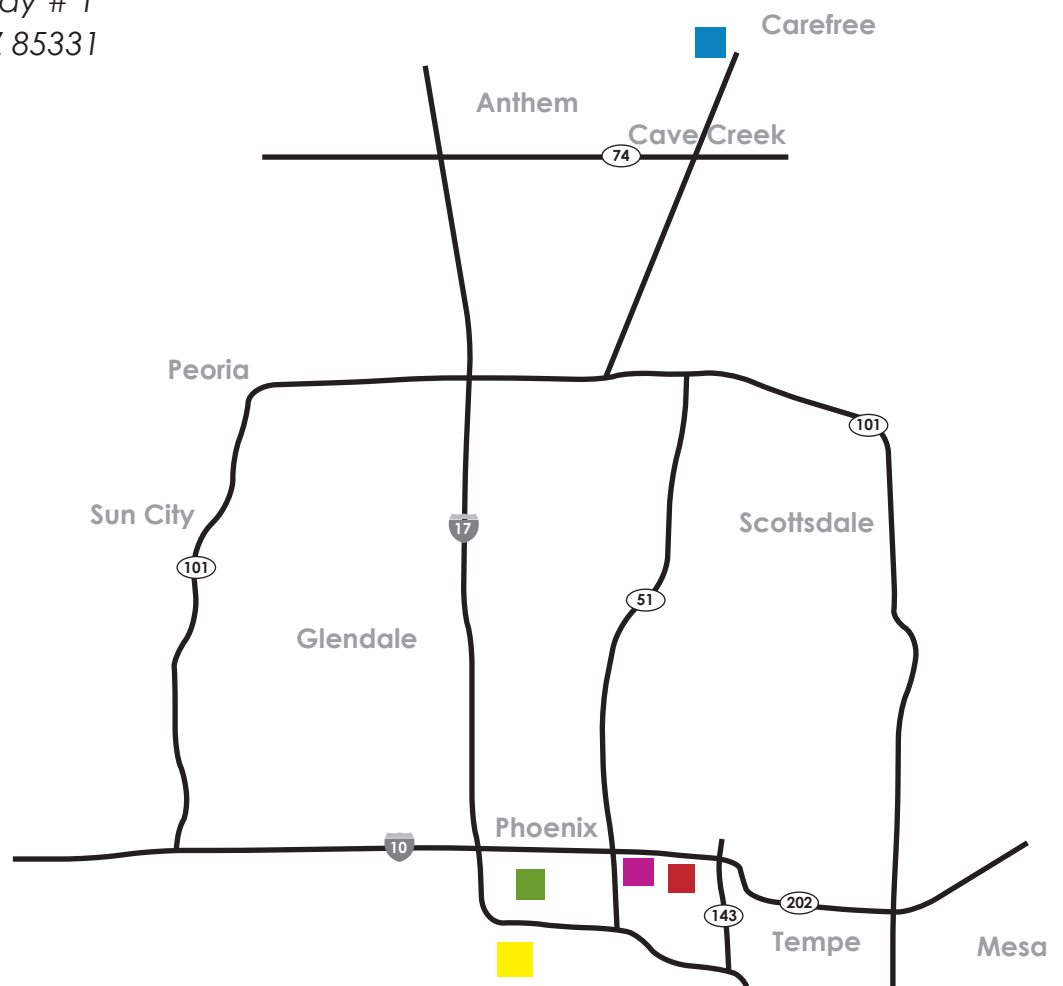
**Andre House**  
213 S 11th Ave  
Phoenix, AZ 85006

**Shifting Gears**  
420 W Watkins Rd  
Phoenix, AZ 85003

**Crisis Nursery**  
2711 E Roosevelt St  
Phoenix, AZ 85008

**U.M.O.M**  
3320 E Van Buren St  
Phoenix, AZ 85008

**Habitat for Humanity**  
6042 E Valley Way # 1  
Cave Creek, AZ 85331



# Medical Release Form

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

### MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a?  
 good swimmer  fair swimmer  non-swimmer
2. Does your child have allergies to?  
 pollens  medications  food  insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma  epilepsy / seizure disorder  heart trouble  diabetes  physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear  glasses  contact lenses
6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments: \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_