

# YOUTH MINISTRY

\* FIRST UNITED METHODIST

Hello MissionBR!

We are so excited to serve our neighbors in Baton Rouge this year. We will do like Jesus who “did not come to be served, but to serve,” and have a great time doing it! We will partner with FUMC’s Revive225 to bring help and hope to the city we love. Our work will include interior and exterior home repairs, and community cleanup. See the itinerary and details below, and of course, call with any questions!

Bags	A packing list is on the following page, everything should be able to fit in one suitcase. You will bring your own air mattress with sleeping bag and pillow (those can be brought in a separate bag)
Trip Itinerary	<b>Sunday July 17, 10-10:45am Chaperone Meeting.</b> 3rd Floor Joe Dean Gym <b>Sunday, July 24, 7:30 a.m. Check in at FUMC Joe Dean Gym with luggage 8:30 a.m.</b> Worship and be blessed in the Sanctuary, then head out to serve! <b>Monday July 25,</b> Being the Hands and Feet of Christ <b>Tuesday July 26,</b> Fun in the sun with Geaux Outdoors/the Sandbar on False River <b>7:00pm</b> Closing dinner and Worship with families, FUMC Conference Center
Housing	We will house in the 3 <sup>rd</sup> Floor Gym at FUMC BR. Each student needs to bring a twin-sized air mattress with a pillow, and sleeping bag or sheets to go on top.
Meals	All meals on the trip are included.
Forms	FUMC Medical Info + Parental Consent (signed by parents) FUMC Behavioral Covenant (signed by youth); <b>Please return all paperwork by JULY 18 to the FUMC Office: Attn Youth Ministry.</b>
Cell Phones	Consider leaving your cell phone at home. We know cell phones are used for way more than phones. But, during the day all youth cell phones will stay packed away and out of sight until designated times in the evening.
Parent Parade	Focusing our mission locally gives us great opportunities we wouldn’t have otherwise. Throughout the trip, parents will participate too! If you and a parent friend can deliver treats to our teams on the jobsite, grill burgers for lunch onsite, serve breakfast or dinner, or have another fun idea to pump up the youth, please contact Kale!

In Christ,



Kale Wetekamm  
 Director of Youth Ministry  
 First United Methodist Church

**Everyone should pack:**

A Bible in a translation you can read

Work clothes (for 3 days, Sunday – Wednesday)

Work clothes are: 2 pairs of jeans, 2 pairs of shorts, t-shirts, 1-2 long sleeve shirts, and sturdy, close-toed shoes with tread (in case we will be roofing)

Comfortable leisure clothes (everyday for after work) Include a sweatshirt.

Underwear (this is plural, so like at least 3 pairs)

Leather work gloves

Safety glasses/eye protection

Multiple facemasks (may be necessary depending on the homeowner you work with).

Backpack to carry clothes and stuff to shower

Personal toiletries (pack bottles of liquids in plastic bags)

Soap/deodorant/ shampoo/toothbrush/ toothpaste/etc.

2 towels & a washcloth

Shower shoes

Sleeping bag and pillow

Air mattress; twin-sized

Hat

Nalgene water bottle/Reusable water bottle

A favorite candy to give to your prayer buddy

A game you like to play with a group (if you have one)

Rain jacket

Clothes to get wet in

Shoes that stay on in the river

Insect repellent

Sunscreen (not tanning oil)

Chapstick/eye drops

Flashlight

**Water Day:** Modest swimsuit (one that will remain on during play, avoid string ties). Any outfit deemed out-of-bounds will be exchanged for smelly work clothes from earlier in the week)

Shorts or a shirt to wear on the water might be comfortable too

A separate towel from your bath towel

Waterproof shoes/shoes with a back (no flip flops) you don't mind getting wet

**Money for meals:**

All meals are included.

## Emergency Contact Information:

Kale Wetekamm Cell: 985-705-9301

Kathryn Thomas Cell: 225-505-4298

First United Methodist Church: 225-383-4777

**FIRST UNITED METHODIST CHURCH  
AUTHORIZATION FOR MEDICAL CARE**

This form is to be used for the **Mission BR July 24<sup>th</sup>- 26th ONLY**

**Name of Youth:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Youth cell: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Parent(s)/Guardian:**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Please check all that applicable conditions for which your youth has been diagnosed:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Anxiety/Depression        | <input type="checkbox"/> Autism                   |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Intellectual/            |
| <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Physical Handicap         | <input type="checkbox"/> Developmental Impairment |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Emotional Handicap        | <input type="checkbox"/> Other                    |

If you have checked any of the above, please give details, including all known allergies:

\_\_\_\_\_

Any restrictions that should be observed: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medication taken on a regular basis: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Group: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

**INCLUDE A COPY OF YOUR MEDICAL  
INSURANCE CARD!**

**MORE ON BACK →**

The undersigned Parent(s)/Guardian, hereby:

- (1) Certifies that the above information is true and correct.
- (2) Agrees to update the above information with any changes, including providing a copy of any new insurance card received.
- (3) Waives any claim against First United Methodist Church and its employees and volunteers.
- (4) Authorizes and Clergyperson, Staff person, Adult Volunteer or Youth Counselor of First United Methodist Church of Baton Rouge, Louisiana to take whatever steps may be necessary to obtain emergency medical care for the above listed youth, including, but not limited to, the following:
  - a. Attempting to contact parents or guardians through the numbers listed on the form
  - b. Attempting to contact the youth's physician or dentist listed above
  - c. Transporting the youth to any doctor's or dentist's office, any medical facility, or any hospital, including calling an ambulance
  - d. Consenting to the treatment of the youth, including consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; and hospital care to be rendered to the youth under the general or special supervision and on the advice of any physician or dentist. This consent includes the right to choose between alternative treatments. It is understood that this authorization is give in advance of any specific diagnosis, treatment, or representatives of First United Methodist Church of Baton Rouge, LA to give specific consent to any and all treatment that a provider may deem advisable in his or her professional judgment.
- (5) Gives permission to transport the youth home if necessary for medical reasons.
- (6) Agrees to pay any expenses incurred under numbers 3, 4, or 5 above.
- (7) Agrees that First United Methodist Church of Baton Rouge and/or its representatives will not be responsible for anything that may happen as a result of false information given on this form, or the failure to update this form.

**PARENTAL CONSENT FORM:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my child permission to participate in the **Mission BR July 24<sup>th</sup> - 26<sup>th</sup>** with First United Methodist Church in Baton Rouge. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, & responsibility. I understand that my child my be exposed to certain unusual risks that may involve, among other things, the following: Dangers resulting from disease; from geographic features which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat & humidity.  
**I also consent for my child's image and/or name or likeness to be used by First United Methodist Church in digital, print and online media:**

Signature(s) of Parent(s):

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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Parents sign here →

**YOUTH COVENANT OF BEHAVIOR:**

Mission trips are important in the life of youth at FUMC. It is essential each participant enters into covenant with God and one another before we travel. All participants should be aware of behaviors that may serve as "stumbling blocks" for others. We expect each person to support all aspects of the trip—with his or her abilities, time, presence and prayers. Each YOUTH must sign and agree to the following:

1. I will come with an open mind, loving heart and willing spirit.
2. I will be a contributing group member and will participate and be on time to all group activities
3. Everything I do and say will be helpful and supportive
4. I will adhere to the Golden Rule: treating others as I want to be treated
5. I will leave each place and person better than I found it
6. I will respect differences in others' understanding of who God is in their lives.
7. I will recognize that my body is a temple of God. Therefore, I will not use improper language, indecent dress, alcohol, tobacco, cigarette (or similar) products, or uncontrolled substances
8. I will respect those I share space with by acting to prevent the spread of communicable diseases
9. I have read and agree to abide by this Covenant

Youth sign here →

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

INCLUDE A COPY OF YOUR  
CHILD'S MEDICAL  
INSURANCE CARD HERE

WE WILL ABIDE BY STATE AND LOCAL  
GUIDELINES TO PREVENT THE  
SPREAD OF COVID-19, INCLUDING  
THOSE SET BY OUR DESTINATION  
AND MINISTRY PARTNERS.

IF AVAILABLE, PLEASE PROVIDE A  
COPY OF YOUR CHILD'S COVID-19  
VACCINATION CARD

THOUGH NOT REQUIRED AT THIS  
TIME, AHEAD OF THE TRIP,  
PARTICIPANTS MAY BE ASKED TO  
ARRIVE WITH A NEGATIVE TEST  
RESULT TAKEN WITHIN 2 DAYS OF  
DEPARTURE.



## Paying for Your Trip or Event:

### With Cash or Check:

Cash or check can be brought or mailed to: First United Methodist Church  
Attn: Youth  
930 North Blvd.  
Baton Rouge LA, 70808

You **MUST** note "the EVENT NAME" and your child's name in the memo line, for the payment to be assigned correctly. (ex: "MissionBR – Peter Parker")

### Online Payments:

FUMC offers online pay (and tithing!) through Shelby Giving at [www.firstmethodist.org](http://www.firstmethodist.org)

- From the FUMC homepage, choose the red "GIVE" button at the top
- Scroll down and click the red box "GIVE ONLINE NOW"
- Under "My Donation," click the arrow on the "FUND" box and select "Special Events" from the drop-down menu
- Enter the amount due
- In the next text box, you **MUST** include "the EVENT NAME" and your **student's name**, for your payment to be credited to the event (ex: "MissionBR – Peter Parker")
- Please be prepared to pay the 2.6% convenience fee

### Amount Owed:

Youth Name: \_\_\_\_\_

Trip Tuition: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance Remaining: \_\_\_\_\_