**The Summer of Glove 2017**

**Montana Synod House Build.**

Thank you for your interest in partnering with the synod on this project. By utilizing volunteer labor, we will be able to save upwards of 15% of the building costs. With congregations from across the state participating it will truly be “our house!”

Here is what the project will look like;

We will be working with the ELCA Mission Builders. They have worked on a number of projects in our synod including Flathead Lutheran Bible Camp, Bethel Great Falls and Our Redeemers Helena. You can go to their **elcamissionbuilders.org** to find out more about them.

We will be seeking crews to start on **June 6th and expect to finish in early September**.

**Make up of crews**

Volunteers will be registered on a first come first served basis. Register early to guarantee your place!

We will be looking for teams of 4 builders and 2 cooks to work each week. The build team will be working under the supervision of the Mission Builder manager and foreman. There will be four mission builders joining the project. The cook team will provide snacks for the crew. Note that safety is key on the jobsite so hardhats and the use of safety equipment will be required.

**What if we cannot send a whole crew?**

You will be able to register as an individual.

**Work Week**

The work week will begin on Tuesday and end on Saturday. Mission builders works from 7:30am – 4:30 pm. with a morning break and devotions, lunch at noon and an afternoon break.

**Housing**

It appears that it would be more cost effective for the volunteers to stay in hotels. RV’s and campers could be utilized, the cost at KOA is $65 per night. There will be some availability in the parking lots of some of our Great Falls congregations. These would not include hook-ups however. There also may be limited availability for home stays.

**Food**

Each team member will contribute to the food kitty. There will be 4 breakfast and dinner meals, 5 lunches as well as morning and afternoon snacks. The last evening is usually a celebration night where the teams go out together. The suggested contribution is $40 per person,

**Equipment**

When you have registered we will provide you with a list of items you might bring with you.

**Expertise**

Through all phases of the build we will be able to utilize the skill level of each member of your team. If there are specific skills needed that will be communicated once we have the building schedule.

Questions? Rev. Arne Bergland [synodhouse@ourredeemerlives.org](mailto:synodhouse@ourredeemerlives.org)

Jerry Hoover 406-431-2303

**Summer of Glove 2017**

**Montana Synod House Build Team Registration**

**Date Build team Cook team**

\_\_\_June 6-10 \_\_\_ \_\_\_

\_\_\_June 13-17 \_\_\_ \_\_\_

\_\_\_June 20-24 \_\_\_ \_\_\_

\_\_\_June 27-July 1 \_\_\_ \_\_\_

\_\_\_July 4-8 \_\_\_ \_\_\_

\_\_\_July 11-15 \_\_\_ \_\_\_

\_\_\_July 18-22 \_\_\_ \_\_\_

\_\_\_July 25-29 \_\_\_ \_\_\_

\_\_\_August 1-5 \_\_\_ \_\_\_

\_\_\_August 8-12 \_\_\_ \_\_\_

\_\_\_August 15-19 \_\_\_ \_\_\_

\_\_\_August 22-26 \_\_\_ \_\_\_

\_\_\_August 29-September 2 \_\_\_ \_\_\_

Please indicate a first, second and third preference. Dates will be assigned on a first come-first serve basis. A $50.00 deposit per team or $20.00 per individual is needed to assure your assignment.

**Housing**

We are interested in camper spots and/or home stays \_\_\_\_\_\_

**Is there anything else we need to know about your team?**

Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congregation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many wiil be in your group?\_\_\_\_\_\_\_\_\_

Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return forms to:**

Summer of Glove

Our Redeemer’s Lutheran Church

3580 North Benton Ave.

Helena, MT 59602

**Summer of Glove 2017**

**Montana Synod House Build Individual Registration**

**Date Build team Cook team**

\_\_\_June 6-10 \_\_\_ \_\_\_

\_\_\_June 13-17 \_\_\_ \_\_\_

\_\_\_June 20-24 \_\_\_ \_\_\_

\_\_\_June 27-July 1 \_\_\_ \_\_\_

\_\_\_July 4-8 \_\_\_ \_\_\_

\_\_\_July 11-15 \_\_\_ \_\_\_

\_\_\_July 18-22 \_\_\_ \_\_\_

\_\_\_July 25-29 \_\_\_ \_\_\_

\_\_\_August 1-5 \_\_\_ \_\_\_

\_\_\_August 8-12 \_\_\_ \_\_\_

\_\_\_August 15-19 \_\_\_ \_\_\_

\_\_\_August 22-26 \_\_\_ \_\_\_

\_\_\_August 29-September 2 \_\_\_ \_\_\_

Please indicate a first, second and third preference. Dates will be assigned on a first come-first serve basis. A $50.00 deposit per team or $20.00 per individual is needed to assure your assignment.

**Housing**

I wiil require a spot for my camper \_\_\_\_

I am interested in staying in a home \_\_\_\_

Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congregation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_

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Helena, MT 59602

**VOLUNTEER HEALTH HISTORY FORM**

Even if you have previously given us some of the same contact information, we need you to provide it again on this form. This form will be kept on file nearby in case of emergency where further medical treatment would be necessary.

**Contact Information**

Participant First and Last Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Questions**

Do you have any pre-existing injuries (ankle, knee, back, neck, shoulder, etc.) that might be aggravated by your participation? Yes No

Are you currently taking any medications? Yes No If yes, please list medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any heart problems? Yes No

Do you have high blood pressure? Yes No

Do you often feel faint or have spells of severe dizziness? Yes No

Do you have any breathing difficulties or illnesses? Yes No

Do you have diabetes? Yes No

Are you pregnant? Yes No

Do you have allergies (food, bees, insects, medications, etc.) Yes No

Unknown

If you answered YES to any questions above, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (An employee of Metigoshe Ministries may discuss the safety of your participation in volunteering with you.)

Please include any additional information that you feel is relevant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance and Permission to Treat**

Insurance Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This health history is correct to the best of my knowledge, and I believe that my/my health is satisfactory to participate in volunteering with projects of the *Montana Synod House Build project* . I authorize leadership at the Synod House build to take action as deemed necessary for my care, welfare, and health while volunteering. I consent to any medical treatment necessary to treat me for any accident, injury, or illness arising as I volunteer for the Montana Synod I understand that a copy of this form will be provided to the doctor, hospital, or other health care provider that administers the treatment and consent to its release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant or Parent/Guardian Date**

*Participants 18 and older sign for themselves*

**Montana Synod of the ELCA**

**VOLUNTEER AGREEMENT:** ASSUMPTION OF RISK & RELEASE OF LIABILITY Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_

(Please print) (Must be 16+ for construction volunteering.) Parent/Guardian Name:

(If volunteer is under 18 yrs. old)

**Initial below to indicate that you have read, understood and agree to the section following your initials**

*Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.*

**I understand and assume all dangers and risks (both known and unknown) associated with my participation as a volunteer and agree to release and hold harmless the Montana Synod of the ELCA, its employees, and Board of Trustees** for any damages to personal property or injuries of any nature, which might be incurred as a result of my voluntary decision to volunteer with the *Montana Synod House build* project. I acknowledge that I am not an employee or agent of the Montana Synod of the ELCA while volunteering and am not covered by the Montana Synod of the ELCA workforce safety insurance or health insurance. I will be responsible to pay for any medical expenses or any other damages I incur as a result of my voluntary decision to volunteer.

**I understand that volunteering with the *Montana Synod of the ELCA* project may be quite physically demanding,** and possess actual risk of injury – bumps, cuts, and bruises are possible, as are greater injuries including fractures and fatalities. I voluntarily choose to be a volunteer and understand it may involve bending, twisting, lifting, climbing, and increased heart or breath rates.

**I understand that the Montana Synod has the right to deny participation** and that it is my responsibility as a volunteer to follow the safety guidelines and procedures established by the Montana Synod of the ELCA and the Mission Builders. If, at any time, I do not understand or have not heard specific instructions given, I realize that it is my responsibility to ask for clarification and/or assistance.

**I understand that I have the right and the responsibility to limit my participation in anything that I believe will compromise my safety,** and agree to notify an employee of the Montana Synod of the ELCA if I have safety concerns. If I choose to physically participate in any building of the Montana Synod House, I voluntarily assume all risks associated with such participation.

**I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and video to be used by the Montana Synod of the ELCA in future publications. I understand my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or video.

**I assume full personal responsibility for any injury, death, loss of personal property, and expenses thereof,** that may result from my negligence, or other risks associated with volunteering, including, but not limited to, those caused by the construction site, terrain, weather, my athletic and physical condition, and other volunteers.

**I acknowledge that I have been given the opportunity to ask questions regarding my participation** as a volunteer and any aspect of this release form.

**I certify that I am fully capable of volunteering with the *Montana Synod House Build* project and any related activities.** I acknowledge that I will not volunteer with building if I am not 16 years or older.

By signing this release form, I agree that if I do sustain any injury or damage of any nature as a result of my voluntary decision to volunteer with the Montana Synod House build project, I will hold harmless and release the Montana Synod of the ELCA from liability for any loss resulting from such participation and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy.

I acknowledge that I have completely read and fully understand all aspects of this release form and agree to its terms in its entirety. If acting as legal representative, I have shared these risks with the Minor I am signing for.

**Participant Signature (minors must sign, to show they were made aware of the risks) Date Parent/Guardian/Legal Representative Signature (required for participants under 18) Date**

             