

Registration Packet

2020 Roscoe UMC Mission Work Trip to Cedar Rapids Iowa Transform Week June 21-27, 2020

Please complete all sheets in the packet. Please return completed forms and registration fee of \$150.00. (Make checks payable to Roscoe UMC) and return by May 3, 2020 To:

Roscoe UMC
10816 Main St.
Roscoe IL 61073

If you have any questions please contact Jim Scherbinski
at 815-985-7971 or 250jims@gmail.com



When

Monday, June 22, 2020 at 9:00 AM CDT

-to-

Friday, June 26, 2020 at 4:00 PM CDT

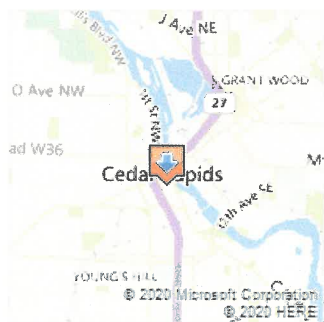
[Add to Calendar](#)

Where

Matthew 25

201 3rd Avenue SW

Cedar Rapids, IA 52404



[Driving Directions](#)

Contact

Matthew 25

PH: 319.221.4

info@hub25.org

Look Who Else is Registered!

Michael Buckman

Deb Cameron

Richard Grimm

Gina Strand

Volunteers for the 5th Annual Transform Week

Transform Week brings together community volunteers to complete projects that homeowners aren't able to do on their own due to age, disability, finances, or other inhibiting circumstances. This year we'll be taking on 24+ projects in the Taylor and Time Check neighborhoods. Be a part of the transformation!

* Required information

Volunteer Information

* **First Name:**

* **Last Name:**

* **Email Address:**

* **Confirm Email Address:**

Cell Phone:

Address 1:

Address 2:

City:

State:

Illinois ▼

ZIP Code:

Transform Information

* **What day(s) are you coming to Transform 2019?**

- Monday, June 22
- Tuesday, June 23
- Wednesday, June 24
- Thursday, June 25
- Friday, June 26

What valuable skills do you have that might be helpful? (plumbing, electrical, windows/doors, roofing, framing, etc.)

Please list any dietary restrictions:

* Please indicate which of the following applies to you:

- I am a group leader
- I am a part of a group, but not the leader
- I am an individual volunteer, not part of a group

* Please indicate the company, church, or organization with which your group is affiliated. (If you are an individual volunteer, please write "none")

How did you hear about this volunteer opportunity?

Is there anything else we need to know about your time volunteering at Transform?

500 characters remaining

Emergency Contact

* Name:

* Relationship:

* Phone:

Alternate Phone:

Please list any medical conditions or allergies of which we should be aware:

Please list any medications you take:

T-shirt Selection

Item	Qty.	Max Limit	Price
T-shirt			
Limited quantities of t-shirts available. Must register before May 31 to guarantee t-shirt availability. Select up to 1			
Small		1	Free
Medium		1	Free
Large		1	Free

Volunteers for the 5th Annual Transform Week

Item	Qty.	Max Limit	Price
XL		1	Free
2X		1	Free
3X		1	Free

*

I'm not a robot

reCAPTCHA
[Privacy - Terms](#)

Allow others to see that I have registered. (Note: only your name, title, and company information will be shared.)

Yes, I would like to receive Matthew 25 email newsletters

By checking this box, you're consenting to receive marketing emails from:
Matthew 25, 201 Third Avenue SW, Cedar Rapids, IA 52404, United States
<http://www.hub25.org>

You can revoke your consent to receive emails at any time by using the SafeUnsubscribe™ link, found at the bottom of every email. [Emails are serviced by Constant Contact.](#)

Register

[Mobile View](#)

Roscoe United Methodist Church
Mission Work Trip to Cedar Rapids Iowa
Matthew 25 Transform Week
June 21-27, 2020

Send this completed form, along with the registration fee of \$150.00 (checks made payable to Roscoe United Methodist Church) to the church office at 10816 Main Street, Roscoe, IL 61073 by May 3, 2020.

Name _____ Date of Birth _____

Allergies _____

Dietary restrictions _____

Any work limitations _____

Date of last tetanus shot (must be within last 10 years) _____

Insurance Company _____ Policy # _____

Doctor's Name & Phone Number _____

Emergency Name & Phone Number _____

PHOTO RELEASE

I give consent for the use of my photo on church media: _____
(Signature of participant or Parent or Guardian for minors)

Please do not use my photo on church media: _____
(Signature of participant or Parent or Guardian for minors)

MEDICAL RELEASE FORM

I give the Roscoe United Methodist Mission Team adults permission to seek needed medical attention and to administer non-prescription medication if it is needed.

(Signature of participant)

(Parent or Guardian signature for minors)

**Skills Assessment Form
Roscoe Methodist Church
Mission Work Crew**

Name _____

To use your time and talents to the greatest benefit on our Mission Work Trip, please indicate which of the following skills you have and also the level of skill you have by using the following chart.

- 0 = I am unable to do, or am not interested.
- 1 = I don't know how, but am willing to learn or try.
- 2 = I have done it before, but still need help to do.
- 3 = I can do a good job by myself.
- 4 = I can do a good job and can guide or teach others.

0	1	2	3	4	
					Carpenter
					Clean up worker
					Drywall hanger
					Drywall Finisher
					Window installation
					Electrician
					Flooring – Carpet
					Flooring – Underlay
					Flooring – Vinyl
					Framing
					Insulation
					Painter
					Plumber

Other Skills or Comments: