

# Youth in Service: MISSION POSSIBLE

**A Day of Service around the Presbytery  
for Youth in grades 6-12, and their Adult  
Advisors!**



**February 4, 2017, 10 am – 4 pm**

Three different sites:

- ❖ First Presbyterian Church, Clarksburg
- ❖ Old Stone Presbyterian Church, Lewisburg
- ❖ South Park Presbyterian Church, Charleston

Youth across the presbytery are encouraged to join together in a variety of ways at three different sites to participate in local mission. You might find yourself at a food pantry, a clothes closet, or helping elderly persons in their homes.

The day will begin with an Opening Gathering time at 10 am, following which participants will go out to local mission sites, and the day will end with a Closing Gathering. Gathering times will be the same across all three sites, while local mission sites will vary.

Each participant is asked to bring a brown bag lunch. There is no cost for the day.



**The registration deadline is Thursday, January 19**, in order to enable planners to have the appropriate number of work sites available. Registration information will be sent to all Pastors, Clerks of Session, Educators and Youth Ministry folks in early December.

For more information, contact Susan Sharp Campbell, 304-645-4568, or [susan\\_sharp\\_campbell@hotmail.com](mailto:susan_sharp_campbell@hotmail.com).



November 22, 2016

To: Pastors, Educators, Youth Directors, Clerks of Session  
From: Susan Sharp Campbell, Associate for Educational Ministry  
Re: **Youth in Service: MISSION POSSIBLE**

**Youth in Service: MISSION POSSIBLE 2017**, for youth (those in grades 6-12), and adults who work with them, is a day of service based in different parts of the presbytery on Saturday, February 4, the day before the Super Bowl and the Souper Bowl of Caring. These will be held at First Presbyterian Church, Clarksburg; South Park Presbyterian Church, Charleston; and Old Stone Presbyterian Church, Lewisburg. While the focus of this event, **Youth in Service: MISSION POSSIBLE**, will be the same in each area, with Opening and Closing Gatherings that are the same, the work sites and projects will vary. The day will begin at 10 am and conclude at 4 pm.

This mailing contains several items relevant to this event. These include:

- A multi-colored flier to post on a bulletin board where youth will see it.
- A registration form for youth and adults from your congregation. This needs to be completed and returned no later than Thursday, January 19, 2017. Pre-registration is very important in order for us to work with the coordinators at the various churches and agencies to ensure sufficient and appropriate work sites. While there is no youth/adult ratio, adult advisors are welcome and important participants in this day
- A permission/medical form and covenant form for each participant. Please note that there are different medical forms for youth and adults. Participants need to bring these with them on the 6<sup>th</sup>.

Please note that adults will be required to submit a background check form and reference information form that must be completed by all adults planning to attend. This will be sent as registrations are received.

There is no cost for this event, although each participant needs to bring a brown bag lunch. Lunch will be eaten at the various work sites.

For more information on this event, please contact Susan Sharp Campbell, 304-645-4568 or [susan\\_sharp\\_campbell@hotmail.com](mailto:susan_sharp_campbell@hotmail.com).

**PLEASE SHARE THE ENCLOSED INFORMATION WITH YOUTH AND ADULT ADVISORS  
IN YOUR CONGREGATION.**

**Youth in Service: Mission Possible!**  
**Saturday, February 4, 2017**  
**Registration Form**  
**REGISTRATION DEADLINE IS THURSDAY, JANUARY 19, 2017**

The following will be participating in **Youth in Service: MISSION POSSIBLE** at (check one):

First Presbyterian Church, Clarksburg;  
 South Park Presbyterian Church, Charleston;  
 Old Stone Presbyterian Church, Lewisburg.

1. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

2. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

3. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

4. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

(OVER FOR MORE SPACES)

5. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

6. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

7. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

8. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

9. Name \_\_\_\_\_

Church \_\_\_\_\_

email \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

please circle either    youth (write grade in blank) \_\_\_\_\_    OR adult

**Covenant Form**  
For All Participants (youth and adults) of  
**Youth in Service, Mission Possible**  
Do Not Mail  
Bring to Gathering Site

Name\_\_\_\_\_

Address\_\_\_\_\_

Age\_\_\_\_\_ School Grade\_\_\_\_\_ M\_\_\_\_ F\_\_\_\_\_

Church\_\_\_\_\_

I agree to abide by the following Youth Event Covenant:

In coming to this event, it is important to remember that I am participating in a Presbytery-sponsored event, and am in a Christian setting. I promise to follow the event covenant and I will:

- ◆ Not bring or use tobacco;
- ◆ Not bring or use illegal drugs, alcohol, or weapons;
- ◆ Follow the schedule, try to be prompt, and participate in all activities;
- ◆ Respect the environment by caring for all buildings, putting trash and materials for recycling in proper containers, not wasting food, etc;
- ◆ See the designated person for medical care;
- ◆ Use my phone only during non-activity time.

Signature\_\_\_\_\_

## **YOUTH**

### **MEDICAL RELEASE FORM and INSURANCE INFORMATION**

**Youth Events – Presbytery of West Virginia**

**To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia “Youth in Service: MISSION POSSIBLE,” Saturday, February 4, 2017.  
Please send it with your youth to the event.**

I give permission for my child, \_\_\_\_\_, to participate in the **Youth in Service: MISSION POSSIBLE** of the Presbytery of WV, February 4, 2016. In case of emergency, I give my permission for medical treatment. Please reach me at one of the following telephone number:

Day \_\_\_\_\_ Night \_\_\_\_\_. In the event I cannot be reached in the case of an emergency, please contact: \_\_\_\_\_  
who is \_\_\_\_\_ (relationship to youth)  
at phone number: day \_\_\_\_\_ night \_\_\_\_\_.

Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_

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

**INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file. This form will be shredded after the event.**

Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Please circle if your child has a history with any of these medical problems:

|                                      |                         |                 |
|--------------------------------------|-------------------------|-----------------|
| Hay Fever                            | Convulsions             | Lung Problems   |
| Bee stings                           | Blood Pressure Problems | Ulcers          |
| Fainting                             | Cancer                  | Kidney Problems |
| Asthma                               | Heart Disease           | Diabetes        |
| Sulfa Drug Allergic Reaction         | Poison Ivy or Oak       |                 |
| Penicillin Allergic Reaction         |                         |                 |
| Other Illnesses or Conditions: _____ |                         |                 |

Name \_\_\_\_\_

**ADULTS**

**MEDICAL RELEASE FORM and INSURANCE INFORMATION**  
**Youth Events – Presbytery of West Virginia**

**To be completed by each Adult participant at the Presbytery of West Virginia Youth in Service MISSION POSSIBLE, February 4, 2017. PLEASE BRING WITH YOU.**

**While we hope to never have to use this information, in the event that something happens such that you are unable to provide this, you are asked to complete the following.**

**INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file anywhere. This will be shredded after the event.**

Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Please circle if you have a history with any of these medical problems:

|                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| Hay Fever                    | Convulsions             | Lung Problems   |
| Bee stings                   | Blood Pressure Problems | Ulcers          |
| Fainting                     | Cancer                  | Kidney Problems |
| Asthma                       | Heart Disease           | Diabetes        |
| Sulfa Drug Allergic Reaction | Poison Ivy or Oak       |                 |
| Penicillin Allergic Reaction |                         |                 |

Other Illnesses or Conditions: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ who is \_\_\_\_\_

in relationship to me at phone number \_\_\_\_\_

Day \_\_\_\_\_ Night \_\_\_\_\_. Should I be in need of immediate medical care, I give permission for those in charge of the event to seek appropriate medical care for me, if I am unable to do so for myself.