

# CHRISTIAN SERVICE

at Badin High School

This summer has been an amazing one for Badin's Service Department! We launched our "*Summer in Solidarity*" program, and hosted two service trips where students were encouraged to stretch their comfort zones, to open their minds, and to offer their hands in service in a new and profound way. In June, we traveled to Solsberry Hill in Indiana and served the rural community at different non-profits each day. In July, we traveled to Guatemala with Cooperative for Education and witnessed firsthand the efforts being made to break the cycle of poverty through education. Both weeks were powerful experiences that will not be forgotten! Many thanks to the 17 students who stepped into the unknown and opened their hearts and minds to these life-changing experiences! (Planning is already underway for Summer in Solidarity 2018! Be on the lookout for

applications late fall!) Contact Megan Halverson at [mhalverson@BadinHS.org](mailto:mhalverson@BadinHS.org) to find out more. And I will look forward to all the good that lies ahead!





# SUMMER SERVICE 2017

"Nothing can dim the light that shines from within." Maya Angelou

Please join us just before the school year officially begins to serve our community on behalf of Badin! We have chosen three social causes to address, and we will use our time and our gifts to support the agencies that are addressing these areas of concern in Hamilton. This is a great way to earn service hours and to become more aware of the needs in our community, discovering your own way to make a difference in the process.

**Students must provide their own transportation, and permission slip on the back of this form must be signed!**  
Please SIGN UP for the service experiences you will be participating in by returning this form to Mrs. Halverson at Badin by Monday, August 8th. Email Mrs. Halverson at [mhalverson@BadinHS.org](mailto:mhalverson@BadinHS.org) with any questions or concerns.

## THE RIGHTS of CHILDREN

Hamilton Living Water Ministry, Inc.

Thursday, August 10th, from 10:00am to 1:00pm

Hamilton Living Water Ministry

510 South Eighth Street, Hamilton, Ohio 45011

## HUNGER and POVERTY

The Salvation Army Feeding Program

Friday, August 11th, from 11:30am to 2:00pm

The Salvation Army

235 Ludlow Street, Hamilton, Ohio 45011

The Community Meal Center

Friday, August 11th, from 4:00pm to 7:00pm

The Presbyterian Church

23 S. Front Street, Hamilton, Ohio 45011

## ANIMAL WELFARE

Animal Adoption Foundation

Saturday, August 12th, from 9:00am to 11:00am

Animal Adoption Foundation

2480 Ross Millville Road, Hamilton, Ohio 45013

Name \_\_\_\_\_

Grade \_\_\_\_\_

Phone \_\_\_\_\_

I will attend the following service experiences:

Hamilton Living Water Ministry on Thursday, August 10th, from 10:00am to 1:00pm

\_\_\_\_\_

The Salvation Army Feeding Program on Friday, August 11th, from 11:30am to 2:00pm

\_\_\_\_\_

The Community Meal Center on Friday, August 11th, from 4:00pm to 7:00pm

\_\_\_\_\_

The Animal Adoption Foundation on Saturday, August 12th, from 9:00am to 11:00am

\_\_\_\_\_

**"You are the light of the world. A city set on a mountain cannot be hidden. Nor do they light a lamp and then put it under a bushel basket; it is set on a lampstand, where it gives light to all in the house."**

Matthew 5: 14-15

# SUMMER SERVICE 2017

## Permission Form

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I am requesting permission for my child \_\_\_\_\_ to attend  
Summer Service experiences between Thursday, August 10th and Saturday, August 12th, 2017.

### Emergency Information

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name of Parent(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Daytime Number (work or cell) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Daytime Number (work or cell) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

If emergency treatment is required, may the school authorities use their own judgement in sending your child to the most accessible hospital or doctor before parents are reached? Please circle YES or NO.

Please list your child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

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Signature of Parent / Legal Guardian

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Date