

# "LOVE THY NEIGHBOR" 2024 VOLUNTEER PACKET

# **Bowling Green, MO**

June 23th-June 27th

**LTN Ministries** 



#### Matthew 22:39

Love Thy Neighbor is a multi-denominational home repair outreach ministry provided by the local churches in the Bowling Green area. The purpose of this ministry is to do for others what they cannot do for themselves because Jesus did for us what we could not do for ourselves.

Love Thy Neighbor will take place the week of June 23-June 27th. It is our hope that you will take time out of your busy schedule to help us make a difference in the Bowling Green Community. If you know you only have a few days to spend with us, please consider making those days Monday and Tuesday of LTN week. The Bulk of the work is done on the front half of the week, and we can use all the help we can get on those days. Join us as we bring Matthew 22:39 to life & share the love of Jesus Christ as we LOVE THY NEIGHBOR!

Now on to the instructions: ALL VOLUNTEERS must complete and submit the Permission & Medical Release Form or Absence of Vital Information form. These signed and notarized forms need to be filled out and turned into Second Baptist Church by May 19<sup>th</sup> The total cost of the week is \$25 and all volunteers must complete release forms and pay to participate. Each participant will be given a t-shirt to work in each day that will be washed daily by a volunteer. A continental breakfast will be available until departure time, lunch will be provided on the job site and dinner will be eaten at the church. Participants will be expected to check in Sunday, June 23th for training, crew assignments, job prep, dinner, and worship.

Thank you for volunteering for the Love Thy Neighbor event. We are so excited to see what God will do this year and are thrilled to have you as a vital part of this ministry! The lifeblood of LTN is our common commitment to Jesus Christ. Thank you all for being willing to lay down our denominational differences to join together for the cause of Christ. May God bless us all as we work to enhance His Kingdom and bring Him Glory.

# Schedule

#### Sunday, June 23th

| 4:00 PM | Crew Chief meeting                                |
|---------|---|
| 4:15 PM | All participants meeting & directions (Sanctuary) |
| 5:00 PM | Crew meeting & visit worksite                     |
| 6:00 PM | Dinner (multipurpose room)                        |
|         |   |

### Monday, June 24<sup>th</sup> -Wednesday, June 26<sup>th</sup>

| 6:30 AM  | Breakfast and Crew Chief meeting |
|----------|----------------------------------|
| 7:00 AM  | Head to jobs                     |
| 11:45 AM | Lunch & devotions                |
| 12:30 PM | Back to work                     |
| 5:00 PM  | Dinner                           |
|          |                                  |

### Thursday, June 27th

| 6:30 AM  | Breakfast and Crew Chief meeting                          |
|----------|---|
| 7:00 AM  | Head to jobs (Wrap up Job site, Reorganize for next year, |
|          | Put tools away)   |
| 12:00 PM | Lunch & dismiss   |
|          |   |

\* Thursday will be used to wrap up on job sites and the rest of the day will be used to clean up the church, reorganize for next year, put tools away, and clean up loose ends.\*



# Items to bring:

- Work gloves
- Good hammer
- Tape measure (25 ft.)
- Light jacket & rain gear
- Hat
- Sunscreen
- Insect repellent
- Lip balm
- T-shirts with sleeves
- Sturdy pants (long pants are required for work)
- Sturdy shoes or work boots
- Sunglasses or safety glasses
- Water bottle
- A smile
- A flexible attitude
- A servant heart.

#### WHAT NOT TO BRING

- Alcohol, tobacco, legal drugs, vape or illegal drugs of any kind.
- No weapons of any kind. This includes air soft guns, paintball guns, real or fake guns, rubber bands, or water guns.
- Anything inappropriate! If it is questionable in your mind, DON'T bring it!
- Bad attitudes & mischief. The name of the game for this ministry is BE FLEXIBLE and have a good attitude!!

#### **DRESS CODE:**

#### **CLEAN NEAT MODEST**

- **No offensive clothing!** Shirts with stuff on 'em that shouldn't be there. (Like vulgar words, suggestive words, dirty pictures, distasteful slogans or ads for products such as alcohol, tobacco, or drugs)
- No spaghetti strap tops, **shorts with writing on the butt**, low-cut shirts, or shirts that are too high. Please make sure your clothes actually cover you. Also please do not wear anything that is overly tight fitting.
- If you wear something that is unsuitable, you will be asked to change. Please understand that this can be a very difficult and divisive issue. If everyone will read and cooperate with the guidelines, then we can focus on what God is doing and not get bogged down in disagreements about issues like the dress code.

#### **IMPORTANT: Cell Phone Policy**

Cell phones are a wonderful and distracting privilege. Here are some guidelines and suggestions to follow when considering bringing and using a cell phone.

- We encourage you to leave your cell phone at home.
- Please use the phones responsibly at worksites and meetings.
- The Second Baptist Church is not responsible for lost or damaged cell phones.

# Second Baptist Church Permission and Medical Release Form.

| Participant Name   |                                |                                |                                    |                                  | Age          | Date         | of Birth  | /       |
|--|--------------------------------|--------------------------------|------------------------------------|----------------------------------|--------------|--------------|-----------|---------|
| Address  |                                |                                |                                    | City                             |              | St           | ZIP       |         |
| Name of Church   |                                | Address                        |                                    |                                  | City         | St           | ZIP       |         |
| In case of an emergency no   |                                |                                |                                    | hone Numbe                       | rs - Home:(_ | )            |           |         |
| Work: ()   | _Mobile:(_                     | _)                             | Other:(                            | )                                |              | <u> </u>     |           |         |
| Medical Profile  |                                |                                |                                    |                                  |              |              |           |         |
| Generally, Participant's He  |                                |                                |                                    |                                  | Fair_        | Poor         |           |         |
| If Fair or Poor, please expl   | ain your cor                   | ndition:                       |                                    |                                  |              |              |           |         |
| List any medical difficultie   | s for which                    | you are cur                    | rently being t                     | reated:                          |              |              |           |         |
| Check any of the following   |                                |                                |                                    |                                  |              |              | tis       |         |
| Kidney Trouble Heart '   |                                |                                |                                    |                                  | psetHa       | ay Fever     |           |         |
| List any medicines or subs   |                                |                                |                                    |                                  |              |              |           |         |
| List any previous operatior  | is or serious                  | illnesses _                    |                                    |                                  |              |              |           |         |
| List any medications you a   | re currently                   | taking                         |                                    |                                  |              |              |           |         |
| List any special diet or spe   |                                |                                |                                    |                                  |              |              |           |         |
| Childhood Diseases:Ch  |                                |                                | Mumps                              | Whooping C                       | oughOth      | ner          |           |         |
| Date of Tetanus Immuniza   | tion:/                         | _/                             |                                    |                                  |              |              |           |         |
| Family Physician<br>Insurance Co<br>Subscriber Name:   |                                |                                | Phone(                             | )                                |              |              |           |         |
| Insurance Co   |                                |                                | Policy #                           |                                  | <u> </u>     |              |           |         |
| Subscriber Name:   |                                | Subscrib                       | er Number                          | Place                            | e of Employ  | ment         |           |         |
| Subscriber Occupation:   |                                |                                | V                                  | Vork Phone:_                     |              |              |           |         |
| employment by or participation<br>injuries, costs, suits or causes<br>camp or event or while on pro-<br>Complete and sign below (you | of action, pas<br>perty leased | st, present, or<br>or owned by | future, arising<br>any of the Rele | out of or caus<br>eased Parties. | ed by myself | or by my chi |           |         |
| Participant's Signature  |                                |                                |                                    |                                  |              |              | Date:     | //      |
| Parent/ Guardian Signature   |                                |                                |                                    |                                  | Phone (      | _)           | Date: _   | //      |
| Preferred Area to Serv   | e.                             |                                |                                    |                                  |              |              |           |         |
|  |                                |                                |                                    |                                  |              |              | Jon I ala | Summant |
| Job Site Worke   |                                | 1                              | Prayer 7                           |                                  |              |              | Non-Labor | Support |
| <b>Transportation</b>  |                                |                                | Care Te                            | am                               |              | (            | Childcare |         |
| C Kitchen  |                                | 1                              | _ Setup/P                          | rep                              |              |              |           |         |
| List any skills that wo  | uld help u                     | s place yo                     | ou in the bes                      | st possible                      | position:    |              |           |         |
|  |                                |                                |                                    |                                  |              |              |           |         |
|  |                                |                                |                                    |                                  |              |              |           |         |
|  |                                |                                |                                    |                                  |              |              |           |         |
| T-Shirt Size   | (1                             | Please Ind                     | icate adult                        | or youth si                      | zing)        |              |           |         |
| Please mark the days   | vou are s                      | available                      | to work:                           |                                  |              |              |           |         |
| All Week   | •                              | lon                            | Tues                               | Wed                              | Thur         | sdav         |           |         |
|  |                                |                                |                                    |                                  |              | J            |           |         |

## **REFUSAL/ABSENCE OF VITAL INFORMATION**

To Second Baptist Church Bowling Green:

Please let this serve to confirm that, despite the request of Second Baptist Church Bowling Green for such information, I am unable or refuse to provide a Social Security number in connection with the medical release for my child. I understand that the absence of this information in the medical release could cause delays or other problems in securing medical attention for my child. To induce Second Baptist Church of Bowling Green to permit my child to participate in the camp and related activities despite the absence of such information, I hereby release Second Baptist Church of Bowling Green, its employees, leaders and chaperones, and hold them harmless from and against any and all claims for any and all damages and expenses relating to Second Baptist Church of Bowling Green's failure to have this information.

| Parent/Legal Guardian Signature: |   |
|----------------------------------|---|
| Date:                            |   |
|                                  | - |
| Printed Name & Address           |   |

# **Children Media Consent and Release Form**

I, as the parent or guardian of \_\_\_\_\_\_, hereby give First Baptist Church and its

employees, representatives, and authorized media organizations permission to print,

photograph, and record my child for use in audio, video, film, or any other electronic,

digital and printed media.

I do **not** give permission for Second Baptist Church to photograph or video my child.

| Name of child                    | Age |
|----------------------------------|-----|
| Parent/Legal Guardian Signature: |     |
| Date:                            | _   |