**St. Vincent Mission Inc. www.stvincentmission.org**

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**David, KY 41616**

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**Welcome, Friends to St. Vincent Mission!**

Thank you for serving with us to show the people of Appalachia the love of Christ. We could never do what we do without your support, prayers and hearts of service to God that you all bring to this Mission.

**Goals**

1. Live a life of service to God
2. To serve our participants and show them the love of Christ through your actions and words.
3. Practice good stewardship of all the resources entrusted to us.
4. Leave here with an understanding of life in Appalachia and how you can continue to advocate and serve the Appalachian people.
5. Pray for the work of the Mission to continue and to continue to glorify God through all that we do.

**1. QUALITY** – When we work on a house or trailer, we work as if it were our own. Even if it is the worse place we have ever seen, we will do quality work. We never take the attitude, “well at least it is better than what they had before”. Honor the home you are working on and the tools that you are using.

**2. HOMEOWNER INTERACTION** – Even though we are coming to help make a situation better, we are still guests of the participant. It is important for the volunteers to talk with the home owners and get them involved in the process as much as they are able. We are not a “company” coming in doing repairs for a customer. One thing that is important to understand about this culture is that they do not want to disappoint you. Be sure you always ask the participant to work with you and allow them to help in every way.

**3. JOB COMPLETION** – We do our best to complete the job we have set out to do. Be sure to turn in all bills to the Home Repair Supervisor as you receive them. Please only do the tasks assigned to your group. We cannot fix every problem on every home so we focus on the priorities. If you do more than assigned on one job another home owner may not get their home worked on.

**4. PARTNERSHIP** – We are partners. You are not just some group coming in to do good. You are partners with St. Vincent Mission, the people you serve and those who helped to send you here. Be respectful in all that you do and say.

**GUIDELINES AND CODE OF CONDUCT**

**PRAYER** -There should be times set aside each day for prayer and reflection. This allows us to be receptive to what God desires for our service week.

**WORK/PERSONAL EXPERIENCE AND GROWTH** - The Mission Volunteer Program is intended to provide help to people in need. It is intended to allow participants to become involved in the lives of those they serve, to become aware of the social and political problems they encounter, and to show the love of Christ to all who they are around.

**NO STYROFOAM or DISPOSAL WATER BOTTLES**

**HOUSE RULES** - Rules are for the benefit of all. **No use of drugs, tobacco or alcohol is allowed**. Any breach of this policy will result in the individual or group being asked to leave **Immediately.** Each person is to take responsibility for cleaning the areas in which he or she is living or working.

**CLOTHING** - It is important that dress be appropriate. Work clothes are a must, including sturdy work shoes, no sandals are to be worn at worksites, no halter tops or cut t-shirts.

**PHOTOGRAPHY** - Pictures of worksites or individuals should only be taken after a relationship has been established, and permission given, otherwise the people might feel that they are the objects of curiosity, or that volunteers have come as tourists.

**YOUR COMMITMENT** – We are here to glorify God. In all that you do seek to Glorify Him and show the love of Christ to those you are around both on the job site and when you return to where you are staying. When you serve seek the good of someone else and always focus on how you can help someone else. You service here is not an experience, but a life style that must continue long after you leave here.

St. Vincent Mission

Volunteer Release, Waiver of Liability, and Indemnification Agreement

*Please read carefully as this is a legal document*

This Volunteer Release, Waiver of Liability, and Indemnification Agreement (the “Agreement”) executed on this \_\_\_\_\_(date) day of (month),

by (volunteer name), including my heirs, representatives, successors, insurers, assigns, and each of them (the “Volunteer”) in favor of St. Vincent Mission Inc. a nonprofit corporation organized and existing under the laws of the Commonwealth of Kentucky, USA, its directors, trustees, officers, employees, sponsors, assigns, agents and each of them (collectively, “STVM”) if applicable.

I, the Volunteer, desire to work as a volunteer for and engage in the activities related to being a volunteer for STVM. St. Vincent Mission Inc. reserves the right to decline to accept the volunteer service of any volunteer applicant and having accepted the services of any volunteer reserves the right to release the volunteer with or without notice and with or without cause. All STVM volunteers are expected to comply with STVM standards, policies, and expectations.

I understand that the activities may include but are not limited to, traveling to and from other cities and towns, consuming food and living in accommodations provided by STVM, constructing and rehabilitating residential buildings and other construction-related activities, general clean-up work and providing whatever other assistance is needed to STVM programs.

The Volunteer taking this opportunity to participate as a volunteer in STVM programs, freely and voluntarily, without duress, executes this Release under the following terms:

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless STVM and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my service to STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM. I understand and acknowledge that this Release discharges STVM from any liability or claim that I, the Volunteer, may have against STVM with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation volunteering for STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM. I also understand that STVM does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
2. **Insurance:** I, the Volunteer, understand that, except as otherwise agreed to by STVM in writing, STVM does not carry or maintain health, medical, or disability insurance coverage for volunteers.
3. **Medical Treatment:** Except as otherwise agreed to by STVM in writing,I hereby release and forever discharge STVM from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time volunteering for STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM.
4. **Assumption of the Risk:** I understand that my time volunteering for STVM may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of equipment and materials, and local transportation to and from the work sites. So, I recognize and understand that my time volunteering for STVM may, in some situations, involve inherently dangerous activities. I also understand that in addition to consuming local foods and living in accommodations that are available in the areas visited, I may be traveling to and from locations that pose risks. I hereby expressly and specifically assume the risk of injury or harm in these activities and release STVM from all liability for injury, illness, death, or property damage resulting from the activities of my time volunteering with STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM.
5. **Photographic and Advertising Release:** I grant and convey unto STVM all right, title, and interest in any and all photographic images and video or audio recordings made by STVM during my service for STVM including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I agree that STVM may use my photograph, or audio or video image of me for publicity or advertising purposes.
6. **Other:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Kentucky in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky. I agree that in the event that any clause or provisions of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
7. **Volunteer Waiver and Indemnification:**

The Volunteer is a student and/or representative from

(name of school/group, “Sponsor”) who will be a volunteer of St. Vincent Mission Inc. (“STVM”). Volunteer acknowledges that Sponsor may be providing vehicles to transport volunteer to and from work sites during the volunteer service. Volunteer also acknowledges that he/she may be transported in vehicles owned by other sponsors and consents to and assumes the risk of that practice.

The Volunteer agrees to defend, indemnify, and hold STVM harmless from any and all claims, suits, losses, indebtedness, judgments, liens, rights, damages, demands, remedies, liabilities, accounts, fees, bills, expenses, costs and causes of action of every type, nature and kind or description whatsoever, known or unknown, foreseen or unforeseen asserted by any person, company or other entity, that may relate to any and all matters that arise out of, are related to, or fall within the scope of the Volunteer’s activities with STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM.

1. **Volunteer Guidelines:**

**1. Prayer/Community:** We are a Christian organization and volunteers share in daily devotions with each other.

**2. Living Quarters:** STVM volunteers are females and males of various ages with separate quarters for men and women. We ask each group member to keep the facility neat and orderly. Sleeping quarters will most likely be dorm/gymnasium style.

**3. Meals:** Volunteers will follow their own meal schedule. Lunch will be prepared and taken to the jobsite.

**4. Smoking:** Smoking is not allowed in STVM facilities or in STVM vehicles. There will be a designated smoking area at each of the facilities.

**THE FOLLOWING MUST BE COMPLETED IF VOLUNTEER IS YOUNGER THAN 18 YEARS OLD**

**I, the parent or guardian, hereby consent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is \_\_\_\_\_\_ years of age, to be an occupant in a STVM vehicle.**

**I do hereby agree to indemnify and hold the** St. Vincent Mission Inc. **harmless from and against any and all liabilities, obligations, losses, damages, penalties, actions, suits, costs, charges, and expenses including reasonable attorney’s fees, which may be imposed upon or incurred by or asserted against STVM in respect of any conditions of the vehicle used during its occupation.**

**PLEASE PRINT**

**Parent or Legal Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Volunteer or Parent/Guardian/signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **St. vincent Mission**

# **Emergency Contact Information**

**Please type or print clearly:**

**Volunteer Name:**

 (First) (Last)

Group Name:

Volunteer’s Current Address:

City: State: Zip Code: Cell Phone:( )

E-Mail address (please list one you prefer to use):

Please list any other food concerns/allergies:

**Special health considerations:** (i.e. allergies to medicines, medications being taken, etc.)

**Date of Birth: Date of last Tetanus shot:**

**Health Insurance Information (required):**

Insurance carrier: Identification #:

Insurance Company phone # :

Policy holder’s name:

Relationship to volunteer:

**In case of emergency, please contact (required):**

**Primary contact**: Relationship to volunteer:

Address:

Work #: Home #: Cell #:

**Secondary contact**: Relationship to volunteer:

Address:

Work #: Home #: Cell #:

**The undersigned certifies on this date that the foregoing information is correct:**

## Signature Date