

Helping Hands, Emergency Release, Photo Release, and Covenant of Conduct

June 1, 2012—May 31, 2013

Helping Hands

Helping Hands is a day habilitation program which provides a Christ-centered and safe environment for adults who have special needs. Some daily activities include: shredding documents, stuffing bulletins, light cleaning, preparing meals, working on church projects, and community outreach projects. Daily Bible study/devotions and social opportunities are also part of the program. All new applicants will visit for one to three days to help determine if Helping Hands would be a successful work environment to meet their needs. The Helping Hands program is not designed for those who require one-on-one services or for those who are able to be gainfully employed in the community. In addition, those who display emotional outbursts, psychotic and/or disruptive behaviors will not be able to participate in our program.

The “**u**lability” (special needs) ministry of University UMC is staffed by trained church staff members and caring volunteers. The ministry does not provide professional or nursing services (which includes distribution of medications). We believe your loved one will find Helping Hands a wonderful place to help and serve others. At their discretion, Helping Hands staff reserves the right to dismiss participants from the program for an extended period of time or on a permanent basis due to behavior or attendance/tardy issues.

Emergency Release

I, the undersigned parent or guardian of _____, do hereby authorize adult workers of University United Methodist Church (the “Church”), as agents for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the Medical Practice Act (or a similar act under the laws of the state where the Church activity is being held) on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In case of an emergency, I give my permission to the sponsoring adults to have emergency medical care given to my son or daughter. I also release University UMC and all persons participating in church sponsored activities from any and all liability.

Photo Release

I, the undersigned parent(s) or guardian of the participant listed above give University United Methodist Church, San Antonio, Texas, the absolute right and permission to use my son or daughter’s photograph in its promotion materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, internet), or other form of promotion. I release the Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary rights I may have in connection of such use.

Covenant of Conduct

In all programs, field trips, or other events under the sponsorship and/or guidance of the Church, I am representing the Christian community and I am responsible for my actions. I understand the following guidelines will be followed:

1. Treat everyone kindly with words and deeds.
2. All dress shall be in good taste and in accordance with the dress requested for the Church event.
3. We expect attendance on all assigned days. Please call or e-mail if a team member will be absent. A team member will forfeit their spot on a given day after three absences without prior notification.
4. All individuals are expected to join in group activities.
5. Treat with special care, both God’s house and the property of others.

I, the above named, understand the above Covenant of Conduct,
and I agree to abide by it to the best of my ability.

Participant’s Signature: _____ Date: _____

We (I), as parents (guardian), understand all four parts of this agreement. If my son or daughter disregards the Covenant of Conduct, a serious attempt to contact all the above phone numbers will be made and plans to pick up the participant will be arranged. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and that I am competent to execute this agreement.

Parent’s Signature: _____ Date: _____