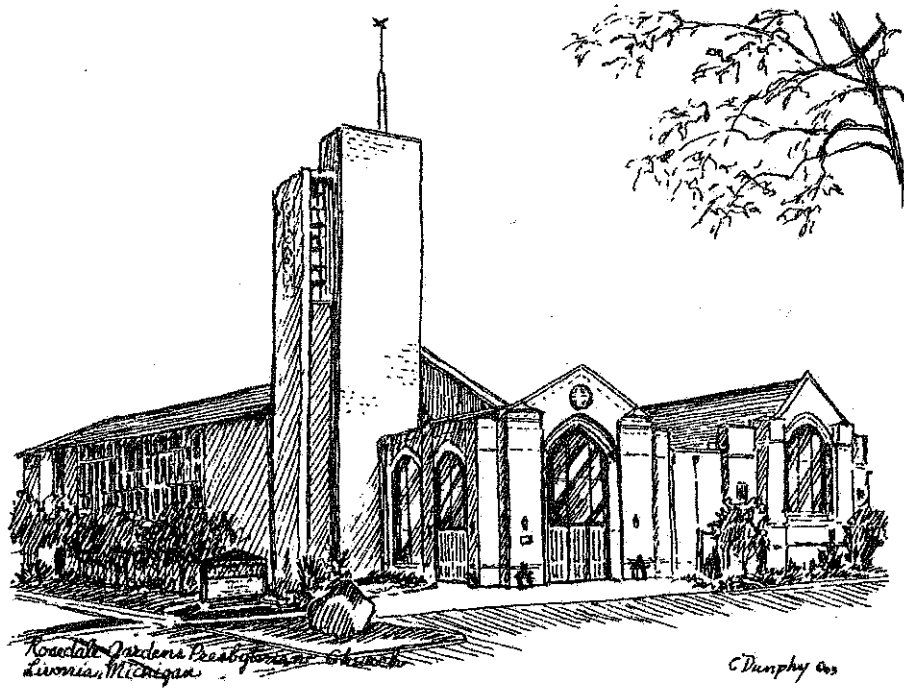


# Rosedale Gardens Presbyterian Church (USA)

9601 Hubbard  
Livonia, Michigan 48150



Web site: [rosedalegardens.org](http://rosedalegardens.org)  
e-mail: [officergpc@yahoo.com](mailto:officergpc@yahoo.com)

## Table of Contents

|                                       |        |
|---------------------------------------|--------|
| Introduction                          | Page 3 |
| What do Mission Groups do?            | Page 4 |
| Where will we stay?                   | Page 4 |
| Where will we eat?                    | Page 5 |
| Will we have free time?               | Page 5 |
| What will we be doing?                | Page 6 |
| Things you need to know before coming | Page 6 |
| Personal Packing List                 | Page 7 |

### Attachments:

|  |            |
|--|------------|
| Volunteer Information and Release Form (for adults)* | Page A 1-3 |
| Volunteer Information and Release Form (for youths)* | Page A-4   |
| Volunteer Team Skills Assessment Form *              | Page B     |
| Suggested Daily Chore List Form                      | Page C     |
| Mission Group Information Form                       | Page D     |

(\* ) These forms are included for your reference only. The actual forms will be supplied by the Hands on Mission when your group signs up with the Presbytery of Detroit. Please return the "Mission Group Information Form" to Rosedale Gardens Presbyterian Church.

When you arrive, your group will be provided with a package of information that includes locations of hospitals, urgent care centers, restaurants, stores, and other useful information. Your Rosedale Gardens Presbyterian Church host will also give your group a tour of the church campus and provide you with emergency contact, building access, and other pertinent information.

## **INTRODUCTION**

Rosedale Gardens Presbyterian Church in Livonia, Michigan, was organized with 16 charter members in 1928. We were the only Protestant church in the area until the neighborhood was developed. We are a neighborhood church with 68% of our members living within 0-5 miles of church. There are many families within our congregation that span three and four generations. By God's grace working in us, we are a people who practice welcoming relationships and caring service, to the glory of God.

Our church sponsors a wide variety of mission activities. For the past 51 years, our high school students have been participating in an annual, week-long mission trip. There are also annual Young Adult Mission Trips and Adult Work Weekends which give folks beyond high school a chance to participate in mission outside the walls of our church. After the devastation of Hurricane Katrina, adult members of Rosedale Gardens Presbyterian Church (RGPC) organized a Disaster Relief Mission Trip. To this day, groups of 10-20 people go out at least once per year to help clean up and rebuild where natural disasters have wreaked havoc on our country. Disaster Relief Mission Trip participants have enjoyed the hospitality of various churches over the years. Our Volunteer Village is an opportunity to extend hospitality to mission groups coming into our area to help rebuild after the Southeast Michigan flood of August 2014, or help with the stabilization and revitalization of neighborhoods in the City of Detroit.

Although we became a Volunteer Village as a result of the flood of August 2014, and indeed flood recovery is still taking place today, much of the flood recovery within reasonable driving distance from our Church has been completed. Therefore it is more likely that you will be working with Detroit Blight Busters, Life Remodeled, or a non-profit of your choice.

## **WHAT DO MISSION GROUPS DO?**

Groups that come to Rosedale Gardens Presbyterian Church could possibly be volunteering with one of a couple of participating agencies. This will be arranged as your mission group registers, skills are assessed and the Hands-On-Mission group of our Presbytery determines where help is needed most. Please be patient with the Presbytery as the evaluation takes place. Many factors go into this evaluation, including how much work the group ahead of you is able to complete. Every effort will be made to keep you abreast of the most up to date information.

## **WHERE WILL WE STAY?**

- You will be staying in our Sunday School classrooms set up to accommodate 6-10 people in each room. There will be separate rooms for male and female participants. Cots will be provided for sleeping. Please bring your own bedding/sleeping bag and pillow. You may choose to bring your own air mattress, if you wish.
- In addition to the classrooms you will have our youth hall and fellowship hall at your disposal to relax, play games, etc. Wi-Fi is available and you will be given the password upon your arrival. Please keep in mind that there are no locks on inside doors in your area. You should exercise caution when it comes to the valuables that you bring with you.
- The church does not have showers in our building. Your group will be showering at the Livonia Family YMCA, which is located 2.8 miles from the church (about a 7 minute drive). Directions will be given to you upon arrival.
- During the school year, a preschool operates within our church. Be aware that volunteers will be required to leave the building by 9 a.m. and may not return before noon during the times that the preschool is in session.
- On Tuesday and Thursday mornings from 8 - 9 a.m. there is a meeting in Fellowship Hall for those participating in Alcoholics Anonymous; you will not be able to use Fellowship Hall during those meetings.
- Remember that our church is being used by numerous other groups. We ask all participants to respect our facility and leave it as clean as you found it. To that end, a suggested chore list is attached.
- Parking is available for trailers and RV's, however there are not hook-ups on site. Trailers and RV's must be parked in the main Church parking lot near the baseball field (north end of the lot). Please advise us if you are bringing trailers or RV's with you.

## **WHERE WILL WE EAT?**

- Your first dinner will be provided by RGPC. We will have some supplies available for you to make your breakfast and lunch for the first day. After that, you will be responsible for providing your own meals.
- You will be able to use a refrigerator, stove, oven and microwave in our church kitchen. We also have a number of crock pots available.
- Coffee makers are available for your use in the kitchen. We will supply you with coffee, creamer, and sugar during your stay.
- The kitchen is stocked with silverware, cups, plates, bowls, pots and pans which are available for your use. There is also a dishwasher for cleaning the dishes and silverware you use.
- The kitchen has salt, pepper, mustard, ketchup, mayonnaise and other condiments that are available for your use during your stay. There is also cupboard space designated for you to store non-refrigerated food supplies. You will be given a list of food items we are providing you with at your arrival orientation. Please check the cupboard and list before grocery shopping to see what is already on hand.
- There are grocery stores in the area that your host will direct you to upon your arrival.
- There are numerous area restaurants that we can recommend to cater meals for your group at reasonable prices. There are a variety of local casual and national chain restaurants, as well as carry out and pizza delivery choices nearby. We will provide you with a restaurant list upon your arrival.

## **WILL WE HAVE FREE TIME?**

- The daily schedule will depend on the needs of the work site and location. Typically the work week is Monday through Friday from 9am to 4pm (hours may vary). Groups may decide to take an afternoon off for sight seeing. Please let the work supervisor know if and when you plan to do this. If you need suggestions/ideas, please feel free to contact us.
- Directly across the street from the Church is Mies Park, which is a clean and safe place to take a stroll after dinner. The City of Livonia has many recreation and entertainment amenities' that your host will direct you to, if you wish.
- There is a chapel in the Church that is available for you to use for devotions. Please coordinate with your host as to which days and times you wish to use the chapel, to make sure there are no previously scheduled events in the chapel.

## WHAT WILL WE BE DOING?

Before you arrive at Rosedale Gardens Presbyterian Church, you will receive a list of jobs that will need to be worked on throughout the week from the construction contact. Remember jobs may change before you arrive or throughout the week depending on the needs of the construction contact.

## WHAT YOU NEED TO KNOW BEFORE COMING

- Your host from the Rosedale Gardens Church (RGPC) Volunteer Village Committee will be assigned to your group once you have signed up with the PDA Call Center. At that time you will receive contact information for your RGPC host.
- RGPC will be able to host up to 20 people throughout the week. We will be able to accommodate youth starting at the high school age level with a youth to adult ratio of at most 6:1.
- The fee will be \$10 per night/person.
- Free internet wifi access is available in certain areas of the Church. Your host will provide you with the password and best locations in the building to connect to the internet.
- Your group will be responsible for all their own transportation to and from the work site and for all other activities. RGPC will not provide any transportation.
- The temperatures in Michigan can vary from day to day. We recommend checking the weather before you arrive and pack accordingly.
- We have a chest cooler and large water cooler jug that you are welcome to borrow to take to your jobsite daily. There is an ice machine in the kitchen that you are welcome to use to fill you cooler with ice.
- Tools and supplies for the work site will be provided by the construction coordinator. RGPC does not have any tools or equipment that may be borrowed for use on the job site. However, if you have personal equipment you would like to bring to use, we recommend bringing it.
- There will be a list of local restaurants, hospitals, grocery and hardware stores available when you arrive at RGPC.
- RGPC is a smoke-free campus.
- **NO alcohol or drugs are allowed on the premises.**
- Please contact us a week before your arrival to finalize plans.
- Feel free to contact RGPC if you have any questions at any time. We look forward to meeting you soon. Thank you for volunteering to work in the Detroit metropolitan area.

## **PERSONAL PACKING LIST**

- Personal fan
- Work boots
- Work gloves
- Work pants
- Long sleeve shirts (we recommend dressing in layers)
- Bug spray
- Sun screen
- Toiletry items
- Personal medications
- Sleeping bag or bedding
- Pillow
- Towels and wash cloth
- Camera
- Flashlight
- A group first aid kit
- Favorite personal tools and/or equipment

**FOR REFERENCE ONLY**

**For use by adults**

\* Mission Trip Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

**PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 1 (TO BE GIVEN TO POD OFFICIALS)**

Participant Name: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Day/Evening) \_\_\_\_\_

In consideration of the opportunity provided to me to participate in the POD (as defined below) and any services, housing, food, and the like provided by POD (as defined below), I, Participant, hereby understand and agree that the Presbytery of Detroit (POD), all synods, presbyteries, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "POD") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the program described as follows:

\_\_\_\_\_ \* Mission Trip \_\_\_\_\_

(Hereinafter referred to as "POD \* MISSION").

I, Participant, understand and agree that POD does not and cannot guarantee my safety in connection with the POD \* Mission. Further, I understand and agree the activities involved with the POD \* Mission may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the POD \* Mission including, but not limited to, potential injury while working.

**RELEASE:** With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge the Presbytery of Detroit. POD shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the POD \* Mission or any portion of the POD \* Mission even if said injury or action is due to the alleged negligence of POD. Further, I do hereby agree to indemnify and hold POD harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the POD \* Mission or any portion of the POD \* Mission. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the POD related to my participation in the POD \* Mission, even if any such claim or right of action is caused by POD's alleged negligence. This document does not release POD from gross negligence.



**FOR REFERENCE ONLY**

**For use by adults**

\* Mission Trip Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

**PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 2 (TO BE GIVEN TO POD OFFICIALS)**

**MEDICAL COVERAGE:** I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by POD** during my participation in the POD \* Mission, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the POD \* Mission and to cover bodily injury or property damage caused to a third party as a result of my participation in the POD \* Mission, as follows:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

**MEDICAL RELEASE:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the POD \* Mission I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize POD to make emergency medical care decisions on my behalf, and I specifically release POD, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of POD's alleged negligence.

**Person to be notified in case of injury:**

Name \_\_\_\_\_

Telephone: \_\_\_\_\_ (evening) \_\_\_\_\_ (daytime)

Cell Phone: \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN:**

**My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.**

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_

**DATE EXECUTED:** \_\_\_\_\_

**SIGNATURES MUST BE WITNESSED:**

**SIGNATURE OF WITNESS:** \_\_\_\_\_

**DATE EXECUTED:** \_\_\_\_\_

**Presbytery of Detroit**

**FOR REFERENCE ONLY**

For use by adults

\* Mission Trip Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

**\* Mission Trip  
Supplemental Medical Information Form**

**(TO BE KEPT WITH TRIP COORDINATOR ALONG WITH A COPY OF PAGE 2 OF PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT)**

PURPOSE: This form is not intended to invade your privacy. Its sole purpose is to alert the Trip Leader and medical providers to any condition that might assist in your care in an emergency medical situation. All information on this form will be kept confidential and the form will be kept on file at the presbytery offices at the conclusion of the trip.

Participant Name: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Church \_\_\_\_\_

Emergency Contact:  
Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact Number \_\_\_\_\_

Do you have any physical conditions that could be a health/safety factor at any time during this trip? No \_\_\_\_\_

Yes \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Are you presently taking prescription medication for any condition described above?

No \_\_\_\_\_

Yes \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Name of primary insurance holder: \_\_\_\_\_

\*\*Please bring your medical card with you \*\*

I submit this form and attest that the information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR REFERENCE ONLY**

**For use by youth**

\* **Mission Trip Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 1 (TO BE GIVEN TO POD OFFICIALS)**

**Participant Name:** \_\_\_\_\_ **Sponsoring Organization:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**Telephone:** (Cell) \_\_\_\_\_ (Day/Evening) \_\_\_\_\_

In consideration of the opportunity provided to me to participate in the POD (as defined below) and any services, housing, food, and the like provided by POD (as defined below), I, Participant, hereby understand and agree that the Presbytery of Detroit (POD), all synods, presbyteries, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "**POD**") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the program described as follows:

\_\_\_\_\_ \* Mission Trip \_\_\_\_\_

(Hereinafter referred to as "**POD \* MISSION**").

I, Participant, understand and agree that POD does not and cannot guarantee my safety in connection with the POD \* Mission. Further, I understand and agree the activities involved with the POD \* Mission may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the POD \* Mission including, but not limited to, potential injury while working.

**RELEASE:** With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge the Presbytery of Detroit. POD shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the POD \* Mission or any portion of the POD \* Mission even if said injury or action is due to the alleged negligence of POD. Further, I do hereby agree to indemnify and hold POD harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the POD \* Mission or any portion of the POD \* Mission. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the POD related to my participation in the POD \* Mission, even if any such claim or right of action is caused by POD's alleged negligence. This document does not release POD from gross negligence.

**PERMISSION FOR USE OF IMAGE AND WORDS:** I, participant, give permission for the taking of my picture, use of my likeness or image, and the use of my words about the activities I took part in during this trip. My permission includes and is not limited to the use by Presbytery of Detroit and the local church that lodges me.

\_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_  
**Date**

\* **Mission Trip Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**PRESBYTERY OF DETROIT  
MEDICAL INFORMATION AND TREATMENT AUTHORIZATION**

The following information will assist the Presbytery in providing for the safety and well-being of minors who participate in Presbytery-sponsored activities. The information will be held in confidence by the trip leader(s).

(Please Print)

Child's Name \_\_\_\_\_ Date Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy Numbers \_\_\_\_\_

**MEDICAL INFORMATION**

Is your child presently being treated for any injury or illness, or taking any medication for any reason?  Yes  No

If yes, give details \_\_\_\_\_

Is your child allergic to any medication?  Yes  No Does your child have any other allergies?  Yes  No

If yes, give details \_\_\_\_\_

Does your child currently have, or has ever had:

- Seizures                       Asthma                       Heart Murmur                       Sleep Disorder
- Diabetes                       Hay Fever                       Kidney Disease                       Other

Please explain: \_\_\_\_\_

Does your child have any physical condition, illness or handicap that would prevent him/her from participating in any activity?  Yes  No If yes, please explain \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

I understand I will be contacted in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize such physician, hospital and/or emergency medical services as necessary in the event my child is injured or becomes ill. I understand that Presbytery of Detroit will not be responsible for any medical expenses incurred, but that all such expenses will be my responsibility as parent/guardian.

I also agree to notify the Presbytery in the event of any health changes that would restrict my child's participation in any Presbytery-sponsored children's or youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Daily Chores List

| To Do   | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------|--------|---------|-----------|----------|--------|----------|
| Sweep Bunk Area                                     |        |        |         |           |          |        |          |
| Wipe bathroom sinks down before leaving for the day |        |        |         |           |          |        |          |
| Clean food preparation areas                        |        |        |         |           |          |        |          |
| Clean tables and etc in dining area                 |        |        |         |           |          |        |          |
| Sweep Kitchen                                       |        |        |         |           |          |        |          |
| Put trash in appropriate containers                 |        |        |         |           |          |        |          |
| Pack dry goods into appropriate containers          |        |        |         |           |          |        |          |
| Dispose of left overs                               |        |        |         |           |          |        |          |
| Prepare Breakfast                                   |        |        |         |           |          |        |          |
| Prepare Lunch                                       |        |        |         |           |          |        |          |
| Prepare Dinner                                      |        |        |         |           |          |        |          |

# MISSION GROUP INFORMATION

Rosedale Gardens Presbyterian Church  
9601 Hubbard  
Livonia, Michigan 48150

This mission trip is for the period from \_\_\_\_\_ t hrough \_\_\_\_\_

Name of Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Group Leader (if different than that of Contact Person) \_\_\_\_\_

Address of Group Leader \_\_\_\_\_

Telephone number of Group Leader \_\_\_\_\_

E-mail of Group Leader \_\_\_\_\_

Number of Males on Mission Group \_\_\_\_\_

Number of Females on Mission Group \_\_\_\_\_

Number of people in Mission Group under 18 years of age \_\_\_\_\_

(Please remember that the ratio of youth to adults must be no greater than 6:1)

## Remittance:

A) Total Number of Members in Group \_\_\_\_\_

B) Total Number of Nights Staying at RGPC \_\_\_\_\_

C) Total of Line A + Total of Line B x \$10 (per night) \$ \_\_\_\_\_

Total Due to Rosedale Gardens Presbyterian Church \$ \_\_\_\_\_

**Please Return This Form To Rosedale Gardens Presbyterian Church**