

LEADERS CHECKLIST

Coming to White Oak Center with a work team involves a fair amount of planning and advance preparation that begins long before you arrive. In order to accommodate you and the many other teams that visit us each year, you and your committee should keep the following dates and deadlines in mind as you plan your trip. As always, if you have any questions, please feel free to contact Jerry Lambdijn, Work Camp Supervisor for a quick and accurate answer.

The following are the important dates that you will need to know:

August 1st of the year prior to you're coming:

This is the first date that we will begin to register teams for the coming year.

- In order to register, you must submit a registration form along with a non-refundable \$275 deposit.
- After your registration for Henderson Settlement has been accepted, you will get a confirmation.
- Download the team leader's packet from the website. This packet consists of the team handbook, covenant forms, insurance information, team registration forms, etc.

March 15 - April 1st

- Sometime after March 15th of the project year, the projects will be posted on the website. You can download the files for local use or review the projects on the web.
- Select your projects and confirm their availability with the Work Camp office. You can confirm the projects by listing them in an email or fax or letter and sending them to the Work Camp Supervisor. You will be notified of availability and a reservation for that project will be made for your group.

April 15th - May 1st

- On this date one half of all of your group's registration fees are due in the Work Camp Office. To arrive at the amount, multiply the number of team members you made reservations for by \$275. Please check the handbook for procedures for large groups.

Arrival minus 2 weeks:

- This is the due date for the balance of the team's fees and all of the project fees. Submit your finalized team roster and signed individual covenant forms from each team member.
- Submit a tax exempt form from the church if you haven't done so in the past. Submit the Leader's Covenant.

Arrival

- Upon arrival, check in with the staff or work camp host.
- Make sure the team leader has a filled out insurance card for each youth team member.
- DO NOT turn these cards in as you will need them should an emergency arise and a team member needs medical care.

VIM GROUP REGISTRATION FORM

White Oak Site

Mail To: HENDERSON SETTLEMENT
Work Camp Office PO
BOX 205
FRAKES, KY 40940

Group and/or Church Name

Church/school address

Telephone #

Church email (Pastor)

Adult counselor in charge

Home address

Telephone #

E-Mail

Date Desired

Alternate Date

Have you had a previous work camp (volunteer in mission) experience at White Oak/Henderson Settlement?

Yes

No

If yes, what year? _____ # of yrs. _____

We will eat Sunday evening meal: Yes

No

Total Number in group:

Details: Adults

Youth

Male

Female

FEES: Reservation deposit - \$275

Amount of deposit: \$

\$275 per person

We understand this is a firm commitment and we agree to pay the full amount for the number listed after the May 1st deadline even if all do not participate in the work camp. We also agree to pay for any damage or breakage which may occur due to misuse or misconduct of any member of our group.

Note: You may bring your own tools/equipment at your own risk. Henderson Settlement is not responsible for theft or damage of your personal items.

Signature of group leader

WHITE OAK WORKCAMP HANDBOOK



Workcamp serves two purposes in conjunction with our ministry here in the mountains of Northeastern Tennessee. First (and primarily) it serves as an opportunity to educate the church in the area of missions in particular. Loving and serving are mission concepts that work more effectively when there are faces and names to go with them; when stereotypes and prejudices are broken down; when we realize how fortunate we are; when our world and culture collide with another, different world that is just as real and just as valid. Loving and serving quickly replace sympathy and pity when there is personal, intimate contact. Come to learn, to love, and understand our people.

Secondly, workcamp often serves as the bridge between dreams and reality for mountain families. A roof that doesn't leak, floors without holes, running water, hot water, steps, decks and porches for entry access and a way to escape the heat from the house during the late afternoon, windows that will keep the cold winter wind... all these and more are problems that many have no

resources with which to deal. Workcamp extends this vital service to the community through adopting projects and raising the money to purchase the materials over and above registration fees for the week. Projects at the White Oak Center can also be adopted and funded to enable us to accomplish what needs to be done within a very limited budget.

The key words and concepts for our workcamp are serving and learning-learning by serving. Let me tell you ahead of time what we are not. We are not a Christian Coney Island or Disneyland with attendants at every ride to supervise your every activity and ensure a "good time." We are not a "spiritual retreat" in terms of organized Bible studies, group discussions, or structured classes.

Your week here is a chance to experience a different culture and its people and hopefully gain insights into the definition of mission. We are here to accept the community people as they are and minister to them within the context of their culture and needs. This is not to imply that we are rigid and heavy-handed with the program. We enjoy different, sincere questions meant to gain understanding. We

are open to suggestions — many of our recent changes have been based on input from groups.

Our emphasis here is on the attitude that your group brings with it. The attitude you come with will determine the type of week you have. We offer learning by serving. Learning comes in many forms — through good times and bad, frustration and joy, success and failure, questions and answers (incomplete answers sometimes), trusting and giving of yourself. We don't plan pain and frustration for you, but sometimes it happens, whether it's the heat or rain or the family you adopted or the food or whatever. These are still opportunities to learn about your mission agency, that community and yourself. We welcome you as you come to learn through serving.

WHO CAN PARTICIPATE

We welcome youth, adults, college, intergenerational, district and conference groups. Accommodations permit us to house up to 48 people per week. Most groups average 15-20. Larger groups may be scheduled as long as there is adequate space available.

ONE ADULT WORKER IS REQUIRED FOR EACH FIVE YOUTH.

LEADERS

Please prepare yourselves and your group for the week you will spend here. The ride on the way to Henderson Settlement/White Oak Center is NOT soon enough. As soon as you know you are coming, start preparing. Read books and/or discuss missions. (Night comes to the Cumberland's by Harry Caudill is excellent reading on Appalachia. A trip to the library for information about your type of work project is a good idea too.) Watch films; set up possible situations that can occur in a cross — culture setting. Try to determine why

you want to make this trip (to keep an eye on a boyfriend / girlfriend, getting away from Mom & Dad, or wanting to grow by experiencing something different?) the counselors are the key to determining the attitude and achievements for the week. (Will you be ambitious and accomplish more than you dreamed, or will you do only as much as you must and lead the group to mediocrity?) Leaders are responsible for their group's behavior and participation in activities. Looking over the past summers it is painfully obvious which leaders prepared and led their groups, and which ones simply acted as chaperones. Your group will rise to the level you set and maintain for them.

Curfew, schedules, activities, rules, registration and covenant are expected to be read and signed by all participants (to indicate willingness to comply) and returned to us!

COMMUNITY INVOLVEMENT The key to community involvement is to adopt a project in the community. People in the community come to Henderson Settlement to fill out applications for work to be done on their homes. We develop a project list of work to be done in the Community (and also at the Center) which is then made available on our webpage. Groups "adopt a project, raise money for the materials, then come and complete it. While not all groups can do community projects, many can and it is the best way to experience the wonderful people here. Please consider your project in light of our real life situations. A mobile home trailer with 8-10 years of life left doesn't need a 20year roof. We don't have 1-2 foot snows and thus don't need to frame to those specs. Consider the budget of the project — funds are limited. Nevertheless, do your best. Part of poverty, other than waiting, is having to



make do with what you have. Do as good a job as you would on your own home even if it isn't the way you'd do it.

FREE DAY

Wednesday is

our Free

Day but

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groups can choose to work all or part of the day if they wish.

A host of local parks and recreation areas are within reasonable driving distance.

Breakfast lunch and supper are served to workcampers on campus on Wednesday if wanted. Any group leaving the Center should return before 10pm.

COST, ACCOMMODATIONS, MEALS

Summer (June, July, and August): \$275.00 per person from Sunday evening to Saturday morning. This covers all lodging, meals, supervision, and programmed evening activities. The Sunday evening meal will be available on Sundays to only those groups, which register for the meal ahead of time. The meal will be cold cut sandwiches only and will be served at 6:00pm. Otherwise groups should plan ahead for Sunday evening meals and snacks before arrival. Groups should also plan to arrive between 4:00pm and 6:00pm on Sundays, with orientation taking place at 7:00pm Sunday evening.

REGISTRATION FEE

\$275 is required as a nonrefundable group deposit to reserve your week. Spring, Summer, Fall and Winter. One half of the total fee is required between April 15th – May 1st for the summer groups. After May 1st the group is required to pay for the total number registered regardless of a drop in the actual number of people attending. We will maintain a waiting list in case of cancellations. Confirmation of your reservation will be sent upon receipt of the

reservation fee. The total number of participants should be indicated on the registration form and the breakdown of male and female should be kept as nearly equal as is possible. If a group is very one-sided in gender please let us know as early as possible.

We accept applications and make reservations (with deposit) on a first come, first served basis. It is best to register early. No reservation is confirmed until \$275 deposit is received.

WHAT NOT TO BRING

DO NOT BRING alcoholic beverages, illegal drugs, or fireworks.

Do not plan to do laundry while at the White Oak Center. Adequate water and laundry facilities are not available except in emergencies. We do not have public washers. Plan to bring an adequate supply of clothing or visit a Laundromat in Jellico (15 miles) on your free day.

WHAT TO BRING

Sleeping bag/bed roll, linens, pillow, towels, washcloths, soap, shower shoes, trash bags etc. Work clothes (enough for a week of dirt and sweat), boots (work shoes), gloves, rain-gear, jacket, swimwear, (Please bring only modest clothing). Bibles, notebook, pencil, camera, film, flashlight, musical instrument (if desired), insect repellent, large thermos, plus materials for skits, singing and devotions.



HAND TOOLS, hammers, saws, drills, masonry tools and shovels. Many groups have chosen to donate their tools when they leave and you may wish to consider this also. If adopting a Community Project, it is requested that you bring pick-



ups or vans for transporting people to your work site.

Charter buses are not much help getting you to a site on a back road.

Note: You may bring your own tools/equipment at your own risk. Henderson Settlement is not responsible for theft or damage of your personal items.

INSURANCE/MEDICAL FORMS



Each group must provide its own medical and accident insurance.

The White Oak Center cannot provide this coverage and is not liable for any stolen or damaged items. Valuables can be stored in the safe upon request. Workcampers are not insured to drive Center vehicles.

A medical release form is enclosed.

Copies should be made for every workcamper under age 18 and KEPT IN THE GROUP LEADERS POSSESSION. Do not send them to us. If you have an accident on the way here you must have a release form with you to get medical treatment for a minor. It is recommended that tetanus shots be obtained or date of last tetanus given recorded. All allergies should be recorded.



Creating Opportunities for Better Lives

Through Christ-Centered Service

A Mission Agency of the United Methodist Church

within the Red Bird Missionary Conference

PO BOX 205 * FRAKES, KY 40940 * (606)337-3613 * FAX (606)302-2090

www.hendersonsettlement.com * e-mail: workcamp@hsumc.org

SETTLEMENT

LEADERS COVENANT - ADULT/YOUTH MISSION TRIP

In order to provide an environment that creates the greatest opportunity for all persons, male/female, youth/adult, to find or draw spiritually closer to Christ we need your help. We ask that each group/team/church leader acknowledge and sign this covenant with Henderson Settlement indicating that you understand your responsibilities as the leader. We know that you can't be in all places at all times, but we expect that you will be responsible for the actions of your group and that you will not bring individuals that you don't have a reasonable expectation of appropriate behavior.

As the leader of your group, please initial each item indicating you agree with the statements:

- _____ I am the person responsible for my group.
- _____ I understand that my group's actions reflect not only on the group, but on Henderson Settlement and the United Methodist Church.
- _____ I will address all issues involving my group immediately.
- _____ I or my church will be financially responsible for any and all damages caused by my group.
- _____ I understand that there may be other groups or individuals volunteering at the same time and I will ensure that my group respects their personal space and experience. We will obey the rules established by Henderson Settlement. For example, quiet time, devotions, curfew, etc.
- _____ I will not knowingly or willfully include in the group anyone accused, convicted of or currently under investigation for any criminal acts or other acts that are not in keeping with Henderson Settlement's Christian morals.
- _____ I will provide proper supervision for any group member that will not be a part of the daily group activities due to sickness, injury, or other reasons.
- _____ I will ensure that my group will attend all programs and act respectfully toward those presenting those programs.
- _____ We will not hold Henderson Settlement responsible for theft or damage of our personal items, if we bring your own tools/equipment it will be at your own risk.

Group Name:

Signature:Date:

Family, Infant, Youth, and Senior Programs and Assistance;
Home Repair; Crafts Marketing; Thrift Stores; Agriculture

Participant Covenant

COVENANT - ADULT/YOUTH MISSION TRIP

Each member should sign and return the following Participant Covenant to Henderson Settlement before arriving. Team leader: collect and keep the insurance card for possible use, if needed.

Luke 10:27 "Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind, and love your neighbor as yourself. " As a member of the Adult/Youth Mission Trip to White Oak Center, I agree to love and respect others by following these guidelines:

WHITE OAK WORKCAMP RULES

☞ No drugs or alcohol. Phones, electronic devices, etc. used with head phones are acceptable.

☞ No smoking in Settlement buildings or vehicles.

☞ Don't wander off, alone or as couples.

☞ Take short showers.

☞ Limit facility telephone use to ten minutes

☞ Lock doors, turn off lights, heat, fans, etc. when leaving facilities.

☞ Please keep areas clean and remove garbage as soon as possible, save aluminum cans in separate boxes, bags or containers.

☞ Clear your own table after eating, put items where directed.

☞ Check out and, return tools to/from Tool Room. Clean out paint brushes WELL so we can re-use them. Clean off shovels, rakes, picks, etc.

+ We do have snakes. Don't be scared, just cautious.

+ Report all injuries to W/C Director. Take serious injuries to clinic or emergency room ASAP

WEEKLY SCHEDULE (approx.)

MEALS: (Typically)	Breakfast 7:30 am	WORK HOURS: 8:00 am to 4:30 pm
	Lunch 11:30 am	*CURFEW: 10:30 pm

FIRST CHOICE:

SECOND CHOICE:_____

THIRD CHOICE:_____

FOURTH CHOICE:_____

FIFTH CHOICE:_____

SIXTH CHOICE:_____

SEVENTH CHOICE:

EIGHTH CHOICE:

NINETH CHOICE:

TENTH CHOICE:

Directions to White Oak Center

- 1-75 north or south to Jellico, TN (exit 160)
- US Hwy 25W going south for approximately 7 miles
- Turn left onto state Hwy 90 and go approximately 2 miles up the mountain
- At the fork in the road, Smokies Market will sit in the middle. Go right onto White Oak Road at the fork and continue on for approximately 3 miles.
- White Oak Center is on the right with a chain link fence around it and a sign hanging on the fence.

Health Insurance Claim Form

Make copies as needed for youth under 18. Team leader keeps copies in his or her possession.

DO NOT SEND THIS FORM TO HENDERSON SETTLEMENT!

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| <p>1. Name of insured person on insurance card, usually father or mother.</p> <p>2. Address of insured person on insurance card if different than patient's address.</p> <p>3. Identification number or policy number from insurance card, usually the social security of the insured parent or patient if employed adult</p> <p>4. Group number on insurance card.</p> <p>5. Insured cardholder's birthdate</p> <p>6. Does patient have other insurance coverage, such as coverage under two different insurances by both parents? If so, which is the primary insurer?</p> | <p>7. Please attach a clear copy of both front and back of insurance card. (Make sure that the phone number is legible.</p> <p>8. We also need a parent's signature authorizing release of medical or other information necessary to process an insurance claim.</p> <p>9. We need a parent's signature authorizing payment of medical benefits to the physician for services rendered.</p> <p>10. We need a parent's signature giving permission for treatment of a minor child (under 18).</p> |
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Name, Address, City, State, Zip and Phone number of Insurance Company

PLEASE
DO NOT
STAPLE
IN THIS
AREA



HEALTH INSURANCE CLAIM FORM

1. MEDICARE	MEDICAID	CHAMPUS	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER	a. INSURED'S ID NUMBER	(FOR PROGRAM IN ITEM 1)
Medicare #	Medicaid I/	Sponsor's SSM	O." Fib 11)	(SSNor1D)	(SSN)	(ID)		
2. PATIENTS NAME (Last Name, First Name, Middle Initial)				3. Patient's BIRTH DATE MM DD		SEX	4. INSUREDS NNv1E (Last Name, First Name, Middle Initial)	
PATIENTS ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., street)		
City			STA	8. PATIENT STATUS: Single Married Empbyed Full Time Student Part Time Student			CITY	STATE
ZIP CODE		ELEPHONE (Include area code)				ZIP CODE		TELEPHONE (INCLUDE AREA CODE)
9. OTHER INSUR		NAM (Last arne, First Name, iddle nibal)		ENI* DI ION				
				a. EMPLOYMENT? (CURRENT OR PR?v'10US)				
a. OTHER INSUREDS POLICY OR GROUP NUMBER						a. INSUREDS DATE OF BIRTH MM DD YY		

b. OTHER INSURED'S DATE OF BIRTH M <input type="checkbox"/> F <input type="checkbox"/> SEX <input type="checkbox"/>	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYERS OR SCHOOL
c. EMPLOYER'S NAME OR SCHOOL NAME	OTHER ACCIDENT? <input type="checkbox"/> NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	Od. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits to either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment or medical benefits to the undersigned physician or supplier for services described below. SIGNED _____

Form updated 3/99