

**Episcopal Appalachian Ministries Work Camp Application**  
**Grace House on the Mountain, St. Paul, VA**

*Come and receive the kingdom which has been prepared for you ever since the creation of the world. I was hungry and you fed me, thirsty and you gave me drink; I was a stranger and you received me in your home, naked and you clothed me, in prison and you visited me."*  
*Matthew 25:34-36*

Please indicate which camp you will be attending: July 18-24, July 25-31 or Aug 1-7, 2010 (the first 2 weeks are full but we can put you on a waiting list if something opens up).

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (office)

**Parent (for work camper under 18):** I have read the information on the EAM work camp and give my permission for \_\_\_\_\_ to attend.

(Signed) \_\_\_\_\_

**Priest:** I have read this application and understand that \_\_\_\_\_ will be attending this EAM work camp. I will endeavor to support him/her upon return in putting this experience to practical use in the life of the parish and the community.

(Signed) \_\_\_\_\_

**Please answer the questions on this form and return your application, signed covenant and medical form by July 1st to:**

**Paul Buckley**  
**48621 N. Territorial**  
**Plymouth, MI 48170**

**The work camp fee of \$225.00 (covers food, lodging and a portion of the materials used) can be paid in advance or upon arrival at the work camp.**

If you have questions call me at (734) 416-9231 or email me at paul@buckleyandassoc.com.

Have you had experience in housing construction work? (Please be specific)

What special carpentry or repair skills do you have?

Are you trained in First Aid or CPR? If so, is your training up to date?

Do you or your church have a van or pickup truck that can be used for transportation to and from the work sites?

**EPISCOPAL APPALACHIAN MINISTRIES WORKCAMP**

**INFORMATION AND MEDICAL RELEASE FORM**

**\*This form must be kept in the vehicle in which you are traveling at all times.\***

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Mid.Initial)

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Phone Number)

Blood type \_\_\_\_\_ Social Sec.# \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
(Parent, Spouse, or Legal Guardian)

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Address of Above

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
(Parent, Spouse, or Legal Guardian)

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Address of Above

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Address

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of last tetanus shot

\_\_\_\_\_

Medication(s) you cannot take:

\_\_\_\_\_

Dietary restrictions:

\_\_\_\_\_

Allergies/special health problems or concerns:

\_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Policy # \_\_\_\_\_ Policy Holder's Identification # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

# Work Camp Covenant

The Episcopal Appalachian Ministries work camps are grounded on three questions from our Baptismal Covenant: *“Will you proclaim by word and example the Good News of God in Christ?...Will you seek and serve Christ in all persons, loving your neighbor as yourself?...Will you strive for justice and peace among all people, and respect the dignity of every human being?”* The relationships formed here are as important as the work done here.

Therefore, we ask all participants to enter into a three-way covenant between Episcopal Appalachian Ministries, Grace House on the Mountain and all work campers.

Responsibilities of Episcopal Appalachian Ministries (EAM):

1. Provide staff for the work camp
2. Oversee all logistical matters, including the safety and well-being of all participants
3. Serve as a liaison with Grace House on the Mountain

Responsibilities of Grace House on the Mountain:

1. Serve as host for the work camp, providing accommodations, local contacts, maps and other support as needed
2. Arrange for work sites, including work to be done and materials needed

Responsibilities of Individual Work Campers and Staff Members:

1. Foster community by being respectful of the feelings, rights and property of others
2. Participate in all community gatherings
3. Exercise caution in the use of tools and obey all safety guidelines
4. Remember that we are guests in the homes of the families we work with
5. Adhere to the following norms:
  - A. Smoke only in designated area
  - B. Help conserve water (no longer than 5 minutes in the shower)
  - C. Notify a staff member when leaving the property (two or more people together when leaving Grace House)
  - D. Keep all food out of the bunk houses
  - E. No alcohol, drugs or weapons (Any one in possession of any of these items will be sent home immediately)
  - F. No men in the women’s bunk house; no women in the men’s bunk house

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For Episcopal Appalachian Ministries	Date
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For Grace House on the Mountain	Date
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Work Camper	Date
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