

Washington Presbyterian Church
Mission Site
Volunteer Handbook
Registration Packet



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Introduction

Washington, Illinois, was first settled in 1856 by William Holland. The community was originally called Holland's Grove after the first settler. Later its name changed to Washington after the first President. The history of the community also has many ties to the 16th President, Abraham Lincoln, who visited the area while practicing law.

"The meeting was solemn and interesting." These were the concluding words of the minutes of the first meeting of the Washington Presbyterian Church on November 16, 1834 in the Dorsey's store, a log cabin. The Washington Presbyterian Church was erected at the present site in 1837. The church, considered one of the oldest in Illinois, has had several additions including the most recent in 2000. In 2014 the basement was remodeled with the intent that the space will house mission groups visiting Washington. Currently the congregation has 125 members.

On November 17, 2013, at 11:00am, the church service was over and Sunday school was in progress when the tornado sirens sounded. The children and adults took shelter in the basement unsure if a tornado was actually on the ground. It was when a member's husband ran 2 miles to church after the tornado flattened their home that those at church realized the seriousness of the destruction. Fourteen families in the church were affected directly by the tornado. An EF4 level tornado entered Washington in the southwest corner and continued through the community leveling everything in its path in a very short period of time and exited in the northeast corner. One person died during the tornado and 2 more passed away from the injuries they received from the tornado. The death toll would have been higher except for the large number of people who were in church during the tornado. Only one church had damage. Washington is blessed and extremely **STRONG**.



What is a mission group?

A mission group is a group of no more than 20 people who have been called to do God's work as in John 14:12, "very truly I tell you, the one who believes in me will also do the work that I do and; in fact, will do greater works than these." The age requirement allows anyone 16 or older with a youth to chaperone ratio of 5 youth for every chaperone.

What do mission groups do?

It will be up to the groups to partner with a mission agency in the area. Whether you are looking for mission work in Peoria, Tazewell, Woodford, or another neighboring county, WPC is open as a place to rest, wash, eat, and play.



Where will we stay?

Washington Illinois is a community of 15,000 approximately 7 miles from Peoria, Illinois. It is a safe community where you can walk around at night and enjoy the surroundings. The church is located two blocks from the square where you can visit unique and trendy shops and restaurants.

You will be staying in the lower level of the Washington Presbyterian Church at 105 South Elm, Washington, Illinois. The lower level remodeled was remodeled in 2014 and has three areas with carpet for sleeping. The groups will need to bring their own bedding and towels. The rooms are set up separately for males and females. In addition, male and female restrooms and showers are available, a lounge with television and free Wi-Fi, a recreation area with ping pong tables and a kitchen facility. The cost is \$20 per day per person. A list

of requirements will be posted on the bulletin board that will include cleanup chores expected of each group.



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Where Will You Eat?

Mission Groups will be responsible for their own food. The food can be purchased locally or brought with the group. The Washington Presbyterian Church kitchen facilities include a refrigerator, stove, dishwasher and microwave. Basic cooking supplies and utensils are available. A list of convenient restaurant recommendations will be available at the church. The Mission groups will be responsible for keeping the kitchen clean and in order. The members of the congregation or surrounding churches may serve some meals.



What we need to know before coming?

Frequently asked questions.

- No smoking on the church grounds.
- No alcohol or drugs on the premises.
- The groups are responsible for maintaining the cleanliness of the facilities.
- The groups should bring a first aid kit.
- The groups provide their own transportation.

What do you need to do before coming?

- Contact mission agency of choice. Complete work schedule before making arrangements to stay at our church.
- Submit all attached forms to the Washington Presbyterian Church by mail at least 2 weeks prior to arrival.
- Turn in all \$20.00/day checks for each volunteer made out to the Washington Presbyterian Host Church in person on the day you arrive.

- Get a tetanus shot.
- Put together a first aid kit for the group.

Possible Personal Packing List

- Work shoes with hard toes or steel toes
- Work gloves
- Heavy pants
- Long Sleeve shirts with layers that can be added or taken off
- Insect repellent
- Sunscreen
- Hat
- Sunglasses
- Reusable water bottle
- Personal toiletry items
- Personal medications
- Sleeping bag or bedding
- Pillows
- Towels and wash cloths
- Hand sanitizer
- Shower shoes
- Flashlight
- Phone charger and/or laptop charger

Mission Group Information Form #1

This mission trip is for the period from _____ through_____.

Sponsoring Organization data:

Name:_____

Address:_____

Phone:_____

Fax:_____

E-mail of sponsoring group:_____

Group leader:

Name:_____

Address:_____

Phone:_____

E-mail:_____

Note: The church can handle groups of 20 or less.

Number of males in group:_____ Number of males under 19_____

Number of females in group:_____ Number under 19_____

Total number of mission group members_____

Note: There must be an adult supervisor 25 years of age or older for every 5 group members under the age of 19.

Other Information the host site may need to be aware of_____

Date this the _____ day of _____, 201_____

By _____

(Authorized Representative of Sponsoring Organization)

**GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND
AUTHORIZATION FOR MEDICAL TREATMENT for PCUSA and Washington
Presbyterian Church Form #3**

Participant name: _____ (“Participant”)

DOB: _____

Home Address: _____

City/State/Zip: _____

Telephone: (Cell) _____ (Day/Evening) _____

In consideration of the opportunity provided to me to participate in any services, housing, food, and the like provided by PCUSA (as defined below), I, Participant, hereby understand and agree that the Presbyterian Church (U.S.A.) General Assembly, all synods, presbyteries, and local churches, Washington Presbyterian Church, and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "**PCUSA**") 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 **Washington Disaster Response**.

I, Participant, understand and agree that PCUSA does not and cannot guarantee my safety in connection with the Washington Disaster Response. Further, I understand and agree the activities involved with the Washington Disaster Response 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 Washington Disaster Response 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 PCUSA. PCUSA 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 Washington Disaster Response or any portion of the Washington Disaster Response even if said injury or action is due to the alleged negligence of PCUSA. Further, I do hereby agree to indemnify and hold PCUSA 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 Washington Disaster Response or any portion of the Washington Disaster Response. 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 PCUSA related to my participation in the Washington Disaster Response, even if

any such claim or right of action is caused by PCUSA's alleged negligence. This document does not release PCUSA from gross negligence.

MEDICAL COVERAGE: I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by PCUSA** during my stay, 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 staying at Washington Presbyterian Church and to cover bodily injury or property damage caused to a third party as a result of my stay, 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 Washington Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize PCUSA to make emergency medical care decisions on my behalf, and I specifically release PCUSA, 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 PCUSA'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: _____

(SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.)

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable) _____

SIGNATURE OF WITNESS: _____

DATE EXECUTED: _____