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Binghamton, NY 13903

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mail@broomecouncil.net
www.broomecouncil.net

Broome Bounty

Chaplains' Corps

CHOW
(Community Hunger
Outreach Warehouse)

Encounter Program

Faith in Action
Volunteers

HOPE
(Help Our People
In Emergencies)

Hospital Ministry

Jail Ministry

Senior Living Ministry

January 11, 2010

Dear Friends,

It is time to prepare once again for a great season of wheel chair ramp building with Broome County Council of Churches' Ramp It Up 2010. After building 13 ramps in 2009, we are incredibly excited about the possibilities that 2010 affords us and we hope you share this excitement.

Enclosed are: Team Registration Form, Pastor/Officer Commitment letter, Disclosure Regarding Background Investigation, Authorization For Background Investigation, Volunteer Registration and Volunteer Liability Release Form.

This year we have found it necessary to require a \$100 fee from each congregation and organization planning to participate in Ramp It Up 2010. This fee directly contributes to and supports the operation of Ramp it Up 2010, including up to 3 background checks for 3 of your team mentors. Please remember that all adults, 18 years of age or older need to have a background check through Broome County Council of Churches each season.

Please fill out the Team Registration and Pastor/Officer Commitment letter with the information you currently have and mail it back to us with your registration fee by March 1, 2010. We understand that you may not have all of your mentors lined up yet so please just give us what you can.

When you have your adult participants committed, have them complete the Authorization For Background Investigation, Volunteer Registration and Volunteer Liability Release Form, and return them to us for processing by May 1, 2010. If you have more than three adults participating, please include a check for \$7.00 for each additional background check.

We will also need to have Volunteer Registration and Volunteer Liability Release Forms filled out for each youth participating in this program. Be sure to have the parent or guardian for each youth complete the Volunteer Liability Release form and return it to us by May 1, 2010. We ask that you remember that all youth taking part in Ramp It Up 2010 must be 13 years of age or older.

2010 is going to be an amazing year. Lets all work together to set people free.

**Sincerely,
Greg Jenkins
Program Director
607-724-9130 ex. 323**



Broome County Council of Churches
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Youth Mentor Initiative
Wheel Chair Ramp Project

TEAM REGISTRATION

NOTE: All youth must be 13 years of age or older. Registration deadline: 3/1/10

*** Denotes required field**

Youth Group Participant:

*Congregation Name: _____ * Pastor/Officer: _____

*Address: _____

*E-mail: _____

*Phone: (work) _____ (home): _____ (cell): _____

*Estimated number of youth to participate: _____

Mentor(s) – please print:

We strongly encourage you to solicit at least one member from your congregation or group with carpentry skills

1. Name: _____ Phone: (____) _____

Cell: (____) _____ e-mail: _____

Carpentry skill level: Professional Semi-professional
 Amateur with some experience No skill

2. Name: _____ Phone: (____) _____

Cell: (____) _____ e-mail: _____

Carpentry skill level: Professional Semi-professional
 Amateur with some experience No skill

3. Name: _____ Phone: (____)_____

Cell: (____)_____ e-mail: _____

Carpentry skill level: Professional Semi-professional
 Amateur with some experience No skill

Projects require two days. Work will be done on weekends in May through August 2010.

Please provide 3 *preferred* weekends: (1)_____ (2)_____ (3)_____
Broome County Council of Churches will try to accommodate, but cannot guarantee your preferred weekends

Number of projects willing to help with during the 2010 season: _____

I am willing to up to drive _____ miles to the project work site. *(Please keep in mind this is a county wide program)*



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Pastor/Officer Letter of Commitment

I _____ being the _____
Name of Officer *Title of Office*

Of the _____
Name of Group/Congregation or Organization

Agree to and understand that the conduct, behavior and actions of any adult brought by or allowed by our Group, Congregation or Organization to be on the premises of our assigned Ramp It Up '10 worksite is the sole responsibility of myself and our above mentioned Group, Congregation and Organization. I understand further that the Broome County Council of Churches has required a complete criminal background check performed by Broome County Council of Churches of all adult participants over the age of eighteen and that any and all individuals on the worksite over that age who have not been background checked are onsite without permission or awareness of Broome County Council of Churches.

Team Participation Fee:

Broome County Council of Churches' Ramp it Up program requires a participation fee of \$100. This fee directly contributes to and supports the operation of Ramp it Up 2010, including up to three background checks for your team mentors.

Please make checks payable to: Broome County Council of Churches
Memo: "Ramp Team Reg"

Signed: _____
Name of Officer

Date: _____

The Broome County Council of Churches Inc

Volunteer Liability Release Form

I would like to volunteer for the Broome County Council of Churches Inc. I understand that I am responsible for my own medical insurance and will not hold Broome County Council of Churches Inc. liable for any injury or damage to myself, or my property, while volunteering at the Broome County Council of Churches.

TITLE PRINTED NAME OF VOLUNTEER EMAIL ADDRESS PHONE NUMBER

ADDRESS CITY, STATE, ZIP

DATE OF BIRTH LAST 4 DIGITS OF SS# PROGRAM (CHOW, FIAV, JAIL, HOSPITAL,) GROUP AFFILIATION (if any)

DATE VOLUNTEER'S SIGNATURE

THE ABOVE NAMED PERSON CAN BE VIDEOED AND PHOTOGRAPHED AND CONSENTS TO THE USE OF ANY PHOTOGRAPH OR VIDEO FOR PUBLIC BROADCAST AND PROMOTIONAL USE. (CIRCLE ONE) **YES / NO**

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME PHONE NUMBERS ANY KNOWN ALLERGIES

ADDRESS CITY, STATE, ZIP

PARENTAL CONSENT (If participant is under the age of 18)

I give permission for my child to serve as a volunteer for the Broome County Council of Churches. In the event my child requires any medical care while serving with the Council, and I am unavailable, _____ (PARENT/GUARDIAN WHO IS AUTHORIZED TO CONSENT TO MEDICAL CARE OF THIS MINOR), authorizes any doctor or hospital to provide such treatment as that individual determines would be appropriate to care for the condition with which the minor presents to said doctor or hospital. The Broome County Council of Churches shall not be liable for any health care, which its representative authorizes, as long as such care is recommended by the hospital or the doctor.

I understand that I am responsible for this minor's own medical insurance and will not hold the Broome County Council of Churches Inc., or any of its agents, liable for any injury or damage to this minor while volunteering for the Council.

PRINTED NAME OF PARENT/GUARDIAN RELATIONSHIP TO MINOR PHONE NUMBERS

ADDRESS CITY, STATE, ZIP

INSURANCE COMPANY POLICY NUMBER

DOES THIS MINOR HAVE ANY PHYSICAL LIMITATION THAT WE NEED TO BE AWARE OF? (USE REVERSE SIDE IF NEEDED)

PLEASE LIST ABOVE ANY ALLERGIES OR MEDICATIONS YOUR CHILD HAS (USE REVERSE SIDE IF NEEDED)

I GIVE PERMISSION FOR ABOVE NAMED MINOR TO USE POWER DRILLS: (CIRCLE ONE) **YES NO**

DATE PARENT/GUARDIAN SIGNATURE *Form updated 1-7-09*

VOLUNTEER REGISTRATION

Thank you for expressing interest in volunteering at the Broome County Council of Churches. Please complete the following form to help us match you with our programs and events.

Printed first and last name

Phone Number

E-Mail

Street Address

City, State and Zip Code

Will you be working with a group or organization?

Please check one: YES NO

Please print the name of the group or organization if it applies:

Check all program that are of interest to you:

- CHOW Faith in Action Volunteers Jail Ministry Hospital Ministry Healthier Lifestyle
Mentoring CHOW Farm Senior Living Ministry Wheelchair Ramp Program
Other _____

Which days of the week are you able to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Which hours are you most likely able to work?

Daytime – AM Hours Daytime – PM Hours Evening Hours

What skills do you have?

- Driving Construction Inventory Cleaning Computer skills Clerical Visiting Accounting
Groundskeeping Gardening Community organization
OTHER _____

Will you need a certificate verifying your skills? YES NO

What are your special interests or talents? _____
