

## **Asbury Service Project – Covenant**

**This Covenant represents an agreement by and between the Asbury Service Project Board of Directors (hereinafter referred to as “the BOD”) and the undersigned adult or youth volunteer (and the parents of a youth volunteer) (hereinafter collectively referred to as “Participant”) concerning the requirements, qualifications, conduct and rewards of this very important Christian Youth Ministry.**

**The BOD shall establish the rules and participation levels in August of each year and reserves the right to make necessary subsequent adjustments that it feels will be in the best interest of the overall program and mission. Participant is responsible for understanding the process, rules, outcomes and points at all times during the year. Points earned by Participant shall be made available on a monthly basis, and may be obtained with a phone call to Mrs. Taylor at any reasonable hour.**

**The Asbury Service Project participating adults shall deal directly with Participant (not the parents) when scheduling activities and work sessions and developing Participant’s understanding of the ASP mission and program operation. Participant’s parents shall encourage their youth to work directly with the program adults as the BOD feels this represents a level of maturity required for participation. This may necessitate phone calls, emails, Facebook and/or texting. If a parent has a concern about this, it should be brought to the attention of the BOD before signing this covenant.**

**All adults, youth and parents involved in the ASP program shall display behavior that models Christian service and models respectful behavior to the entire ASP community and those it serves. Inappropriate behavior shall not be a part of this program. Although it would sadden the BOD, the privilege to be a participant may be forfeited if inappropriate behavior occurs. Any such behavior will be dealt with on a case by case basis.**

**Appalachia Service Project imposes limits on the number of participants the BOD can send to Appalachia in June. These limits must be followed. The BOD shall establish a point system pursuant to which points shall be awarded to Participant based upon his/her level of participation in the program. In the event more participants qualify for the June trip than there are available seats, the seats will be offered to the highest point earners first. Participant shall not assume he/she is going on the trip until the seats are assigned at the final meeting in May. Participant shall not be accepted into this program until a Covenant has signed by Participant (and his/her parent if Participant is less than 18 years old), and a representative of the BOD. A fully executed copy of the Covenant shall be returned to Participant.**

By signing this document, Participant agrees to work as a volunteer for the Asbury Service Project and engage in activities related to being a volunteer. Participant acknowledges that the activities may include, but not be limited to, repairs and rehabilitation of residential structures and the use of hand and power tools.

Participant acknowledges that Asbury Service Project does not carry accident or medical insurance on participating volunteers and agrees that his/her own insurance shall be used for such medical care expenses. Participant acknowledges that he/she may be responsible for any medical treatment expenses not covered by Participant's insurance. Participant agrees that, in the event he/she does not have medical insurance coverage, he/she shall be solely responsible for the payment of medical bills for any injuries incurred while participating in ASP activities.

Participant hereby releases and discharges the Asbury Service Project (ASP), Chesapeake Housing Mission (CHM), and their respective Boards of Directors from any and all liability for claims that the Participant may have against ASP or CHM for any bodily or personal injury, illness, death or property damage that may result from Participant's activities with ASP or CHM, whether caused by negligence of ASP or CHM or their employees. Participant acknowledges that ASP and CHM do not assume responsibility for providing any financial or other assistance, in the event of injury.

Participant agrees to read and abide by the ASP rules and this waiver of liability:

Parent of Youth Participant

Adult/Youth Participant

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Printed Name:

Date: \_\_\_\_\_

Date : \_\_\_\_\_

**Asbury Service Project**

By: \_\_\_\_\_

Printed Name: Donald K. Taylor  
Board of Directors Representative

**Essential Information**

**Adult/Parent**

**Youth**

**Address**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Home Phone**

\_\_\_\_\_

\_\_\_\_\_

**Mobile Phone**

\_\_\_\_\_

\_\_\_\_\_

**Email**

\_\_\_\_\_

\_\_\_\_\_

**Church**

\_\_\_\_\_

\_\_\_\_\_

**School**

\_\_\_\_\_

**Grade**

\_\_\_\_\_

**Date of Birth**

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