

SHRMP 2025 Locals' Application

Cost is only \$125 per person.
You Must Attending All SHRMP Trainings

Staying Healthy protocols may be in place so please be patient in our efforts to keep everyone safe and healthy. This form for those not staying overnight with the team.

Name _____ Date of Birth (Month/Day/Year) ____/____/____

Gender: ____ Male / ____ Female

Home Phone (____) _____ Work Phone (____) _____

Parent's/Guardian's Name If Under 18 _____

Address _____

City _____ State ____ Zip _____

Primary Emergency Contact:

Name: _____ Relationship _____ Phone (____) _____

Secondary Emergency Contacts:

Name: _____ Relationship _____ Phone (____) _____

Name: _____ Relationship _____ Phone (____) _____

Staying Healthy Information *(For information only. Does not effect anyone's ability to serve)*

Have you had a COVID Vaccine ____ Yes / ____ No Have you had a FLU Vaccine ____ Yes / ____ No

Have you recently been tested for COVID or FLU ____ Yes / ____ No *(If positive, date _____)* Have you recently been exposed to COVID or FLU ____ Yes / ____ No

Medical Information

Primary Physician's Name _____ Phone (____) _____

Address _____

Insurance Company _____ Policy Number _____

Phone (____) _____ Primary Insurer Name _____

Allergies to food or medicine ____ Yes / ____ No If yes, please explain _____

Special Health Considerations ____ Yes / ____ No If yes, please explain _____

In the event of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and/or my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached or in the case of my own incapacity.

Volunteer Signature or if under 18 Parent's/Guardian's Signature Date ____/____/____

I release South Hampton Roads Mission Project (SHRMP) and individuals from liability in case of accident during activities and mission trip on or off location related to SHRMP, as long as normal safety procedures have been taken.

Volunteer Signature or if under 18 Parent's/Guardian's Signature Date ____/____/____

I hereby authorize South Hampton Roads Mission Project (SHRMP) to publish or display any photos, audio and/or video of myself or my child named above for use in future publications such as newsletters or brochures, multi media presentations as well as store photos for the purposes of archiving.

Volunteer Signature or if under 18 Parent's/Guardian's Signature Date ____/____/____

Have you volunteered for SHRMP before? ____ Yes / ____ No If so when and for how many years? _____

In what area(s) would you feel comfortable volunteering? _____

Are you a member of a church? ____ Yes / ____ No If so, what church? _____

Church Address _____

Church Phone (____) _____ Pastor or Youth Pastor's Name _____

Have you ever had a background check in order to work with children ____ Yes / ____ No If so, where and approximate date? _____

You are required to provide a copy of your most recent background check if age 18 or older. Background checks must have been run within the past 3 years. If you do not have one please visit your church office to obtain one.

Volunteer Signature or if under 18 Parent's/Guardian's Signature Date ____/____/____

Volunteer T-Shirt Size/Quantity: ____ S / ____ M / ____ L / ____ XL / ____ 2XL / ____ 3XL / ____ 4XL / ____ 5XL You will be provided 1 t-shirt. Additional shirts are \$8 each.

SHRMP Local Volunteer Fact Sheet

June 21 - 28, 2025

Volunteer Name _____

Have you made a profession of faith and decided to follow Jesus and trust Him as your Savior? ____ Yes / ____ No If so, when? _____

If yes, briefly describe your experience. _____

Any days or times you will not be available: _____

In what area(s) would you feel comfortable volunteering? Please check all that apply:

Crew leader ____ / Bible Story ____ / Snack ____ / Recreation ____ / Registration ____ / Reading ____ / Crafts ____ / Worship/Music ____ / Site Leader ____ / Logistics ____

By signing below you understand that by volunteering for SHRMP you will adhere to dress codes, follow instructions set by key personnel and act accordingly. SHRMP is a mission, and you are here to serve God in whatever capacity needed and will be flexible and follow God's example.

_____ Date ____ / ____ / ____

Volunteer Signature or if under 18 Parent's/Guardian's Signature

FOR YOUTH PASTOR AND OR PASTOR ONLY:

Please provide any information we need to know about the youth/adult you are recommending to serve on SHRMP. *All records are kept confidential and will remain with SHRMP records.*

_____ Date ____ / ____ / ____

Pastor/Youth Minister Signature/Title

SHRMP DRESS CODE / REQUIREMENTS

Name tags are essential as they identify the various SHRMP volunteers to other individuals.

Absolutely NO Vaping, e cigarettes, regular cigarettes of any kind are allowed in the Church building, on sites or around other individuals.

Use of excessive makeup should be avoided. Strong fragrances should also be avoided due to individuals with Asthma.

Remember when dressing it will be very hot and humid. You may be most comfortable in loose fitting cotton clothing. Clothing must be modest and conservative.

Please do not wear flashy or expensive jewelry.

Please remember to bring hats, sunglasses and sunscreen for sun protection, as well as insect repellent and lotion for insect bites.

Dress appropriately from time you arrive until you return home.

Before Departing on Saturday after SHRMP week everyone is expected to assist in the cleaning of the church and moving of all supplies back to storage facility.

All individuals will be placed on the cleaning schedule. Please check your designated time slot and make sure your area is cleaned on your rotation. Please keep sleeping area clean and free from dirty and/or wet clothes. We will be cleaning daily to avoid the spreading of germs.

If you become sick please notify one of the leaders, remain in your room and someone will seek out one of the Nurses or SHRMP leaders immediately. Staying Healthy protocols will be put in place upon arrival so please be patient. This is an effort to keep everyone healthy.

The following are updates to the dress codes required for SHRMP:

- NO spaghetti strap shirts, tops or dresses allowed, however an appropriate top worn under a sleeveless sun dress or jumper is acceptable.
- NO Short tops that can't be tucked in. NO tying up shirts so stomach or back can be seen. See thru or sheer tops are also not allowed.
- NO Dresses or blouses with a low-cut front or back.
- NO Clothing or any other items which may be offensive to our Christian testimony (shirts with beer or cigarette ads, rock groups, suggestive phrases, or anything which would be a poor testimony are not permitted).
- All shorts should have at least a 6 inch inseam. **NO EXCEPTIONS!** (FYI: Boys basketball shorts and boys soccer shorts have longer inseams)
- NO Leggings or Yoga Pants. These are not considered suitable for mission work.
- Guys: Shirts must be worn at all times. (Girls too in case you are asking)
- Guys are NOT to slouch their pants. If your pants won't stay up...get a belt.
- Girls: pajamas on are not allowed in group areas or anywhere but the second floor.
- In the event we get permission to the use of a pool, Keep all swimsuits modest. Shirts may be worn over swimsuits. Bikinis, suits with French-cut legs, or revealing one-piece swimsuits should be avoided. Skimpy swim trunks for guys are not allowed. You will know prior to arrival if we get permission for swimming.
- SHRMP Shirts must be worn when on Sites or and outings where we leave the church grounds.
- Wear closed toe comfortable shoes. You will be on your feet most of the day.
- Your SHRMP shirts will be washed nightly. Please refrain from marking on shirts or cutting.
- Remember not following the proper dress code may result in you being asked to change clothes or not being able to attend sites.

Please remember you are on a Mission Trip working for the Glory of God and we need to focus more on God's work and less on our own image.

Make checks payable to SHRMP, mail form and payments to Bonnie Dailey, 106 Pinetree Lane, Chase City, VA 23924. Any questions contact Ivan Garcia at 757-956-7349