GLENMARY VOLUNTEER OFFICE

P.O. Box 69Rutledge, TN37861

606-202-3658 phone

[volunteer@glenmary.org](mailto:volunteer@glenmary.org)

www.glenmary.org/volopps

Glenmary Group Volunteer Program

General Information

Thank you for choosing to serve with the Glenmary Home Missioners. Here is some general information to help you with your time with Glenmary.

**Mountain Managers**: Long-term volunteers known as Mountain Managers facilitate the Glenmary Volunteer Program in Tennessee. The long-term volunteers or Mountain Managers in conjunction with the Glenmary Volunteer Director and Assistant to the Glenmary Volunteer Director to set up each day’s schedule at the volunteer sites and act as catalysts between the community and the volunteers. During the service week there will be many staff meetings between chaperones and long-term volunteers. It is important that all problems are addressed during these meetings. Any issues that may hamper the service week and communication need to be addressed during these meetings. The long-term volunteers represent Glenmary and our programs in Union and Grainger counties. Please note you will be spending a good amount of time with the Glenmary Volunteer Director and Assistant to the Glenmary Volunteer Director as well during the week.

Volunteers with us can choose to serve, but oftentimes they can’t choose how they will serve. For the volunteer program to work, volunteers must accept that they will serve those in need in the Tennessee mission areas as well as their fellow community of volunteers. The Glenmary Group Volunteer experience is fun, but volunteers must work hard and stretch themselves to reap the greater gifts that the experience has to offer. We ask volunteers to take off their watches and enjoy the week on God’s time, to slow down from the hustle and bustle of their lives and enjoy the nature, people, service and the community of faith we hope they will find as participants in the volunteer program.

Every volunteer should bring about $40 with them. The volunteers have opportunities to purchase T-Shirts, local crafts and to eat at a local restaurant.

Chaperones of groups that drive to the Tennessee site should budget money for gasoline for your vehicles during their week of service. Oftentimes, volunteer groups are asked to use their own vehicles to help transport volunteers to our sites.

Accidents happen, so please make sure that all volunteers have insurance cards or other pertinent information with them when they arrive. It may help to send a copy of the insurance card and medical information for each volunteer when the insurance release forms are submitted.

PLEASE, make sure to inform program staff or the volunteer director if any member of your group has specific allergies to food, environment or insects such as bees or wasps!

**Absolutely no** a**lcohol or drugs** a**re permitted** a**t** a**ny** G**lenm**a**ry** G**roup Volunteer** S**ite.**

**Information sheet about the Glenmary Volunteers on Joppa Mountain or Toppa Joppa**

1. The physical address of the site is 1943 Joppa Mountain Road, Rutledge TN 37861. The site is located on Google Maps and Mapquest. If you need directions, I would be happy to send them to you.
2. The mailing address of the Glenmary Volunteer Program is P.O. Box 69, Rutledge TN 37861
3. The site is located on a mountain, so be aware that the road is windy to get here. Also, please check the weather before arriving, the Mountain where Toppa Joppa is located is last to be plowed when it snows. You can call Joe Grosek at 606-202-3658 to check on Mountain Road conditions if you are worried about the Mountain being icy.
4. We ask groups to arrive between 3-6 P.M. on the first day but we understand if you arrive later due to driving distance and will work around your arrival time.
5. Groups leave between 7-9 A.M. on the last day as to allow time for driving home. We are open for a group to leave earlier (the current record is 2 AM) if they need more time to drive home
6. The emergency contact number for the Glenmary Volunteer Department is 606-202-3658 which is my cell phone. One can also try to contact the landline at the site at 865-828-3977
7. We ask that all forms and payment be mailed to Joe Grosek, Glenmary Volunteer Director, P.O. Box 69, Rutledge TN 37861 about a week before you come and serve. Any checks should be made out to the Glenmary Home Missioners for payment for the week.
8. We would love to know how many people are coming, the breakdown of sexes, and any injuries and allergies you would love to share with us a week before you come and serve.
9. When arriving please park at the upper building and not at the buildings located on the lower part of the site. The upper building has a large Ramp.
10. There are two outside dogs on the Mountain, Belle and Beta. They are probably the friendliest dogs in the world as they see so many new faces and volunteers. They are outside dogs, so no worries if you are allergic to dogs.

**GROUP VOLUNTEER PROGRAM CONTRACT**

I am fully aware that the mission immersion experience with the Glenmary Group Volunteer Program will require me to make a person sacrifices, many of which I may not be accustomed to. I agree to live this week in simplicity, doing without some of the conveniences to which I am accustomed. I agree to serve where I am needed. I will try to put others first and myself last during my week of service.

I realize that living and working together in community will require me to display patience and respect toward all members of the group and those we serve. I realize the importance of following a schedule and the guidance and instructions of all the leaders during my trip. I am willing to comply with the request of the program managers and Glenmary Volunteer Director and be flexible with what is asked of me.

I further realize that I will be visiting an area where the culture and the customs may different from my own. I promise to be culturally sensitive to the needs of those I serve and those I am serving with.

I agree not to involve myself in drugs, alcohol or sex while serving as a volunteer with Glenmary.

I dedicate myself to be an active participant in this week of service, prayer, simplicity and community as an experience of Christian living.

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant School or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION FORM**

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

This formed should be emailed or mailed to Joe Grosek at Joe Grosek, P.O. Box 69. Rutledge, TN 37861 or [jgrosek@glenmary.org](mailto:jgrosek@glenmary.org) or shown to the Mountain Managers and then carried by the designated adult.

**Minor Info** Gender: Female \_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Info** Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Info**

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions youth is currently receiving treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any other significant medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter “Designated Adult”) to administer general first aid treatment for any Minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Glenmary Group Volunteer Program

Student Volunteer Publicity Form

Volunteer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M \_\_\_ F \_\_\_ Volunteer Week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box/Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Parish (name, city, state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diocese/ Diocesan Newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hometown/Comm. Newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I **do not** object to Glenmary using my name or image to publicize -electronically or in print-its volunteer programs. I understand that the picture taken of their group will be posted on the Glenmary Home Missioner’s Web site ([www.glenmary.org](http://www.glenmary.org)) and may be submitted to local newspapers.

\_\_\_\_\_ I do object to Glenmary using my name or image to publicize its volunteer programs. I will voluntarily remove myself from the group photo taken by Glenmary.

**Volunteer Insurance Coverage**

**Explanation and Release Form**

**The Glenmary Home Missioners’ accidental injury insurance coverage is called an excess plan of benefits. If your insurance carrier does not cover all the medical expenses incurred, you may then submit itemized bills for unpaid balances along with the corresponding explanation of benefits statement indicating payment or denial to Glenmary’s carrier. Payment of all expenses not covered by your policy, including deductible and co-payment, will then be made.**

Glenmary Home Missioners maintain a Volunteer Accident Insurance Policy as explained above. However, Glenmary assumes no responsibility for volunteers beyond what this accident policy provides. Therefore, parents of volunteers or volunteers, if of legal age, must sign the following release.

In consideration of the acceptance of (full name printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the Group Volunteer Program provided by the Glenmary Home Missioners, I hereby release and discharge any and all claims and causes of action of any kind or nature whatsoever, whether known or unknown, and whether specifically mentioned or not, which may exist or might be claimed to exist at or prior to the date of this instrument and I specifically waive any claim or right to assert that any cause of action nor alleged cause of action or claim or demand has been, through oversight or error, or intentionally or unintentionally, omitted from this release. In the event I cannot be reached for an emergency, I hereby give permission to the physician selected by the program supervisor to hospitalize and/or select proper treatment, including, but not limited to, injection, anesthesia, or surgery for the applicant above named.

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

Signature or Parent/ Guardian Date

**What to Bring / What Not to Bring**

**What to Bring**

Volunteers and chaperones should pack enough casual, comfortable clothing for a week. Remember to include extra clothes that you are not afraid to get dirty, painted on or possibly ruined.

**In Winter Months**

• warm work clothing (jeans, sweatshirts, hats, etc.)

• winter gloves and hat

**In Summer Months**

• lightweight work clothing (shorts, T-shirts, etc.) and work pants; muscle shirts and tank tops are not appropriate for construction work

• sunscreen, bug spray and a hat to wear when working in the sun

**In All Seasons**

• work gloves, work gloves, work gloves and a water bottle

• boots or other waterproof footwear; if possible, bring more than one pair of shoes

• casual, nice pair of slacks and shirt or blouse for church

• small amount of spending money

• sleeping bag or sheets/blanket/favorite pillow with pillowcase (we provide mattresses) we have extra linens if necessary.

• towel, washcloth, and biodegradable soap and shampoo

• other toiletries

• small musical instruments

• a smile and eagerness to serve

**What Not to Bring**

Part of the Glenmary Home Missioners charism is simplicity, and the service week is dedicated to that simplicity. In that spirit, we ask that volunteers try to abstain from wearing makeup and shaving every day. We want to focus on the inner beauty of everyone who volunteers with us.

Volunteers and chaperones should not bring:

• radios, MP3 players, tape recorders, laptop or tablets, CD/DVD players

• hair dryers and curling irons

• junk food (we’ll provide adequate meals)

Though Cell phones are not banned at the site and we understand that people need them for cameras and connecting with home or work. We believe that you receive the greater gifts of the site by limiting cell phone use or even leaving it at home. We ask volunteers to limit their showers during the week.

Absolutely no alcohol or drugs are permitted at any Glenmary Group Volunteer Site.