Dear Group Leader:

On behalf of Hope City, we would like to thank you for choosing to serve alongside us in Lake County, CA. We know that you have many options to choose from with disasters occurring more frequently and appreciate the time and energy your group is giving this community in need. Hope City is a volunteer rebuild camp partnering with Middletown Bible Church, The Bridge, Community Baptist Church, Santa Rosa Bible Church, Santa Rosa First United Methodist Church and the Hope Crisis Response Network as well as a building partner with Team Lake County.

The disaster you are responding to is known as the Valley Fire which began on September 12th, and was extinguished on October 6th, 2015. The incident DR-4240 started as a small fire of about 400 acres and grew to devastate over 10,000 acres within 12 hours. By the time the fire was extinguished it had injured four while taking the lives of four others and burned 76,000 acres destroying 2000 structures, 1300 of which were homes.

After such devastation, the community was left in a state of great loss and grieving. With the poverty rate resting at 25%, and a high unemployment rate, we are seeing close to 45% of the population as either not insured or under-insured. Needless to say, Hope City is grateful for your willingness to help achieve the goal to rebuild homes in a community were the need is great.

During your trip, Hope City will be working to ensure the team’s success during the week and also making sure there is an appropriate amount of meaningful work to achieve this goal, as we give you this opportunity to serve different homeowners and depending on your teams size it may require your team or teams being split up. We will also be praying that God works through the hearts of each individual involved and works through you to strengthen relationships with each other and families you will work alongside.

Please see attached documents.
If you have any questions please feel free to contact us.
We look forward to having your team at Hope City!

Tim Saunders, Volunteer Coordinator
Tim@hcrn.info
877-936-HOPE
Hope City  
15299 Central Park Road, Middletown, California

Our host will meet your team Sunday night for dinner (6 pm) and our host will provide an orientation (7 pm).

Camp rate is $150 per person, per week. This includes lodging, meals, and a Hope City T-shirt. We also provide all materials for the project and use of tools. (We do cater to allergies)

When reserving your trip, make a $100.00 non-refundable deposit to book your group. The balance will be due 10 days prior to your arrival.

Please make checks payable to:  
Hope City  
P.O. Box 967  
Middletown, CA 95461

Hope City is dormitory housing with single beds, with separate accommodations for men and women. More than one group may be in camp each week.

Teen groups are encouraged to serve with Hope City. Please talk with a Hope City staff member about adult to student ratios for your team.

Each group is required to provide volunteers to cook each day during your stay. Breakfast and dinner are hot meals while volunteers will pack a sack lunch each day to eat at the worksite. Kitchen volunteers will prepare and serve meals. All volunteers are expected to help clean and maintain common areas during your stay.

Your team and individual forms are included in this packet.

Complete the Group Intake Form and return it with your deposit.

Print copies of all related forms for each of your team members.

Hope City has projects with a variety of work needed. Our staff will not be able to give you exact assignments until shortly before your trip. We do note volunteers with specific skills and work to use those skills effectively.

One last request, please don’t come with your own agenda, as it prevents God from giving you His.
Hope City
Packet Contents

1. Hope City Group Intake Form
   Group leader complete and submit to reserve your team dates and beds

2. Individual Release of Liability Form – Adult
   Every group member must complete this form.

3. Medical Information for Individual Volunteers
   Every group member must complete

4. Minor Volunteer Release Form
   For any volunteer under 18, must include parent or guardian signature

5. Medical Release for Minors
   A medical treatment release for any minor volunteer

6. House Rules
   Guidelines for our volunteers while on working with Hope City

7. Did you Pack?

8. T-Shirt Order Form

9. Team Skills List – Return to Hope City 10 days prior to your trip
Hope City Volunteer Group Intake Form

Email-tim@hcrn.info - Phone-(707) 306-6631
Hope City P.O. Box 967, Middletown, CA 95461

Date __________________

Group Name ________________________________________________________________

Address ___________________________________________________________________

Phone (______)___________________________________

Email ____________________________

Contact Name ______________________________________________________________

Address ___________________________________________________________________

Home Phone (____)_________________________

Work Phone (____)____________________________

Trip Details
(First Choice)          Date ______/_____/___________
(Second Choice)     Date ______/_____/___________

Confirmed on _____/_____/____ Confirmed By _____________________________

__________________ # Male Adults  ____________________ # Male Youth
__________________ # Female Adults  ____________________ # Female Youth

Group Total_______________  Departure Date _____/_____/____
Last Work Date _____/_____/____

**As much as we encourage the family unit this project has an age restriction. At this time we cannot house anyone under the age of 12 years old. A 1-1 ratio is required for all children ages 12-15 and a 3-1 ratio for ages 16-17.

All groups must provide a copy of their Certificate of Insurance or a copy of each individual insurance card w/policy number.
Individual Release of Liability Form
Hope City

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Hope City, a project of Hope Crisis Response Network, Inc.

I ______________________________ acknowledge and state the following: I have chosen to travel to Northern California to do construction work designed to repair or rebuild damaged homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity, and that some activities may take place on ladders. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that Hope City provides accommodations, I also understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting for any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from Hope City and the family. This includes any reference to names, addresses or other identifiable information.

By my signature, for myself, my estate and my heirs, I release and discharge, indemnify and forever hold Hope Crisis Response Network, Inc., the partners or any other disaster response agency, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence. I also give Hope Crisis Response Network and/or their partners’ permission to use any video or photos take of mw on this project for promotional use only.

__________________________________  ______________________
Name                                Signature
__________________________________
Date

Emergency Contact: __________________________  Phone: __________________________

Revised 8/31/16
NAME _______________________________________________________________

Blood Type _______________________

Prescriptions currently being taken:

Prescription __________________________ dosage __________________________

Frequency _______________________

Prescription __________________________ dosage __________________________

Frequency _______________________

Prescription __________________________ dosage __________________________

Frequency _______________________

Prescription __________________________ dosage __________________________

Frequency _______________________

Prescription __________________________ dosage __________________________

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Prescription __________________________ dosage __________________________

Frequency _______________________

Prescription __________________________ dosage __________________________

Frequency _______________________

Prescription __________________________ dosage __________________________

Frequency _______________________

Name of contact person at home ____________________________________________

Relationship ________________

Street Address _________________________________

City _______________________ State ______________ Zip ________

Home Phone _________________ Cell

Phone ________________________________

Health Insurance Company _________________________________________________

Policy Number ___________________________________________________________________________________________

(Attach copy of Insurance Card)

Physical Limitations or issues:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

I am a diabetic ________Yes ________No

I have a history of seizures _________Yes ______ No

Provide helpful health information

____________________________________________________________________________________________

I consider myself healthy enough to fulfill my responsibilities on this volunteer trip

____Yes _____No

Signature of Volunteer __________________________ Date ____/___/______

This form will stay with your Team Leader on all projects.

MINOR VOLUNTEER RELEASE FORM
Hope City

First Name: _____________________________ Last Name: _____________________________
Address: __________________________________________________
City: _______________________________________ State: _______ Zip__________
Email: ___________________________________________
Home Phone: _____________________________
Cell Phone: ________________________________

Emergency Contact Name __________________________________
Phone # _____________________________________________

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and
forever hold Hope City and its partners, or any other related Disaster Response Agency,

together with their officers, agents, servants and employee, harmless from any and all causes of
action arising from my participation in this project, including travel or lodging associated
therewith, or any damages which may be caused by their own negligence. I also give Hope City
and/or it’s partners permission to use any video or photo’s take of me on this project for
promotional use only.

Signature: ____________________________

Date: ______________________

PARENTAL CONSENT/RELEASE - If the individual is a minor (under 18 years of age), the following
should be signed by a parent or legal guardian. I hereby consent and agree, individually and as
a parent or legal guardian of to all the terms and provisions above.

Name (please print):

________________________________________________________

Relationship to minor:

________________________________________________________

Address: __________________________________________________

City: _____________________________ State: _______ Zip: __________________

Signature: _____________________________ Date: __________________________}


Medical Release Form for Minors
Hope City

Minor’s Name ____________________________________________________________
Date _____/_____/_____ Date of Birth _____/_____/_____  
Insurance Company ______________________________________________________
Policy # ______________________________________________________________________
Include copy of Insurance Card

Emergency Contacts
Name: _______________________________________ Relationship ________________  
Address ______________________________________________________________________
City ______________________________St_______________________ Zip ________________
Home Phone (_____)___________________________ Work Phone (_____)________________________
Cell (_____)_______________________________
Permission to give Aspirin _____Yes _____ No Permission to give Tylenol _____Yes _____ No
List Allergies
____________________________________________________________________________
________________________________________________________________________________
Medication(s) __________________________________________________________________
Dosage _____________ Frequency _____________
Describe any medical conditions or limitations
____________________________________________________________________________

Team Leader’s Name ___________________________ Trip Destination: Lake County CA.

Parent or Guardian Authorization
I ___________________________________, authorize ____________________________________________
to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

Signature of _________________________________________________________________
Date ____/____/_____________

This form is to be kept with your Team Leaders on all projects.

Hope City
**HOUSE RULES**
MEAL TIMES:
  Breakfast: 7:00 a.m.
  Lunch: 12:00 noon or on-site
  Dinner: 6:00 p.m.

QUIET HOURS:
  10:00 p.m. (Sunday – Thursday)

LIGHTS OUT:
  11:00 p.m. (Sunday – Thursday)

- THE CAMP IS CLOSED FRIDAY EVENINGS with the exception of extended stay volunteers or those who have flights on Saturdays. Work can be provided on Saturdays as one day projects. Thank you in advance for your understanding as our staff needs prep time.

- Computer access or Wi-Fi is available. Ask Hope City for username and password.

- Devotions are every morning after breakfast. We ask that your group be prepared to lead devotional time.

- Family night is on Thursday evening. Please invite the families you serve to come and enjoy a meal and some great fellowship.

During your week at Hope City:

- **For safety**, it is important that proper personal protection equipment be worn on all job sites including footwear and appropriate clothing at all times. If you use chain saws you are required to wear chaps, **NO EXCEPTIONS**!
- Modest dress at camp is appreciated, short sleeves and appropriate shorts are acceptable.
- Clean up your work site after work each day.
- Keep your personal space neat and clean.
- In living together, be sensitive to your fellow volunteers.
- The use of tobacco, alcohol and non-medicinal drugs is not permitted at camp or on project sites.
- Meals are provided daily and we request that you notify the camp director if you will not be joining us for any certain meals.
- We ask that you remember that we are guests of Middletown Bible Church and that they have other events on the grounds.
- Think twice about personal jokes. Remember the GOLDEN RULE.
- You are a representative of Jesus, your Church and Hope City.
- Let your conversation and behavior fit the role of a volunteer “to help people in need, in the name of Christ.”

Packing List
Sleeping Bag or bedding & pillow
Duffle bag – pack light with adequate clothing for temperature changes
Work pants, recommended
Personal hygiene items
Towel & washcloth, etc.
Medication
Bug spray, suntan lotion
Work boots and a pair of tennis shoes
Work gloves, protective eyewear
Ear plugs, for snorers
First Aid kit to travel in each vehicle
Chargers for Cell phones
Sunglasses
Hat
Work Supplies – depending on your assignment (eg. Hammers, saws, shovels, etc) most of the time equipment will be provided
Bible

Optional
Personal entertainment devices (should include head-phones)
Guitar
Camera
2-way radios
Name of Group __________________ Date of Arrival __________________

Contact Name __________________ Phone ____________________________

Shirt Size

Small ______________________________

Medium ______________________________

Large ______________________________

XL ______________________________

XXL ______________________________

Additional Shirts and Hats can be purchased for $15.00 each. Please make checks payable to Hope City

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