

Special Notice:

Special note to youth who are not associated with a youth group or who do not have a church youth leader. You may submit your application to Fresh Grounds

172 Main Street, Greenville, Pa 16125

There are a number of limited spaces available—acceptance will be based on the order of applications received.

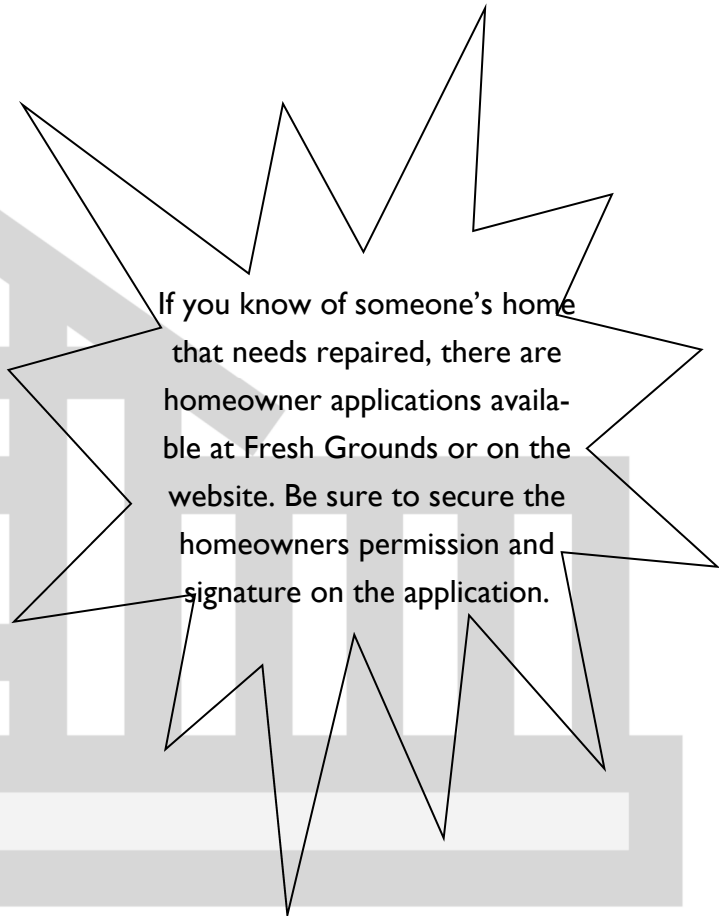
What is His Work, His Way?

His Work, His Way is a nonprofit Christian ministry that works to assist eligible homeowners with home maintenance and repair projects. The week of June 21-27, 2020 we will send out work teams consisting of youth and adults to complete home projects. Our purpose is to touch lives with the love of Christ using paint brushes, hammers and rakes.

Please read the information sheet that is included with this application for details of what is involved and needed for the week of work projects. A worship service and organizational meeting that will be held on June 21, 2020 at 7:00pm at the Greenville Alliance Church, Conneaut Lake Road, Greenville, Pa. Check in at Thiel dormitory is from 5:30pm to 6:30pm Sunday, June 21st prior to the worship service. Look for the signs at the corner of Rt58 and Rt19 by the Thiel Chapel.

“See to it that you complete the work you have received in the Lord.”

-Colossians 4:17



If you know of someone's home that needs repaired, there are homeowner applications available at Fresh Grounds or on the website. Be sure to secure the homeowners permission and signature on the application.

His Work, His Way

Student Participant Application

Turn into Youth Leader by
May 17, 2020

Note: There is a limit to the number of youth that can participate. Consideration will be given to those first received.

Week of June 21-27

Downtown Ministries
172 Main St.
Greenville, PA 16125

Cost and Information

The cost is based on the number of youth and adults from your household who are participating. Note the following cost list: for each household: \$75 for one youth from the household, or a maximum of \$125 total for 2 or more members from your household participating in HWHW (including adults)

Note: Payment must be submitted with application to secure the room. Due to the limited rooms available, acceptance will be based on the order of applications received. See your youth leader for the number of participants allocated to your youth group.

Make checks out to His Work, His Way

Submit application and payment to your youth leader by **May 17, 2020**

Who Can Participate?

All students entering the 8th grade and above are eligible to participate. Students who are participating are required to stay at the Thiel dorms for the entire week.

Note to parents

Students may not leave for any reason other than an emergency approved by HWHW coordinator. All students must stay for the entire week. Please consider these requirements prior to making other arrangements such as vacation and other activities. This is to ensure student safety and for them to have the opportunity to grow spiritually and develop relationships through the youth related ministry activities. In addition, to ensure the safety of all students, parental contact needs to take place over the phone. All participants are expected to follow the guidelines set by the youth leaders.

Parent Signature _____

Student Signature _____

If there is a restricted number of youth participants, the first registered to meet that number will be accepted.

Tear here and return to address on the front of brochure with your payment

Student Name _____ Age _____ Gende _____ M F

Payment enclosed: _____ cash _____ check _____ In need of a financial scholarship

T-shirt size (please circle one) S M L XL XXL XXXL

I allow my child's picture to be used in His Work His Way Publications Yes No

Church/Group _____ Pastor/Leader _____

Home Phone () _____ Cell () _____

Home Address _____ City/State _____ ZIP _____

Your Email Address _____

Entering School Grade _____ Name of requested roommate _____

Emergency Contact Information

In the event of an emergency, please contact: _____

Relationship to participants: _____

Phone (day) _____ (evening) _____

Medical Information

Insurance Carrier _____

Policy Number _____ Date last tetnus shot ___/___/___

Primary Care Physician _____ Phone Number () _____

Current Medications _____ Allergies _____

Any restrictions _____

Release from Liability

I hereby release His Work, His Way Greenville, its staff and members of the board of directors, from any liability for injury that my child may sustain during His Work, His Way activities. In case of illness of injury, and in the event I am unable to respond, I authorize staff to allow emergency medical treatment.

Parent/Guardian Signature _____ Date _____