



# THE DWELLING

where God and God's people meet

## SUNDAY

4:30	Arrive at The Dwelling 520 N. Spring Street Winston-Salem, North Carolina, 27101
5:00	Orientation
6:00	Dinner
6:30	Unpacking/Settle-In
8:30	Large Group Circle Up
9:30	Church Time
11:00	Lights Out

## MONDAY through THURSDAY

6:30	Lights On
7:00	Breakfast & Morning Routine
8:45	Depart for Service Site
9:00	Begin Service Learning Work Monday: Poverty Simulation Tuesday: Shower Ministry and Wellness Wednesday: Housing Accessibility and the Other Side of Homelessness Thursday: Food Justice
12:00	Lunch
1:00	Service Continued
3:00	Showers & Free Time
5:30	Dinner
7:00	Evening Activity Dash Baseball Game Movie Night Community Meal Photo Scavenger Hunt
9:00	Large Group Circle Up
9:30	Church Time
11:00	Lights Out

## FRIDAY

7:00	Lights On, Quick Grab Breakfast, & Building Clean-Up
8:30	Closing Circle Up
9:00	Goodbyes

\*Schedule is tentative and subject to change

\*Participants will be provided with a final schedule prior to scheduled trip

## WE'RE IN THE BUSINESS OF BEING KINGDOM PEOPLE

“ Kingdom people seek first the Kingdom of God and its justice; church people often put church work above concerns of justice, mercy, and truth. Church people think about how to get people into the church; Kingdom people think about how to get the church into the world. Church people worry that the world might change the church; Kingdom people work to see the church change the world. ”

IT IS OUR BELIEF THAT SERVICE WITHOUT EDUCATION IS EMPTY.  
WE ARE COMMITTED TO SHARING CHRIST'S LOVE AS PEOPLE NOT  
ONLY ENGAGED IN SERVING OUR NEIGHBORS, BUT ALSO AS BEING  
FIERCE ADVOCATES FOR JUSTICE.

Because homelessness is a complex situation that requires complex conversations and answers, The Dwelling offers opportunities for young people and adults to spend a week during the summer or fall/spring break participating in a Service Learning experience. (An abbreviated weekend “service plunge” is available, too)

Hosted (housed) at local partner churches, participants engage in a week of relationship-building, education, story-telling and service alongside formerly or currently homeless individuals. In doing so, participants will better understand the complexity of the systems and institutions perpetuating homelessness, how the church is responding as Matthew 25 people, and ways that they can continue to advocate for justice, accessible mental health care, affordable housing, and more in their own communities.

Each day, participants will learn and then serve. For example, each week we will focus one day on food insecurity and the direct correlation between nutrition and homelessness. Learning from guest speakers, including nutritionists and other health professionals, participants will take the deep dive into the systemic issues of poverty and wellness effecting our homeless population. After learning a quick lesson on nutrition, participants will plan, budget, shop, and prepare a meal that will be served to our neighbors that night.

Homelessness is not localized. Many of the problems facing individuals experiencing homelessness in Winston-Salem are the same across the country. This service-learning opportunity has the power to mobilize national change and spark the church to action. As an added effect, the participant trip costs directly supports the ongoing ministry of The Dwelling.

## FREQUENTLY ASKED QUESTIONS

### 1. HOW MUCH DOES IT COST

A full week (five nights) is \$325 per person. To reserve a week, we ask for a \$50 per person deposit at the time of registration. This deposit is the only financial requirement until 30 days prior to the scheduled program week at which time payment in full is due. Final payments/adjustments are due upon arrival. For groups that prefer trips that are shorter (or longer) the price is negotiable. Payment must be made by check payable to The Mission Fund and designated The Dwelling in the Memo Line.

### 2. CAN WE CUSTOMIZE THE LENGTH OF OUR TRIP

Yes! We welcome trips of all lengths and sizes. We will work with you to negotiate the cost.

### 3. WHAT DOES THE DWELLING PROVIDE

Church based housing with access to showers, complete service site coordination, supplies, free time outings, group processing and worship leadership, and most meals.

\*group will have dinner out one night at their own expense

### 4. WHAT AM I EXPECTED TO PROVIDE FOR OUR TRIP

Transportation, bedding\*, food during travel, devotional content, permission/health form for each participant, certificate of liability, snacks, adult supervision.

\*if group is traveling by air, bedding assistance may be available

### 5. HOW MANY CAN THE DWELLING ACCOMMODATE

We can easily accommodate 30 participants, including youth and adults. If you have more than that- let's talk! We will do our best to work with your needed group size.

### 6. IS THERE ANYTHING ELSE WE NEED TO BRING

Your group might consider collecting and bringing an in-kind offering from your congregation. This might be coffee, creamer, and sugar, shower supplies, socks, underwear, and t-shirts, or something else. Have an idea? Let's talk!

# PARTICIPANT REGISTRATION

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Grade (Rising in Fall): \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Gender & Pronouns (She/Her/Hers or He/Him/His or They/Their/Theirs): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date of Last Tetanus Shot: \_\_\_\_\_

Known Allergies (including food, medication, etc.): \_\_\_\_\_

Current Medication and/or Health Conditions: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (please provide two)

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Health Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Phone Number of Policy Holder: \_\_\_\_\_

Phone & Address of Insurance Company \_\_\_\_\_

\*Participants without medical insurance may still be able to attend understanding the risk and personal liability to any and all medical payments.

\*\*Please attach a copy of participant insurance card to this form. Information will be destroyed following service week.



Group Name: \_\_\_\_\_

Group Trip Dates: \_\_\_\_\_

[illegible]

## RELEASE OF LIABILITY

Group Name: \_\_\_\_\_

Group Trip Dates: \_\_\_\_\_

Participant Name: \_\_\_\_\_

**Consent/Liability Release Agreement:** The undersigned individual(s), as either the above named trip participant if age 18 or older or the legal guardian(s) of the above named minor trip participant, hereby consent to the above named trip participant (the "Participant") participating in the above-referenced The Dwelling Service Learning Trip and related activities, including but not limited to travel to and from Winston-Salem, North Carolina. I/we agree that there are inherent risks involved in participation in the trip and that participation is voluntary, and I/we would like the Participant to take part in the trip. I/we have independently investigated the risks associated with the trip and hereby accept(s) and assume(s) all such risks, including both known and unknown risks. I/we understand that if the Participant feels unsafe or uncertain about how to safely perform any task or activity on the trip, the Participant is responsible to not perform the task or activity unless and until he/she is certain how to safely do so. I/we also understand that The Dwelling is not a representative or agent of, and cannot control the acts or omissions of, any transportation carrier, lodging provider, or other service/goods provider involved in the Trip.

I/we further understand that The Dwelling is not responsible for any loss, theft or damage to Participant's personal property during the trip. I/we, on behalf of myself/ourselves, the Participant, and all of our legal representatives, heirs, successors, assigns, and any other person or entity that could bring a claim on my/our and/or the Participant's behalf (collectively, the "Participant Parties"), hereby release and discharge The Dwelling, its affiliated organizations, and any of their former, current or future directors, officers, employees, volunteers, and agents (collectively, the "Released Parties"), from any and all claims, liabilities, damages, or costs that any of the Participant Parties may have or claim to have relating to or arising out of participation in the trip, including without limitation injury, illness, death, medical costs, property loss, and negligence on the part of the Released Parties. I/we also agree to indemnify, defend and hold harmless the Released Parties from any and all claims, liabilities, and costs asserted by any of the Participant Parties. I/we understand that, during the Trip, the Participant may be photographed or recorded and hereby authorize and agree to The Dwelling or its affiliated organizations' unrestricted use, reuse and distribution of images and recording including but without limitation for purposes of promoting and publicizing mission trips. I/we understand that use of such materials will be without compensation and my/our further approval hereafter.

**Medical Release Agreement:** I/we agree that I/we are responsible for the Participant's medical needs. There either are no health-related issues which restrict Participant's participation in this trip or which require special assistance, or I/we have confidentially arranged with The Dwelling for such assistance. I/we understand that accident/health insurance for Participant and any medical costs incurred by Participant while on the trip are my/our responsibility. If the Participant is ill or injured while on the trip and requires medical attention, I/we consent to any reasonable medical treatment deemed necessary by a qualified medical professional. If a medical professional refuses to administer treatment to Participant without my/our consent and I/we are not timely available to provide such consent, I/we authorize The Dwelling staff to give such consent. In the event it becomes necessary for such person to give consent, I/we, on behalf of the Participant Parties, agree to and do hereby release and hold him/her and all of the Released Parties harmless of any claims, demands or suits for damages arising from the giving of such consent or any resulting medical treatment.



## RELEASE OF LIABILITY CONTINUED

By signing below:

- I/we represent that I/we have read this Participant Release Form in its entirety, including its sections titled Consent/ Liability Release Agreement, Transport Home Agreement, and Medical Release Agreements, and I/we hereby agree to its terms;
- I/we represent that (i) I am the above-named trip participant and am at least 18 years of age with legal authority to sign this form on my own behalf; or (ii) I/we are the parent(s) with legal custody of the above-named minor trip participant or are otherwise the legal guardian(s) of such minor trip participant;
- I/we agree that the Participant Release Form shall be governed by North Carolina law; and
- I/we represent that all of the information I/we provided on this Form and any related medical information form is accurate.

**Trip Participant (if 18+)**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Parent/Guardian (1)  
of Minor Participant**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Parent/Guardian (2)  
of Minor Participant**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

# PACKING LIST

## CLOTHING:

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- Shorts (Must be mid thigh or longer)
- Long pants for cool nights and/or work projects
- Short-sleeved shirts or tank tops with thick straps
- Long-sleeved shirt, sweatshirt and/or light jacket for cool nights or air conditioned spaces
- Underwear and socks
- Sleeping clothes
- Tennis shoes or work boots (closed-foot)
- Sandal/Strap-on Shoe
- Swimsuit
- Rain Jacket

## OTHER STUFF:

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- Small shower bag or backpack
- Soap, shampoo, deodorant, other toiletries, extra contact lenses, backup pair of glasses, etc.
- Bible and pen
- Reusable water bottle
- Sunscreen, lip balm, hat, sunglasses, bug spray
- Spending money for snacks, gifts, etc.
- Lunch box
- Phone/camera chargers
- Medications as needed (please provide your Leader with a list of medications, times, etc)
- Snack to Share
- Towel/Washcloth (Consider bringing 2)
- Bedding (Blanket/Sleeping Bag)
- Pillow
- Small Backpack

## OPTIONAL:

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- Card games
- Portable Speaker
- Air Mattress or camping pad

