



# LDM

***"For where two or three come together in my name, there am I with them."  
Matthew 18: 20***

**EQUIPPING  
THE CHURCH  
TO MINISTER  
WITH PERSONS WHO HAVE  
DEVELOPMENTAL  
DISABILITIES**

Are you looking for a mission trip for yourself, your family or your youth group?  
Do you know of anyone who is?

SonRise Retreat, our version of a weekend mini-HandyCamp, is a Christian Retreat for adults who have developmental disabilities. This fall of 2009 through the spring of 2010, the retreats will again be held at the FFA Training Camp and Retreat Center in Trafalgar, Indiana.

We are looking for youth (14 years of age and older), college students, adults, and mission groups to be volunteer companions - people willing to donate a weekend of their time in service to God. Volunteers are needed to be companions with people who have developmental disabilities, sharing the love of Christ and assisting them with activities of daily living. Adult volunteers are needed to serve as companions, cabin parents, and nurses.

Each person volunteering means one more "camper" will enjoy a Christ-centered, friendship-filled weekend.

The enclosed flier gives a brief description of the SonRise Retreat weekend. Please post this flier in your congregation, or pass it on to a youth leader. If you need more applications, or want more information about the ministry of LDM, please visit our website, [www.LDMinc.org](http://www.LDMinc.org)

I am also available to speak to your congregation, Sunday School class, or youth group. Please feel free to call me!

Serving you in Christ,

Jackie Schaefer  
LDM Program Coordinator

## What is SonRise Retreat?



SonRise Retreat can be described as a mini HandyCamp weekend (**Friday through Sunday**) during the fall, winter and spring months. Sponsored by LDM, SonRise Retreat is a Bible camp at the FFA Training Center in Trafalgar, IN. This retreat is for adult campers who have a developmental disability. The campers' ages range from 18 to 65.

Like at HandyCamp, campers will be paired with volunteer companions who range from age 14 through retirement. Activities include Bible study, arts and crafts, campfires, karaoke, hiking, and enjoying God's creation, just like HandyCamp!

### **SonRise Retreat has four major goals:**

- Provide a respite for the families that are caregivers for our adult campers.
- Share the love of Jesus Christ with adults who have a developmental disability and give them a weekend that is Christ-centered.
- Give volunteers an opportunity to become friends with a person with a developmental disability. Love and patience are the only requirements.
- Provides a GREAT weekend mission opportunity for church youth groups or any person or group with the desire to experience a low cost, local servant event.

SonRise campers arrive anywhere from 6 - 7 p.m. on Friday. **We ask volunteers to begin arriving between 6-7 p.m.** Saturday includes activities similar to LDM's HandyCamp. On Sunday, campers will have a leisurely morning filled with Bible study and then a worship service at 11:00 a.m. before departing at 12 noon.

There is a recommended donation of \$65 to help cover the cost for each volunteer. Meals provided at SonRise Retreats begin with Saturday breakfast and conclude with Sunday morning breakfast. A confirmation letter with a map and complete details will be sent after we at LDM have received your application.

The sooner we receive your application, the sooner we may invite a camper to attend a weekend. **Your application fee is good for the entire SonRise year.** Send us your application today!

### **SONRISE RETREATS 2009-2010**

**September 25-27, 2009**

**November 6-8, 2009**

**December 4-6, 2009**

**February 26-28, 2010**

**March 19-21, 2010**

**April 23-25, 2010**

**For more information on SonRise Retreats contact toll free 877-642-9902 or 765-642-9902 or email [info@LDMinc.org](mailto:info@LDMinc.org)**

**Applications may be downloaded from our website: [www.LDMinc.org](http://www.LDMinc.org)**

# Procedures to insure a safe and positive Retreat weekend experience for individuals or groups serving as volunteers and for our campers.

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We want to insure that every servant attending SonRise Retreat has a positive experience. It is also important to protect the people we are called to serve. For this reason we have found it necessary to have a procedure regarding volunteer selection. This procedure is to be reviewed by all pastors, youth directors, and supervising adults who will be recommending, sending, or supervising individuals for this event.

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## **1. It is important that any single group will not have an overpowering presence at SonRise Retreat, and that all youth will be properly supervised.**

- We will not permit more than 20 servants from any single congregation. This is a combination of adults and youth.
- If there are youth attending from a group consisting of males and females, there **must** be at least one male and female supervising adult accompanying them.
- A supervising adult is defined as someone who is 21 years old or older and recommended by the church pastor. Supervising adults will provide 1 personal reference (other than parents or spouse).
- The ratio of youth to supervising adult must be at least 5 to 1. For example, if 10 people come from a congregation, no more than 8 attendees may be youth with no less than 2 supervising adults.
- Youth (under the age of 18) may attend SonRise Retreat without a sponsoring congregation or supervising adult if they live within a 100-mile radius of the retreat site. They will need a parent, or adult appointed by a parent, listed on the application who may be contacted to provide transportation if there is an emergency and the youth needs to go home. These individuals will be assigned to a supervising adult while at camp.

## **2. SonRise Retreats serve adults who have developmental disabilities. For their protection, it is important to look carefully at the volunteers who will serve them.**

- Youth attending a SonRise Retreat must be 14 years old or older and be recommended for their maturity and stability, both emotionally and spiritually, by their pastor or youth director. They will provide 1 personal reference (other than their parents).
- Attendees who are 18 years old or older must sign the release on the application that will permit LDM to conduct a criminal background check. Also, they must be recommended by their pastor or youth director and provide 1 personal reference (other than their parents).
- All attendees under 21 years of age will have the signature of a parent or legal guardian on the SonRise Retreat Application.
- Every applicant for this servant event, whether supervising adults or youth, must be willing to be paired as a companion with a camper for the entire weekend or serve in a support volunteer capacity (as approved by LDM).

- Teenage volunteers will be paired one-on-one with campers. Teenagers will NOT work in the kitchen or in any other capacity, other than as a volunteer companion.
- Supervising adults may be appointed by LDM to supervise a sleeping room and may or may not be assigned to a guest at LDM's discretion.
- All first time volunteers attending SonRise Retreat **must** attend a short volunteer orientation session on Friday evening which they must attend.

### **3. Safety is a priority for both guest and volunteers**

- An appointed nurse will be at every session to attend to first aid needs and medication distribution.
- Every applicant will provide proof of medical insurance with application. A copy of the family medical card is sufficient. **Copies of each attendee's application and insurance card should be kept with the supervising adult while traveling to and from the retreat site with the attendee.**
- **All medications will be turned into the nurse.** Medications must be packaged as described in the medication procedure sent out with confirmation materials. This includes prescription and over-the-counter medications. Common over-the-counter pain medication is available through the nurse. It is important to protect campers from ingesting the wrong medications.

### **4. To secure a reservation to serve at SonRise Retreat, LDM will receive:**

- Completed and signed SonRise Retreat Volunteer Application.
- \$65 recommended registration donation. (Optional)
- If you attend as part of a group or sponsoring congregation, applications should be sent together with the donations sent as a single check from the congregation or sponsor.
- If a participant wishes to be added to a group after the applications are sent in, please reference the group name when sending in the application and donation.
- For Servant Event groups, LDM will hold a verbal reservation for a period of 10 days without registration forms and donations.

### **5. Responsibility**

- Lutheran Disability Ministries, Inc. is the responsible organization. We reserve the right to appoint retreat directors, spiritual directors, and retreat supervisors.
- LDM staff or appointed supervisors will provide any necessary discipline of volunteers attending SonRise Retreat. Supervising adults from sponsoring congregations will be consulted if discipline of their youth is required.
- **Behaviors that will result in discipline are: self medication under the age of 21; drug or alcohol use; use of tobacco or smoking under age 18; breaking curfew; sexual, physical, or verbal abuse; immoral behavior; and insubordination with a supervising adult.**

Procedures reviewed and revised: May 2009

**Do Not Staple**

# 2009-2010 SonRise Retreat Volunteer Application



# LDM

Please check all the weekends you would like to attend:

_____ September 25-27, 2009	_____ February 26-28, 2010
_____ November 6-8, 2009	_____ March 19-21, 2010
_____ December 4-6, 2009	_____ April 23-25, 2010

## Personal Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(if 18 yrs of age and older)

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
( optional )

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

I am at least 21 years old, and want to serve (if other than as a Companion): As a Nurse

I plan to graduate from high school in year \_\_\_\_\_ or I plan to graduate from college in year \_\_\_\_\_

## Personal References: (new volunteers only)

Your Pastor's Name: \_\_\_\_\_ 2nd Reference: \_\_\_\_\_

Your Church: \_\_\_\_\_ Position: \_\_\_\_\_

Church Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## Parent / Guardian Information (if under 21):

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City: \_\_\_\_\_

Work/Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## In an Emergency Notify:

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City: \_\_\_\_\_

Work/Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## If Paying recommended donation by Credit Card: (visa or M/C only)

Credit Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail application with registration donation of \$65 to:

**LDM**  
4038 Ridgeview Rd.  
Anderson IN 46013

Fax: 765-643-9906  
Phone: 765-642-9902

Email: info@LDMinc.org  
Website: www.LDMinc.org

### Please Answer the Following Questions:

1. Have you ever attended a LDM SonRise Retreat or HandyCamp?  Yes  No
2. Have you attended another camp/retreat for persons with disabilities?  Yes  No
3. Do you have experience working with persons who are mentally impaired?  Yes  No
4. Are you willing to share your Christian faith with an adult who is mentally impaired?  Yes  No
5. Are you willing to assist a guest, as a caregiver, with daily living activities (reminders of personal hygiene, assistance while dressing, keeping personal property organized, etc.)?  Yes  No
6. Do you have any physical or mental impairments which would interfere with your ability to serve?  Yes  No  
If yes, please explain: \_\_\_\_\_
7. Are you able to participate in all retreat activities?  Yes  No  
If no, please explain: \_\_\_\_\_
8. Have you ever been convicted of a crime?  Yes  No  
If yes, please explain: \_\_\_\_\_
9. Any additional information or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Medical / Hospital Insurance **Attach copy of Insurance Card**

Carrier: \_\_\_\_\_

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

**Applicant DOES NOT have insurance**

Name of Family Physician: \_\_\_\_\_

Physician Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Dentist / Orthodontist: \_\_\_\_\_

Dentist Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### Health History

1. Have you had any operations or serious injuries?  Yes  No  
If yes, explain: \_\_\_\_\_
2. Do you have a disability or chronic/recurring illness?  Yes  No  
If yes, explain: \_\_\_\_\_
3. Has a physician discouraged or limited activities?  Yes  No  
If yes, what activities: \_\_\_\_\_
4. Do you have any dietary modifications / restrictions?  Yes  No  
If yes, explain: \_\_\_\_\_  
What can LDM do to accommodate your dietary needs? \_\_\_\_\_
5. Please check all that apply:  

<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Epilepsy / seizures	<input type="checkbox"/> Heart Defect	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Convulsions
6. Do you have any allergies?  Yes  No  
If yes:  Penicillin  Poison ivy  Hay fever  Food allergies  Bee stings  
 Other - please explain: \_\_\_\_\_



# 2009- 10 SonRise Retreat Volunteer Application con't.

**LDM**

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

Please list the medications you currently take.

**Note:** The Retreat Nurse will be the custodian of all medications and will dispense medications as needed. Common non-prescription medications are available through the Nurse.

Medication: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

With your Volunteer Confirmation packet, we will send an additional Medications Form. Please bring that Medications Form with you to the retreat.

**Important: The box below must be completed for attendance at SonRise Retreat.**

## Authorization to Consent to Medical & Dental Care AND Liability Release

I, the undersigned volunteer or parent / legal guardian of the minor volunteer, authorize a representative of Lutheran Disability Ministries, Inc. (LDM) or any other adult appointed or designated as a supervising adult for SonRise Retreat to consent to medical, surgical, or dental care for \_\_\_\_\_ I consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such volunteer or minor child, and on my behalf, to (a) employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such volunteer or minor child, (b) admit such volunteer or minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination or treatment, surgery, or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the forgoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

The health history on this application is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. This applicant has had a medical examination within the past 24 months.

**CONTINUED ON NEXT PAGE**

## Authorization to Consent to Medical & Dental Care AND Liability Release (Continued)

My signature below gives consent to medical and dental care and releases Lutheran Disability Ministries from liability.

*Lutheran Disability Ministries SonRise Retreat to be conducted at Future Farmers of America training center in Trafalgar, Indiana.*

I hereby consent to participation of myself or the person named below in the described SonRise Retreat events. Participation includes the SonRise Retreat for which the below named individual is applying for as a volunteer and any future SonRise Retreat that I may volunteer or visit during the 2009/2010 SonRise Retreat Sessions. I have read the informational material related to SonRise Retreat and understand the risks involved in the planned activities. I am aware that in addition to activities such as Bible study, worship, transportation, and meal functions, the participant also may participate in various retreat activities that may involve additional risks, such as archery, swimming, fishing, boating, hiking, crafts and other recreational activities.

I am responsible to provide primary accident and medical insurance for myself, or for the person named below, or cover personal medical/dental expenses. I declare that I am, or the person named below is covered by primary accident and medical insurance, or willing to cover personal medical/dental expenses.

I RELEASE AND FOREVER DISCHARGE, THE LCMS YOUTH MINISTRY, THE LUTHERAN CHURCH-MISSOURI SYNOD (LCMS), THE EVANGELICAL LUTHERAN CHURCH OF AMERICA (ELCA), LUTHERAN DISABILITY MINISTRIES (LDM), FUTURE FARMERS OF AMERICA, THEIR AGENTS, THEIR SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION, OR THE PARTICIPATION OF THE PERSON NAMED BELOW, IN ATTENDANCE AT, AND TRAVEL TO AND FROM THIS EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE LCMS YOUTH MINISTRY, LCMS, ELCA, LDM, FUTURE FARMERS OF AMERICA, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR THE PERSON NAMED ABOVE, BY ANYONE ON BEHALF OF ME OR THE PERSON NAMED BELOW, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR THE PERSON NAMED BELOW DURING THE SONRISE RETREAT EVENT OR TRAVEL TO AND FROM THE SAME.

Furthermore, the information contained in this application is correct to the best of my knowledge. I authorize references and pastors listed in this application to give any information, including opinions, regarding my character and fitness to work with youth and persons who are mentally impaired. I authorize LDM staff and volunteers the use of all information contained in this application, attachments and verbal communications to be used to secure a camper or volunteer reservation and to provide appropriate care while at camp. If I am 18 years of age or older, I authorize that a criminal records check be conducted on me for the protection of the campers and volunteers. Any information regarding a conviction may be released to LDM, Inc. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or releases information.

I hereby grant LDM the right to use my name, stories of events, image and likeness, and sound recordings taken of me while at SonRise Retreat for publicity purposes for a period not to exceed 5 years. The right to use these images and recordings are understood to include the right to make and use reproductions and to copyright and distribute the materials as a whole or in part.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its content, and have signed the same as my own free act and deed.

PLEASE PRINT FULL NAME OF PATICIPANT

Social Security Number (18 or older)

Volunteer / Guest, **age 21 and over not** requiring a Guardian Signature:

OR

Volunteers / Guest **under age 21** or Guest requiring a Parent / Guardian Signature:

Parent / Guardian Signature

Date

**Signature for consent to medical/dental care and liability release is required to attend SonRise Retreat**