

Builders for Christ



April 16, 2018

Dear Friends:

Our June Mission trip this year will be to Enterprise Mississippi to assist Enterprise United Methodist Church. Their building burned over two years ago and they are just getting to the point where they can rebuild. Their new facility will be located where Highway 513 meets River Road in Enterprise. The address is 100 River Road, Enterprise, Mississippi 39330.

We will be framing classrooms inside the metal building that will also house their fellowship hall and framing another section of classrooms that connect the fellowship hall building with the sanctuary. We will be wiring the sections we frame and hopefully hanging some sheetrock in those areas.

We are still working on housing / cooking details and more information will be forthcoming as soon as we have it nailed down.

We will begin working on Saturday, June 2 and will continue working through Friday, June 8.

The cost for meals this year will be \$15 per child between the ages of 5 and 12 and \$55 per person for those older than 12. Each church represented should assign one person from the church to collect money for meals and that one person give the money to Melanie Harris. Please bring cash due to the difficulty of cashing out of town checks.

If you are new to Builders for Christ or if your medical condition has changed, please complete a Medical Form in case an emergency arises. Return the completed **medical forms** and **housing information forms** in one of the ways described at the end of the housing form. If you have previously completed the medical form and there are no changes, your form is on file.

Please pray:

that God will provide opportunities for us to witness while we are there
that He will prepare the hearts of those we will see to hear the gospel
that we will be ready to take the opportunities He presents
that He will provide good weather while we are there
for safe travel for everyone
for a safe week while there

If you have any questions feel free to call or email Faith Baptist Church at the above address.

Sincerely,

A handwritten signature in black ink that reads "Paul Harris".

Paul Harris

Medical Form

We ask for this information so that our volunteers will know in advance of special medical conditions you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, you may be contacted to discuss whether the trip will be safe and enjoyable for you considering your medical history. We will keep the information on this form confidential. It will be seen only by volunteers who need to know and understand its confidential nature. The form will be retained during and after the trip unless you specify otherwise.

General Information

Name: _____ **Gender:** ___ Male ___ Female
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home: (_____) _____ **Cell:** (_____) _____
E-mail address: _____ **Date of Birth:** _____
Occupation: _____ **Height:** _____ **Weight:** _____ **Blood Pressure:** _____

Emergency Contact: _____ *Relationship:* _____
Home: (_____) _____ *Work:* (_____) _____ *Cell:* (_____) _____

If the above person is unavailable, please notify:

_____ *Relationship:* _____
Home: (_____) _____ *Work:* (_____) _____ *Cell:* (_____) _____

Medical Insurance Information

We strongly encourage you to bring your insurance card or other documentation with you on the trip.

Company Name: _____ **Policy Number:** _____
Contact Phone Number (if applicable): (_____) _____

Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).

_____ **Allergy Reaction Medication Required (if any)** _____

Please continue on next page

Medical History

Altitude Problems ___ Yes ___ No
Are you pregnant? ___ Yes ___ No
Arthritis ___ Yes ___ No
Asthma ___ Yes ___ No
Bleeding problems ___ Yes ___ No
Bone/Skeletal problems ___ Yes ___ No
Bronchitis ___ Yes ___ No
Circulation problems ___ Yes ___ No
Diabetes ___ Yes ___ No
Dizziness ___ Yes ___ No
Hay Fever ___ Yes ___ No
Heart problems ___ Yes ___ No
High Blood Pressure ___ Yes ___ No

HIV/AIDS ___ Yes ___ No
Intestinal/Bowel problems ___ Yes ___ No
Kidney/Urine problems ___ Yes ___ No
Life threatening problem ___ Yes ___ No
Liver Problems ___ Yes ___ No
Lung Problems ___ Yes ___ No
Seizures ___ Yes ___ No
Sinusitis ___ Yes ___ No
Stroke ___ Yes ___ No
Thyroid problems ___ Yes ___ No
Vision/Hearing ___ Yes ___ No

If you wear prescription glasses or contacts, we recommend bringing a spare set.

Do you have any other conditions or limitations that we need to be aware of? ___ Yes ___ No

If yes, please explain. _____

If you answered yes to any of the above questions, please list **ALL** prescription, over-the-counter, and natural

MEDICATIONS you are taking. _____

List any special diet or special needs: _____

Recent illness? ___ Yes ___ No ***If yes, please explain.*** _____

Accidents, operations, hospitalizations? ___ Yes ___ No ***If yes, please explain.*** _____

Tetanus: It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. Date of your most recent tetanus or booster: ___/___/___

Physician information

Family Physician's name: _____ Phone Number: (_____) _____

Address: _____

Signature

Date completed

BUILDERS FOR CHRIST

HOUSING AND ACCOMMODATIONS INFORMATION

Name _____

Expected Arrival Day _____

Time _____

Expected Departure Day _____

Time _____

I will need room accommodations for

Family _____ # in family _____

Ladies _____ # of Ladies _____

Gentlemen _____ # of Gentlemen _____

I will be bringing a camper. Hook-ups I will need include

_____.

I will be staying at a hotel/motel (you will need to make your own reservations)

Please return the completed form ASAP. Thank you.

This information can be sent by e-mail to either office@cbcwaynesboro.com, faxed to (601) 735.9979 or by returning the enclosed card to:

Builders for Christ
Calvary Baptist Church
615 South Street
Waynesboro, MS 39367