

GOD'S COUNTRY COMMUNITY MINISTRIES
VOLUNTEER IN MISSION PROGRAM
APPLICATION PACKET

We appreciate your interest in the **God's Country Community Ministries**. VIM has made a valuable contribution to the services and programs offered to the community by GCCM. The work, the enthusiasm, and the love shared during the VIM experience have a profound effect on the lives of the participants.

These are goals of our VIM program. **First**, we hope the time spent working and sharing together will help your group to grow in Christian love, and that each individual will use the time away from his or her normal environment and routine to reflect and pray about the problems and joys in their own lives and be spiritually enriched. **Second**, we wish to help each individual understand what GCCM is and why it is important to the Upper Peninsula of Michigan. **Third**, we hope to make the daily work beneficial to the Mission and the surrounding community. **Fourth**, we hope during your stay here you will learn of the beauty and the richness of the Upper Peninsula and the people who live here and will compare their struggles and problems of your own communities. **Fifth**, showing the love of God to the people in the Upper Peninsula.

The following information will assist you as you begin to think about a VIM experience at the GCCM.

Please read it thoroughly and share it with those involved in your planning.

About the Mission

The purpose of God's Country Community Ministries is to help the churches of the parish in spreading the Gospel of Jesus Christ by strengthening them through ministering to each other, through sharing talents and resources, and through reaching out to all people by pastor and laity.

GCCM Mission Statement

"The mission of God's Country Community Ministries is to bring together people of all churches to provide mutual love and support for a greater impact serving Christ, community, and mission to all."

Work

After you have applied and been accepted, we will talk with you about specific projects for your group. Your choice of projects should include a look at the number of people you bring and the understanding that the GCCM maintenance needs are important to the Mission's overall impact in the area. We will work with you to help you choose appropriate projects, which may include working on the Dunlap Center. There is always a need for people with maintenance and building skills, but there are also a lot of other tasks that need to be done here. These tasks often use skills that are not traditionally thought of when considering coming on a VIM team. **Please let us know all of your skills; there is always a job for everyone at GCCM. Please have each person complete the Volunteer "Response- Ability" Survey. This is very important.**

Who Should Apply

The VIM program at GCCM welcomes both youth and adults. We accept your fellowship groups, young adults and adult groups, district groups and conference groups.

Group Counselors/Leaders

For youth groups, the group counselors/leaders need to be existing leaders, rather than having adults that are new to the group lead the VIM Team. The group counselors/leaders play an important role in VIM. We depend on you to lead your group's VIM teams. You will make the assignments, meet with the staff to plan the work and discuss needs to arrive at a completed project. Choose your leaders in this area carefully. If you are doing construction or another special project, you will need to bring people who have experience in those areas to supervise your group. For those activities the minute-by-minute supervision needs to come from your leaders. For construction projects, usually some experience in home repair will be adequate. The leader does not have to be a professional. Someone must be assigned the task of making sure tools are put away and the doors to the Center are locked at the end of each day.

How Long Can You Stay?

VIM teams typically start on Sunday afternoon and end Saturday morning. Estimate as closely as possible the number of people you expect to participate (please note the information under group ages and numbers). GCCM welcomes VIM teams from May through September. VIM teams may make special arrangements for shorter stays but the fee is the same.

VIM Schedule

The normal schedule will consist of four days of work and one day touring the area. Work hours will be scheduled by your group leaders to include one hour for lunch. We require groups to be in by 5:30pm or make other arrangements with the GCCM staff. Please note: Our staff cannot leave until all groups are accounted for and checked in with us.

Spiritual Growth

Following breakfast and before we begin the day's work, we will meet together for devotions. Each group will be asked to help with morning devotions. **Groups should also plan to set aside times when their members can share daily experiences which will enrich their spiritual lives. For full week camps, GCCM staff will have a closing with your team on Thursday evening with Holy Communion.**

Lodging & Food

Please plan on being here between **3:00 and 6:00 pm** on Sunday unless prior arrangements have been made at which time our staff will meet with you. If you arrive prior to 3:00 pm you are welcome to park in the lot but you will not have access to the building. All groups may stay at the Dunlap Center, area motels or camp onsite. We have limited accommodations for RV's with electrical and water hookup at a cost of \$25 per night. Tents may also be used at a cost of \$10 per night. If staying in the Center, you will need to bring bedding for college dorm beds, which take a long size sheet. Showers are available. During your stay, we ask that all youth be in the building by 9:30 pm each night.

Food: You are responsible for your own food. We have a kitchen at the Dunlap Center for your use. Pots, pans, cooking utensils, 2 refrigerators, 2 freezers and a commercial stove/oven are available. You can cook, eat out, or any combination of the two. Staff members will be eating with the group when you are at the Center. A list of restaurants will be available.

Travel and Arrival

Each group is responsible for providing transportation to the job site. **Please try to arrive between 3:00pm and 6:00pm on your scheduled date of arrival.** If you are not able to be here at this time, please notify us of your estimated time of arrival. **If you are detained and will not be arriving within an hour of your estimated time of arrival, please call ahead to Randy's cell (906) 630-3213.**

Cost

The \$375.00 will cover the cost of your materials and staffing. If your group would like to do large projects, we will ask you to bring extra monies to help offset the cost of the materials. There is no longer a fee to use the church for meals but you are responsible for all of your paper and cleaning goods. This includes but is not limited to dish soap, laundry detergent, cleaning supplies, paper towels, paper plates, napkins, toilet tissue, Kleenex, garbage bags and plastic silverware. Washers and dryers are available at the Dunlap Center.

When should you come?

Programs are run May through September and we are currently accepting applications for VIM teams interested in the 2026 season.

Other Information

Please bring proof of health insurance for each individual who will be attending. Information for low-cost insurance is in the cover letter.

***Important: You must have a signed copy of the Liability Release Form (*included in the application packet*) for each individual who is planning to attend. If under the age of eighteen, it must be notarized.**

Smoking and the use of alcohol and drugs are prohibited on all of GCCM's property and worksites.

Address for our center: The Dunlap Center, 6545 M-123, Newberry, MI 49868

Application Instruction

Please read completely and share the information in this packet with your group. If you are enthusiastic about coming to GCCM for a work camp experience, fill out the attached application and send it to:

God's Country Community Ministries

ATTN: Dianne Neumann

P.O. Box 141

Newberry, MI 49868

Phone: 906-293-7017 (office)

Randy's: 906-630-3213 (cell)

Email: gccmoffice@gmail.com

Dear Friends,

Thank you so much for supporting our VIM program. We are excited to have you as part of GCCM. This enclosed packet is to help you plan for your upcoming mission trip. Please review it carefully.

The date of your VIM trip to GCCM is: _____.

A nonrefundable deposit of **\$750** is due with your application. **Please return to us as soon as possible so we can confirm your dates.** Have each member fill out the volunteer "Response-Ability" Survey and return to us as soon as you can. As additional people join your group, please have them complete the survey and return as soon as possible. This is of great help to us so we can choose your project.

The following forms must be filled out completely and returned to us within five weeks of your arrival. Please call GCCM if you are adding people within five weeks of your arrival.

1. Medical Information Form/Emergency Contact Information
2. Liability Release Form
3. Parental Consent Form (if applicable) Youth under the age of 18 must have their consent form notarized
4. Please send all forms as soon as possible by mail to: GCCM c/o Dianne Neumann P.O. Box 141 Newberry, MI. 49868 and email to gccmoffice@gmail.com. This is a great help to us. **All forms are due five weeks before your arrival.**

Please review the following updated information.

- ✓ The cost per person is now **\$375.00** One adult per every three Junior High youth and one adult for every five Senior High youth.
- ✓ Youth under the age of 18 must have the medical form notarized.
- ✓ **Adults (18 and older) must complete a Safe Sanctuary program. The minister of your church is to send a signed letter on letterhead to GCCM with a list of the adults that have completed the program.**
- ✓ We do not need a copy of your background check or the card that shows completion of the program.
- ✓ Payment in full is due a minimum of four weeks before your arrival. Please subtract your \$750 deposit from your final payment. This helps us to purchase the necessary materials and also to prepare our buildings and staff for your arrival.
- ✓ If you will be having pasties on Thursday evening or any other time, we must have your count 30 days prior to your arrival.
- ✓ The cost per pasty is **\$7.00**. They should be paid with a separate check designated by pasty dinner in the memo of the check.
- ✓ Make checks payable to GCCM. Please designate on the memo line what the payment is for.
- ✓ Per the Michigan Conference and Volunteers in Mission, each participant is required to purchase VIM insurance (\$25,000.00 coverage). The cost is \$5.00 per person to register and .75 cents per day (cost may change without our knowledge).
- ✓ Click on the following link to register and scroll down to Domestic Coverage.

<https://umvim.org/ncjins>

You may also contact Tammy Kuntz at:

8800 Cleveland Avenue NW North

Canton, OH 44720

(614) 325-8741

Email: umvimncj.coor@gmail.com

If you have any questions, please feel free to contact me. Randy Hildebrant, GCCM Director and Church and Community Worker.

GOD'S COUNTRY COMMUNITY MINISTRIES VIM APPLICATION

Group Leader(s) _____ Phone: _____

Email Address: _____ Fax: _____

Address _____

Church Name: _____ Phone: _____

Pastor's Name: _____

(All correspondence will go to group leader(s) unless otherwise noted.)

Number in group:

Youth _____ (Male _____ Female _____) Adults _____ (Male _____ Female _____)

Dates Preferred: 1st choice _____ 3rd choice _____

2nd choice _____ 4th choice _____

(The week begins on Sunday pm and ends Saturday am unless otherwise requested)

List the skills your group brings to this project _____

List previous VIM

experiences: _____

What is the nature of your group? (Youth fellowship, Sunday School class, at large from the church, District group, etc.)

What does your group hope to gain from this experience?

Signature of person completing the form _____ Date _____

Signature of Pastor for your Church _____ Date _____

Contact Information

Randy Hildebrant

Director

P.O. Box 141

Newberry, MI 49868

Cell: 906-630-3213

Email: rhildebrant@umcmmission.org

Loren McFadden

Program Coordinator

P.O. Box 141

Newberry, MI 49868

Office: 906-293-7017

Email: nbyumc@gmail.com

Please return this form as soon as possible with your \$750 deposit to:

GCCM

c/o Dianne Neumann

Office Manager

P.O. Box 141

Newberry, MI 49868

Please make check payable to GCCM.

The \$750 deposit is nonrefundable.

LIABILITY RELEASE FORM
GOD'S COUNTRY COMMUNITY MINISTRIES VOLUNTEERS IN
MISSION FOR YOUTH AND ADULTS

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Volunteers in Mission Board of the North Central Jurisdiction of the United Methodist Church (UMVIM-NCJ), the Detroit Annual Conference of the United Methodist Church and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individual's planned participation or involvement in the following project:

GOD'S COUNTRY COMMUNITY MINISTRIES SUMMER MISSION PROJECTS

This release is in consideration of UMVIM-NCJ's efforts in making the arrangements for my participation, and other considerations, the adequacy and receipt of which are hereby acknowledged. This release covers all rights and causes of action of every kind, nature and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his/her heirs, representative and assigns.

Participant's signature _____ Date _____

Address _____

City/Town _____ Zip code _____

Parent's signature _____ Date _____
(if under 18)

Home Telephone _____ Work Telephone _____

Signature of Authorized Adult on Trip _____

Notarization of Liability Release Form:

STATE OF _____)

S.S

COUNTY _____)

On this _____ day of _____, _____, year, before me personally appeared

_____ to me know to be the same person
described in and who executed the within instrument, and who acknowledged the same to be the
free act and deed thereof.

- ✓ **Each person is required to complete this form.**
- ✓ **If you are under the age of eighteen, it must be notarized.**

Parental Consent

The consent must have signatures of both parents (even if divorced or separated) when the youth is traveling outside the US. If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, _____, the parents/guardians of _____
Parents or guardians *Child's name*
give our child, a minor residing at _____ (address), permission to accompany a
Volunteers In Mission team to _____ (location) and participate as a
member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk,
and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks
may involve, among other things, the following:

Dangers resulting from disease; from civil insurrection or warfare of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitudes, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

I specifically authorize a physician or other appropriate medical professional to treat my child's _____
(Name of ailment)
by performing _____ and by prescribing _____
(Name of procedure) *(Name of prescription)*

and providing such prescription to my child for treatment.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leaders(s) _____, the _____ Conference of The United Methodist Church, United Methodist Volunteers In Mission, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

Parent/guardian

Parent/guardian

Address

Address

Notarization of Parental Consent Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____

To me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

Parish or County _____

State of _____

My Commission Expires _____

Everyone under the age of eighteen must complete this form.

Medical Information/Emergency Contact Information

Name _____ Work Phone _____
Address _____ Home Phone _____
Date of last physical _____ Cell Phone _____
Birth Date _____ E-mail _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____

1. List any physical disabilities or health problems you have, and indicate whether you have special needs regarding sleeping accommodations, meals, etc.

2. List all medications you take on a regular basis, with exact dosages.

3. List any allergies.

4. Other information you wish to add if an emergency arises:

A copy of this form will be left with the local church in the event of an emergency.

✓ **Each person is required to complete this form.**

Volunteer "Response-Ability" Survey

God's Country Community Ministries Volunteers in Mission

Make A Christian Difference: Please complete to determine your interest. You are needed!

Name: _____ Date _____

E-mail Address _____

Name of the VIM Team _____

Select your skills and grade your abilities:

1 to 6; 5=Highly Skilled (non-pro), 6=Professional

____ **Building Consultant** CBC

____ **Carpentry** CCR

____ **Roof/Spouting** CRF

____ **Landscaping** CLN

____ **Brick/Block Layer** CBL

____ **Concrete Work** CCW

____ **Paving** CPV

____ **Drywall Hanging** CDW

____ **Drywall Finishing** CDF

____ **Computer skills**

____ **Plastering** CPS

____ **Painting** CPT

____ **Draperies** CDP

____ **Floor Covering** CFC

____ **Insulation** CIN

____ **Construction Helper** CHP

____ **Other Construction** COC

____ **Cook/M meal Preparations** Ock

____ **Window covering for winter**

____ **Social Media skills**

1. Do you have any physical limitations? _____YES _____NO. If yes, please explain

-
-
- ✓ Please make adequate copies for each person on your team.
 - ✓ Each person on your team must fill this out.
 - ✓ Completed surveys need to be in our office by May 1st, so we can put you on the projects that you are qualified for.
 - ✓ If team members are added after May 1st, please mail these surveys to us as soon as possible.

VIM TEAMS JOBSITE RULES

No Flip flops on job site

No bathing suits can be worn

All volunteers must wear closed toe shoes on the jobsite

Must wear appropriate clothing

If using equipment, you must wear safety glasses

All Liability forms must be with you on site

IMPORTANT CONTACT INFORMATION TO HAVE WITH YOU:

RANDY HILDEBRANT: (906) 630-3213

LOREN MCFADDEN: (248) 568-5960

In case of an emergency:

HELEN NEWBERRY JOY HOSPITAL

GIBSON FAMILY HEALTH CLINIC

502 WEST HARRIE STREET

502 WEST HARRIE STREET

NEWBERRY, MI 49868

NEWBERRY, MI 49868

(906) 293-9233