

**Atlanta Mission Trips**  
**June 10-13, 2024**

***\*Registration deadline May 19.***

***You can sign up for the whole week or just the days you can make it.***

***We will carpool from the church every morning.***

1. Monday, June 10 - La Amistad Organization. Prepping a garden bed
  - Departure time (from the church) – 7:00 am
  - Ages: 11 and up (with a parent present)
  - Location: Blue Heron Nature Preserve, 4055 Roswell Rd NE, Atlanta
  - What to bring: sunscreen, water bottle, work gloves, closed-toe shoes, sack lunch (church will provide)
  - What is La Amistad? The mission of LaAmistad is to prepare Latino students & families for success through academic and life enrichment programs.
  
2. Tuesday, June 11- Live Thrive Organization. Working with and sorting recyclable materials.
  - Departure time (from the church) – 7:00 am
  - Ages: 11 and up (with a parent present)
  - Location: 1110 Hill St SE, Atlanta
  - What to bring: sunscreen, water bottle, work gloves, closed-toe shoes, sack lunch (church will provide)
  - What is Live Thrive? The Center for **H**ard to **R**ecycle **M**aterials (CHaRM) facility is a premier program of the nonprofit, Live Thrive. It is a permanent drop-off facility that aims to improve our environmental health by encouraging reuse and diverting thousands of pounds of household hazardous waste and other hard-to-recycle items from Metro-Atlanta landfills and water systems.
  
3. Wednesday, June 12-Hands on Atlanta-serve at the Grady Fresh Food cart in Brookhaven
  - Departure time (from the church) – 7:00 am
  - Ages: 18 and up
  - Location: 2750 Buford Hwy NE, Atlanta
  - What to bring: sunscreen, water bottle, work gloves, closed-toe shoes, sack lunch (church will provide)
  - What is the Grady Fresh Food cart? Volunteer at our Fresh Food Cart at the Latin American Association. Volunteers will sort, pack and distribute food directly to Grady Brookhaven patients (in a mobile food distribution). Participants will be impacting food insecurity in their community and changing the health of Grady patients and their families by providing fresh produce on a monthly basis.
  
4. Thursday, June 13 -Atlanta Mission, Hope Women's Community Kitchen
  - Departure time (from the church) – 7:00 am
  - Ages:13 and up (with parent present)
  - Location: 458 Ponce De Leon Ave NE, Atlanta, GA 30308

- What to bring: water bottle, closed-toe shoes, sack lunch (church will provide)
  - What is the Hope Women's Community Kitchen? Our hunger relief programs are uniquely tailored to the communities we serve. Formerly Action Ministries, our network of volunteers, food pantries, community kitchens, and childhood feeding programs improves access to fresh meat and produce, prepared meals and pantry foods in our local communities. We are committed to meeting both the cyclical and immediate needs of our neighbors by providing warm and nutritious meals for any who are hungry and providing safe and secure environments to cultivate a stronger community, and access resources. Only women and children are served.
- \*\*Thurs. Celebration Cookout-details to come.**

Who to contact in case of emergency:

Erin Morgan  
864-421-7778

***\*Fill out the registration form on the next page and return to Erin Morgan, [erin@fpccov.org](mailto:erin@fpccov.org)\****

## *Registration for FPC Covington Mission Trip*

**Event:** Mission Trip to the Atlanta Area

**Date:** June 10-13, 2024

**Name of Participant:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

Days you will participate:

Mon. 6/10  Tues. 6/11  Wed. 6/12  Thurs. 6/13

**Emergency Contact Name:** \_\_\_\_\_

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**\*Attach copy of insurance card\***

**Photo Waiver:** The undersigned hereby gives permission for photos of his/her child taken while participating in First Presbyterian Church Covington activities, to be used by First Presbyterian Church in advertising/promotional aspects, either in print and/or on its website.

YES  NO

**Waiver and Release:** I the Volunteer, on behalf of myself, my estate and my heirs, release and forever discharge and hold harmless First Presbyterian Church Covington and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with First Presbyterian Church Covington, and any travel or lodging associated therewith. I understand and acknowledge that this Waiver discharges First Presbyterian Church Covington from any liability or claim, or claim for damages that I, the Volunteer, may have against First Presbyterian Church Covington with respect to bodily injury, personal injury, illness, death, or property damage or theft that may result from my participation on the First Presbyterian Church Covington work site

or lodging site, including any damages which may be caused by or arise from First Presbyterian Church Covington's negligence. I also understand that First Presbyterian Church Covington does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage or theft.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Treatment Consent and Waiver:** I, the Volunteer, hereby authorize First Presbyterian Church Covington to provide to me with first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services (collectively, "Medical Treatment") should an emergency arise. This consent shall in no way impose a duty upon First Presbyterian Church Covington to provide such Medical Treatment. Furthermore, I understand that I am responsible for all costs associated with any such Medical Treatment and I waive and release any claims against First Presbyterian Church Covington arising out of any Medical Treatment, including the lack or timing thereof, made in connection with my volunteer activities with First Presbyterian Church Covington.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_