Good Works, Inc.
Work Camp Application: Summer Service Program

Prior to filling out this application, please call us at 740/594-3336 and ask for Paul Richard or e-mail us at goodworks@good-works.net in order to discuss the dates you would like to come. Then fill this out with the best information you have available and send it to us by the date requested. You will be notified by e-mail that your application has been received and approved.

Group Information:

Sponsoring Church or Organization _____

Leader/Contact Person _____ Phone Number_____

E-Mail Address _____

Church Address _____

Church E-mail _____

City _____ State_____ Zip Code_____

Estimated Volunteer Participation at this date: Total Group Size _____

Adults _____ Youth _____ College Students _____

Male _____ Female _____

Are there any special needs that we should be aware of for your group? _____

_____

Note: Any volunteers seeking class credit, community service hours or internship credit must request this in writing, in advance through our application process. We will not sign off on any volunteer time that is required for class credit, community service or internship credit after it is completed, ***unless it is approved in advance.***

Commitments *(See document on the web site called Requested Donations)*

We ask each group participating in the Summer Service Program to make the following commitments:

- A requested donation of $3,000
- A minimum group size of 15 people
- A full week of service beginning on Sunday and ending on Saturday
- Provide a supervision ratio of 1 adult for every 4 youth

Out of the $3,000, we request a non-refundable deposit of $375 with this application to reserve the week you are requesting for the Summer Service Program.
Is your deposit included with this application? ☐ Yes ☐ No

Please explain _____

We request that $1,325 of the remaining amount be sent to us by May 1, 2007. Add $75 per additional group member. This deposit is also non-refundable after it is received. The final balance along with all the volunteer releases is due to us the week before you arrive.
Please make your checks payable to: Good Works—Work Camps.

Project Information

Dates Requested for Work Project _____

Are there any particular types of projects that you would like for your group do on behalf of Good Works? _____

During your week with us, you will be the sponsoring group for FRIDAY NIGHT LIFE. You can get more information about this event from the web site.

Change of Leadership

We are making the assumption that the person who completes this form is the primary leader and contact person for your group. If it becomes necessary for a leadership change to take place, it is imperative that you contact Paul Richard by phone (740/594-3336) to discuss this change. It will then be necessary for the new leader to contact him to insure that the transition of leadership is smooth and will not affect the success of your work camp with us.

Cancellation Policy *(See document on the web site called Your Commitment)*

Deposits are non-refundable. It is not unusual for groups to discover that they are not able to meet the 15 member minimum or some unforeseen circumstances have arisen to prevent them from coming. Please talk with us about your situation. It is a major hardship on our staff and interns as well as the people we are seeking to serve for a group to cancel. By submitting this application you are saying that you have a group of at least 15 people who can come out to serve. It is on that basis that we are planning the ministries of the Summer Service Program.

General Information

How did you hear about Good Works and the Work Camp Program? _____

_____

Have you participated in a Good Works' Work Project before? ☐ Yes ☐ No

By submitting this application, you affirm that you have read and understood the following material that applies to your group:

☐Requested Donations
☐Your Commitment
☐Work Group Profile
☐Group size requirements
☐Meal Preparation
☐Chore Guidelines
☐Final Clean Up
☐Volunteers Releases
☐The Way We are – for Work Groups
☐General Information
☐Things to Bring
☐Friday Night Life

Please make a copy of this application to keep for your records. Then send this application with the deposit to:

Good Works, Inc.
Attn: Work Groups
P.O. Box 4
Athens, OH 45701.