

NALC Disaster Task Force
Disaster Preparedness Training – Saturday, April 23, 2016

“Learn your strengths in disaster response”

Place: St. Paul Lutheran Church, 108 Dutch Hill Rd, Latrobe, PA 15650

Trainer: Mary Bates, NALC Disaster Response

Registration & Coffee: 8:30am

Level I Training: 9:00 -11:30 am

- What the NALC does when disaster strikes.
- Assessing Congregational preparedness.
- Assessing personal skills & gifts.
- Initial response.

Lunch (included) 11:30-12:00 pm

Level II Training: 12:00-3:00pm

- Volunteer Case Management
- Donations Management
- Volunteer Team Coordination
- Spiritual & Emotional Care

REGISTRATION -- \$25.00 pp fee checks payable to: NALC Disaster Response

Name: _____ Phone: _____

Address: _____

Email Address: _____

Church/Organization/Retired: _____

T-shirt size _____

Describe any involvement you have had with disaster response:

Mail this registration form along with a check for \$25 per person to:

Mid-Northeast Mission District
131 Starboard Villa Ln. # 315
Greensburg, PA 15601

 **Make checks payable to “NALC Disaster Response.”**

DEADLINE: APRIL 15, 2016.

July 26,27,& 28 will be our "Youth Camp" being held at
St Thomas Church Grove near Hooversville, PA.
The theme is "Rooted in Christ"

**The cost for "Youth Camp" \$40.00 per person
(the fee includes meals and all activities)**

Participating congregations will need to provide tents for their campers
Registrations are due July 1, 2016

Youth Camp Registration Form

Name of youth participating _____ M ___ F ___
Name of parent(s)/guardian _____ Age of youth at camp time ___
Address _____
Primary phone number _____ Other phone numbers _____
Home Congregation _____ Phone number _____

I, the undersigned parent / guardian, hereby grant my youth's advisor and/or chaperone the authority to obtain medical treatment for my child with the understanding that the pastor and/or leaders will get in touch with me as soon as possible. If I cannot be reached, please contact the following:

Name _____
Relationship _____
Phone Number _____
Child's family physician _____

This child takes the following medicine on a regular schedule:

_____ This child is allergic to: _____
Parent's printed name: _____
Parent's signature _____
Date _____

I hereby grant permission for my child's image to be used as part of the publications of the Mid-Northeast Mission District. _____

Parent/Guardian Initials