



July 24-July 27, 2025

Homebound Mission

“In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven.” Matthew 5:16





July 24-27, 2025

When God calls us to serve, typically we can come up with a thousand reasons to hesitate. When God calls us to serve we often do a quick survey of our personal skills, and decide the call may not match our gifts. When God calls us to serve, we often times miss the opportunity to be His hands and feet.

God has called you and you've said "YES"!

Hope @ Home will give us the opportunity to make a difference in our own backyard. We are called to help the homeless, feed the hungry, share fellowship and conversation with the elderly, provide help to those with physical challenges, and so much more.

God didn't hesitate to call us for he knows our gifts. Our human world can be full of chaos and stress, and in the midst of all we try to accomplish, we tend to forget we do nothing alone. When we slow down and notice the power of God, we can be overwhelmed by His grace and mercy. Serving God and His kingdom is a blessing. During Hope @ Home we will partner with God and overwhelm our neighbors with our generosity, compassion, loyalty, and love. The kingdom is vast, but together, with God's help, we can make a difference one small area at a time.

Thank you for saying "yes" to serving together and bringing hope to our neighbors so very close to home.

Hope @ **H**ome

What to Bring:

Refillable Water Bottle*
Hoodie
Camera
Bag for wet/dirty shoes
\$\$ for snacks
Sunglasses
Hat/Bandana
Sunscreen
Bug Spray
Sack Lunch Everyday

What NOT to Bring:

Cell Phone
Earbuds/Headphones
Drugs/Alcohol/Tobacco
Weapons
Inappropriate Clothing
Expensive Jewelry
Valuables
Electronic Games

*Please mark your water bottle with your name.



Dress Code

“We are trying to minister to the greatest number of people possible. In an effort to help you dress in a manner that will not take away from your ministry efforts, we have provided the following guidelines.”

SHORTS: Shorts need to extend at least one inch below fingertips while standing. (Same rule applies to dresses that might be worn in the evening.) (May ONLY be worn during fun activity mid-week.)

SHIRTS: Beware of any offensive or insensitive material printed on t-shirts. You may roll the sleeves up, sleeveless may be worn, but no thin-strapped tank tops or midriffs are allowed. Sports bras may Not be worn as an outer garment.

SHOES: Closed toe shoes with heel must be worn while on mission sites. Keep your feet protected. Gym shoes are preferred.

JEANS: Low cut hip hugger jeans are NOT allowed unless a shirt is worn long enough to cover the appropriate areas. Undergarments must never be seen!

This dress code applies on and off the worksites AND during travel to and from. Those not dressed appropriately will be asked to change before we leave Grace or return home.

CONSERVATIVE CONSERVATIVE CONSERVATIVE CONSERVATIVE!

Hope @ **H**ome

Dates to Remember

1. Sunday, April 27... Holy Smokes Drive Thru Fundraiser 10:30-12:30 at Grace
2. Sunday, May 18... Info Meeting...6:30 p.m. Room 234
3. Sunday, June 1... Suds on Sunday...all who are participating in Youth Summer Missions are expected to be present and help! Wear your ORANGE T-shirt...(Go in the name of the One)
4. Sunday, June 22... Meeting...10:30 in Room 234 at Grace
5. Sunday, July 20, 2025... Hope @ Home Commissioning...10:30 a.m.
6. Sunday, July 20, 2025... Meeting 11:30 a.m...Room 234
7. Thursday, July 24... Hope @ Home Begins...6:00 p.m.-8:00 p.m. at Grace
8. Friday/Saturday/Sunday... Hope @ Home (F=9-5:30, S=9:00-5:30, Sun.=9:00-7:00)
9. Sunday, August 3... Hope @ Home Slide Show...7:00 p.m.!

Hope @ **H**ome

Dates to Remember...at a Glance

Payments:

May 25 **1st Payment (or pay in full)**
June 8 **2nd Payment**

Meetings:

May 18 **6:30 p.m. Room 234**
June 22 **10:30 a.m. Room 234**
July 20 **11:30 p.m. Room 234**

Fundraisers:

April 27...10:30-12:30 Holy Smokes--5 B's Bar-b-Que Lunch
June 1...7:30-12:00 Suds on Sunday
*Shifts will be created for all events

Drop-off/Pick-up Times Daily:

	Arrive:	Pick-Up:
Thursday, July 24...	6:00 a.m.	8:00 p.m.
Friday, July 25...	9:00 a.m.	5:30 p.m.
Saturday, July 26...	9:00 a.m.	5:30 p.m.

****TUITION PAYMENT PLAN & ADDITIONAL COSTS**

Tuition:

Hope @ Home \$120.00

Tuition Includes:

Side x Side:

Food & Lodging
Three Dinners
Extra Activity

Hope @ Home:
Transportation/Gas
Lunch

Tuition Payment Plan Dates:

	S x S	/	H @ H
Sunday, April 13, 2025	\$150.00		
Sunday, May 18, 2025	\$250.00		\$25.00/person \$95.00/person

based on a single person attending

Family Rate:

	SxS	
1	Family Member:	\$400.00/person
2 or more	Family Members:	\$375.00/person

Paperwork Required

Document	ALL	ADULT	ADULT/COLLEGE	PRINTED/SIGNED
On-Line Registration	X			
Liability & Release Form	X			
These Are My Promises	X Please Read thoroughly & carefully!			
My Contributions	X			
Insurance Card (front & back)	X			
Driver's License		X		
Covenant Statement		X	X	
Authorization for Background Check		X	X	
Mission Site Waiver(s)	X			X

Please have all necessary paperwork completed and turned in with your first deposit. Any paperwork outstanding after the first scheduled payment may be subject to a late fee. Grace United Methodist Church and its leaders reserve the right to review all registrants for participation. Completed registration is not an automatic inclusion in Youth Summer Missions.



Paperwork Required

- On-line Registration @ www.peopleofgrace.org/sidexside
www.peopleofgrace.org/hopeathome**
- Liability of Release Form (on the web; electronic signature available)**
- These Are My Promises...electronic signature available
(Please read carefully!)**
- My Contributions...electronic signature available**
- Copy of Insurance Card (front & back)...ALL participants**
- Copy of Driver's License (front & back)...Adults Only**
- Covenant Statement Form...Adults/College Students Only...hard copy needed**
- Authorization for Background Check...Adults/College Students
--SafeGatherings.com & Additional Authorization Form**
- Mission Site Waiver(s) ...ALL participants...must have hard signature**

Please have all necessary paperwork completed and turned in with your first deposit. Any paperwork outstanding after the first scheduled payment may be subject to a late fee.

Fundraising Opportunities:

Participation in fundraising is expected by each attendee (youth AND adults). We will have two upcoming fundraisers; (Holy Smokes, Suds on Sunday) and we ask that each attendee work at each one. Our fundraising efforts are very important to the success of our mission trips. Our hope is that you ALL will see the necessity and feel a heartfelt commitment to offering your time and talent. Fundraising & shareholder monies will be earmarked for the funding of our transportation, jobsite supplies, and donations to the communities in which we will be working. The amount of help we can offer to the families and organizations we serve will be quite dependent on monies raised through our shareholder and fundraising efforts.

Events/Opportunities to Help:

Holy Smokes (5 B's Bar-b-Que Lunch)...Sunday, April 27, 2025

Event: 10:30 am-12:30 p.m. (Shifts available 9:00 am-1:00 p.m.)

--Prep, Serve, Clean-up

We encourage you to invite your friends, neighbors and the community.

Suds on Sunday...Sunday, June 1, 2025

Sunday: 7:30 a.m.-12:00 p.m.

(Shifts: 7:30 a.m.-10:00 a.m. and 10:00 a.m.-12:00 p.m...Sunday)

***In addition to these fundraisers, individuals may raise funds toward individual tuition accounts through odd jobs you do in the community. Simply encourage the person to submit their payment to you in the form of a check made payable to GUMC with your name & Youth Summer Mission Tuition on the memo line & then turn it in to the youth office**

LIABILITY OF RELEASE FORM

Release of All Claims

In consideration for being accepted by Grace United Methodist Church, 300 E. Gartner Road, Naperville, IL for participation in the 2025 Hope @ Home mission trip to Chicago land and the surrounding suburbs. We (I), being 21 years of age or older, do ourselves (myself) (and on the behalf of my child-participant, if said child is not 21 years of age or older), hereby release, forever discharge and agree to hold harmless Grace United Methodist Church (and their directors, employees, and agents) from any and all liability, claims of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant while said child and/or adult is participating in the above-described activity.

Furthermore, we (I) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant, if deemed necessary.

Furthermore, the undersigned, we (I) (and on behalf of my child-participant, if said child is not 21 years of age or older) further hereby agree to hold harmless and indemnify Grace United Methodist Church (and their directors, employees, and agents) and Feed My Starving Children, Fox Valley Habitat for Humanity, and other mission partners, and as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby grant our (my) permission for said participant to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills that may incur. We (I) do hereby authorize treatment for me/my child, in the event of an emergency, if unable to give consent myself, or unable to reach me after a reasonable effort has been made to contact me. I (We) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby give permission for x-rays, suturing of lacerations and other emergency treatment deemed necessary by the attending physicians in any emergency room, urgent care facility, or doctor's office. I acknowledge that I am responsible for all charges incurred in connection with any care and treatment given. I also give permission to Grace United Methodist Church to administer basic first aid to me/my child, and unless otherwise noted, allow participant to be given Ibuprofen or Tylenol if needed.

Furthermore, should it be necessary for the participant (adult/and or child) to return home due to medical reasons, disciplinary action or otherwise, we (I) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby assume all transportation costs.

_____ I hereby grant permission for my child to take medication at the 2025 Hope @ Home Mission trip, under designated adult supervision.

_____ I hereby grant permission for my child to self-administer the medications listed on the registration/medication form while on the 2025 Hope @ Home Mission trip.

Participant Name: (please print) _____ Date _____

Participant Signature (Youth): _____ Date _____

Parent/Guardian Signature _____ Date _____

Second Parent/Guardian Signature _____ Date _____

*Adult Participant Signature _____ Date _____

Covenant Statement Form For Young Adults and Adult Volunteers

Grace United Methodist Church (GUMC) is committed to providing a safe and secure environment for all children and leaders who participate in the Youth Ministries-sponsored activities. At GUMC, we are also committed to preserving this church as a holy place of safety and protection for all who enter. GUMC is a place in which all people can experience the love of God through a community of faith, nurture and witness.

(Please circle your answer for each of the following questions.)

As a leader of the Youth Ministries Programs at GUMC, I covenant to:

Take part in a nurturing, educational and loving ministry	Y	N
Give my best efforts as a leader called by God to Youth Ministries	Y	N
Respect all those to whom I minister	Y	N
Remember to treat others with Biblical teachings as my model	Y	N

(Please circle your answer for each of the following questions.)

1. As a leader in Youth Ministries at GUMC, I agree to observe and abide by all church policies regarding working with children Y N
2. As a leader in Youth Ministries at GUMC, I agree to observe the Two Adult Rule at all times. There must be, at all times, at least one other adult in plain view of a child whenever they are alone with a child. Y N
3. As a leader in Youth Ministries at GUMC, I agree to promptly report any signs of abuse or inappropriate behavior to a member of Grace Church Staff. Y N
4. As a leader in Youth Ministries at GUMC, I agree to ensure and enforce that there is, at all times, at least one adult for every eight youth grades 6-12. Y N

I have read the Covenant Statement and Safe Sanctuary Policy for Youth Ministries at GUMC. I agree that all of the above information is correct and will advise a member of the Youth Ministry team at GUMC in the event that any of the above information should change. I agree to observe abide by the policies stated above in the Covenant Statement.

Print Name (Clearly)

Date

Signature

Date

Grace United Methodist Church and its leaders reserve the right to review all registrants for participation. Completed registration is not an automatic inclusion in Youth Summer Missions.

AUTHORIZATION FOR BACKGROUND CHECK
(Adults 25 & above)
(College Students Serving as Small Group Leaders)

PLEASE PRINT:

Name _____

Birthdate: (mm/dd/yyyy): _____ / _____ / _____

Street Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone # _____

Social Security Number: _____ - _____ - _____

Signature: _____

Grace United Methodist Church and its leaders reserve the right to review all registrants for participation. Completed registration is not an automatic inclusion in Youth Summer Missions.

Please visit

SafeGatherings.com

Complete the Training

Take the Quiz

**Complete Your Clergy Reference Request
(Gaye Lynn may be used as Clergy Reference)**

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GRACE UNITED METHODIST CHURCH
Hope @ Home July 24-July 27, 2025
REGISTRATION, MEDICAL, CONSENT FOR TREATMENT
AND SAFE SANCTUARY FORM

Participant's First Name _____ * Last Name: _____

*Gender: Male _____ Female _____

*Age _____

*Date of Birth: _____

*Home Phone: _____

*Please Check One: (Junior high grade as of fall 2025)

_____ 6th grade _____ 7th grade _____ 8th grade _____ High School _____ College _____ Adult

*Email _____ (please print legibly)

*Home Address: _____

*City: _____ *State: _____ *Zip: _____

T-Shirt Size: Please Check One:

Orange T-Shirt: _____ I Need One

_____ I Have One (and

"Go in the name of the One"...

know where it is)

_____ Child Medium

_____ Child Large

_____ Adult Small

_____ Adult Medium

_____ Adult Large

_____ Adult X-Large

_____ Adult X X-Large

In Case of Emergency, please contact:

*Primary Contact: _____ *Phone: _____

*Secondary Contact: _____ *Phone: _____

Physician Information:

*Physician _____ *Phone: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Health Insurance Carrier: _____ *ID #: _____

*Group #: _____ *Insured's Name: _____

*Insured's Place of Employment: _____

*Date of Last Tetanus Booster: _____

*Is participant currently under a Doctor's care? _____ Y _____ N

*If Yes, please provide explanation:

Please check all pertinent patient medical information:

_____ Allergies _____ Asthma _____ ADD
_____ Eating Disorder _____ Drug Reactions
_____ Special Diet _____ Physical Restrictions _____ Other

If checked, please provide explanation: (please feel free to contact us to discuss further)

Medication Procedure:

1. The coordinator of Youth Ministries and the Parish Nurse will review permissions and Medications.
2. All prescription medications must be in the container from the pharmacy, labeled with Participant's name, medication and instructions.
3. All non-prescription medications must be in the container in which purchased and labeled with participant's name.

I/my child, take(s) the following medication(s); prescribed or over the counter:

Medication:

Directions for Administration:

1. _____
2. _____
3. _____
4. _____
5. _____

Work Restrictions/Limitations (check all that apply):

_____ Heights _____ Asthmatic _____ Heavy Lifting _____ Environmental Sensitivity/Allergy

Comments:

These are my Promises: **H**ope @ **H**ome

--I WILL TREAT THIS TRIP AS MY FIRST MISSION TRIP SO AS TO BE INCLUSIVE. EACH YEAR IS DIFFERENT, EACH TEAM IS DIFFERENT; THEREFORE, I WILL LISTEN ATTENTIVELY, COMPLETE ALL PAPERWORK IN A TIMELY MANNER, PAY MY FEES ON TIME (OR MAKE ARRANGEMENTS WITH THE LEADERSHIP TO LEARN WHAT I HAVE MISSED).

--I WILL ATTEND ALL TEAM MEETINGS AND FULFILL THE RESPONSIBILITIES I HAVE AGREED TO BEFORE, DURING, AND AFTER THE TRIP. IF I ABSOLUTELY CANNOT ATTEND A MEETING I WILL MAKE IT MY RESPONSIBILITY TO CONTACT THE LEADERS AND LEARN WHAT I MAY HAVE MISSED.

--I WILL MAKE THIS TRIP A PRIORITY. THEREFORE, I WILL PLACE ALL DATES AND TIMES ON MY CALENDAR AND BE PRESENT IN PERSON AND SPIRIT AT ALL THINGS AS WE PREPARE, FUNDRAISE, TRAVEL/SERVE, AND SHARE OUR STORY WHEN WE RETURN HOME FROM THIS GOD GIVEN OPPORTUNITY. THIS INCLUDES, BUT IS NOT EXCLUSIVE TO COMMISSIONING SUNDAY .

--I AGREE TO HAVE A SERVANT ATTITUDE AT ALL TIMES. WHEN I AM DOING (OR ASKED TO DO) A TASK OR MINISTRY I DON'T PARTICULARLY CARE FOR, I WILL BE FLEXIBLE AND NOT COMPLAIN, EITHER VOCALLY OR WITH MY BODY LANGUAGE.

--I HAVE SAID "YES" SO AS TO LEARN FROM, NOT TO JUDGE THOSE WITH WHOM I COME IN CONTACT. I WILL NOT CRITICIZE THE CULTURE, EFFICIENCY, WORK HABITS, FOOD, TRADITIONS OF WHERE WE SERVE.

--I REALIZE THAT UNFORSEEN THINGS HAPPEN. I WILL BE FLEXIBLE AND REALIZE THAT THERE ARE TIMES I WILL NEED TO "ROLL WITH THE PUNCHES," THAT THE LEADERSHIP HAS PUT MANY HOURS OF PLANNING INTO THIS WEEK AND EVEN WITH THE BEST OF INTENTIONS AND CAREFUL PLANNING, THE BEST LAID PLANS NEED TO BE ALTERED.

--I WILL FOLLOW, AT ALL TIMES, THE WEEKLY SCHEDULE AS SET FORTH BY OUR MISSION SITE AND WILL ATTEND/PARTICIPATE IN ALL ACTIVITIES.

--I WILL NOT USE OR POSSESS ALCOHOL.

--I WILL NOT USE OR POSSESS TOBACCO PRODUCTS.

--I WILL NOT CAUSE DELIBERATE DAMAGE TO FACILITIES AT ANY OF THE SERVING SITES. SHOULD I BE RESPONSIBLE FOR ANY DAMAGES, I WILL BE RESPONSIBLE FOR ANY COSTS INCURRED FROM THOSE DAMAGES.

--I WILL TREAT OTHER PARTICIPANTS, RESIDENTS, AND LEADERS WITH RESPECT & CONSIDERATION AT ALL TIMES.

--I WILL NOT USE PROFANE OR ABUSIVE LANGUAGE.

--ALL OF MY ACTIONS WILL DISPLAY A CHRISTIAN EXAMPLE. I AM REPRESENTING GRACE UNITED METHODIST CHURCH, MY FAMILY, & MYSELF.

--CELL PHONES WILL BE LEFT AT HOME UNLESS I AM AN ADULT OR COLLEGE STUDENT.

--ELECTRONIC DEVICES WILL BE LEFT AT HOME WITH EXCEPTION TO MY CAMERA.

--I WILL DRESS APPROPRIATELY AT ALL TIMES!

--I WILL OBEY THE LAWS OF THE CITY AND STATE, FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND WILL RESULT IN MY RETURNING HOME AT MY PERSONAL EXPENSE...IMMEDIATELY.

PARTICIPANT SIGNATURE_____

PARENT/GUARDIAN SIGNATURE_____

DATE_____

***Please read carefully AND thoroughly!**