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## Community Rehab Project 2024

P O Box 387  
Comanche, TX 76442  
254-893-2510

[project@communityrehabproject.org](mailto:project@communityrehabproject.org)

February 1, 2024

Dear Group Leader:

Thank you in advance for your group's participation in God's work during Community Rehab Project 2024 during the week of June 9 – 14, 2024. We are looking forward to a week of God using us to repair homes, helping families and growing spiritually.

Enclosed with the online download packet are registration forms for completion by Student and Adult Volunteers, and a summary for you to complete. Note that the summary contains separate adult and student sections. Additional forms are available on our website in PDF format that you may fill in and print. Please make sure that both sides of each form are fully completed, including any necessary signatures. Volunteers without properly completed registration forms will not be allowed to participate. All forms are due back to Community Rehab Project by May 15, 2024, unless using online registration. Remember that you must have at least one adult sponsor for each five students (or fraction of five), separated by gender. Costs are \$75 for students and \$35 for adults. Students from Comanche will not stay overnight; all other students (with appropriate sponsors) must stay overnight. Online registration deadline is May 23, 2024 with forms and payment due immediately after.

All sponsors will be expected to work daily on a crew. Sponsors must be age 19 or over, and have been out of High School more than one year at the time of the Project. Sponsors must be screened and trained in compliance with the guidelines of the Texas Department of State Health Services.

T-shirts will only be available in adult sizes. Any late registrants may not receive a T-shirt and may be moved from crew to crew during the week. Unless requested to do otherwise, any husbands and wives participating will be placed on the same work crew. As noted on the registration form, some volunteer positions are limited to local area residents.

Also enclosed is a facility rules sheet that you need to sign and return to us with your registrations. A dress code and listing of tools and supplies needed by each participant is also included on the website.

The schedule is much the same as last year, so plan on your group arriving at the Comanche High School at 1:00 PM on June 9. The speaker and band for this year's project are still to be determined. **All participants are expected to remain on the Project until after the Friday evening Worship time. Groups will be dismissed at approximately 8:00 PM on Friday and will need to pack and leave by 10:00 PM**

If you have any questions, feel free to contact me at the above number or email address, or Charles Carroll at 254.842.6011 during the evenings.

Thank you again for your participation.

Tim Beaty  
2024 Project Coordinator





# 2024 Community Rehab Project Adult (18+ years old) Registration Form

**2024 Rehab Dates:**  
Sunday, June 9 through  
Friday, June 14

**Fees: \$35**  
Includes all meals, t-shirt, and lodging (if required).

All fees are non-refundable.

T-shirts are not guaranteed for any participant's registration form received after **MAY 15, 2024**

**The Community Rehab Project . . .**

. . . is a registered non-profit program designed to provide low-income homeowners of Comanche County with no-cost home repairs. Rehab is operated as a coalition of area churches, the Cities of Comanche, De Leon and Gustine as well as many local businesses and individuals.

Name		
Gender	Age	Birthdate
Home Church / Participating Organization		
Home Address	City / State / Zip	
Home Phone	Cell Phone	
T-Shirt Size	E-Mail Address	
Spouse's/Emergency Contact Name		
Spouse's/Emergency Contact Work or Cell Phone Number		
Secondary Emergency Contact (If spouse is not available)		
Relation	Contact Home/Cell/Work Phone	
Insurance Carrier	Policy #	
Please list any physical limitations to your ability to work:		
Are you fearful of heights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to transport youth in your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Seat Belts: _____		
Is this your first Rehab project? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many others / when? _____
Please list any other construction experience in addition to Rehab:		
Please list any allergies or medical conditions:		

Continued on back...

<p><b>Complete this form with your registration fee BEFORE MAY 15, 2024</b> and return to your Church's Youth Minister or Organization Director. All fees are non-refundable.</p>	<p><b>Rehab Board Use Only:</b> Received: _____ Processed: _____ Payment: _____  Crew: _____</p>
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**Youth Minister/Organization Director Use Only:**  
Form Completed: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amt: \$ \_\_\_\_\_ Rec'd: \_\_\_\_\_

Please PRINT all information...

Adult Name: \_\_\_\_\_

**Please indicate your interest in serving in AT LEAST ONE of the following Rehab crew positions:**

- Crew Chief – the primary construction supervisor on a particular worksite (requires Construction Coordinator interview and approval)
- Crew Encourager – helps Crew Chiefs mobilize and motivate workers throughout the project – aids in coordinating student crew jobs
- Driver – carries students to and from jobsites (please list your vehicle and how many seat belts you have: \_\_\_\_\_)
- Kitchen Staff \* – helps prepare and coordinate food for worker’s meals
- Food Delivery \* – carries meals and any other related supplies to work crews
- School Crew/Security \* – helps in supervision of activities at the High School (worship, lodging, free-time, clean-up, set-up, tear-down, etc.)
- None of the Above – I just want to serve as a worker on a crew

\* Local area residents only

<p>Please rate on a scale of 1 to 10 (10 being highest) the following construction areas in which you have experience:</p> <p style="margin-left: 40px;">_____ Painting</p> <p style="margin-left: 40px;">_____ Carpentry</p> <p style="margin-left: 40px;">_____ Windows / Doors</p> <p style="margin-left: 40px;">_____ Roofing</p> <p style="margin-left: 40px;">_____ Siding</p> <p style="margin-left: 40px;">_____ Sheet Metal</p>	<p>Please list any special skills you may have that you think would be helpful in this project:</p> <p style="text-align: center;">Fluent in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other skills: _____</p> <p>_____</p>
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**Adult Participation Schedule**

In order to ensure that we have both enough adults to sponsor students and to complete all the work that must be done, we need to know when you can work. Understanding your other obligations to work and family, please check below all of the times you will work/attend so that we can plan for your schedule (please check all that apply):

- |                  |  |                                  |                                    |                 |                                  |                                  |                                    |
|------------------|--|----------------------------------|------------------------------------|-----------------|----------------------------------|----------------------------------|------------------------------------|
| <u>Sunday</u>    | <input type="checkbox"/> Afternoon Orientation (ALL participants need to attend) |                                  |                                    |                 |                                  |                                  |                                    |
| <u>Monday</u>    | <input type="checkbox"/> All Day   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <u>Tuesday</u>  | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <u>Wednesday</u> | <input type="checkbox"/> All Day   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <u>Thursday</u> | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <u>Friday</u>    | <input type="checkbox"/> All Day   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |                 |                                  |                                  |                                    |

**Evening Worship daily Sunday through Friday at 7:00 PM (all Volunteers encouraged to participate each evening)  
Groups will be dismissed at approximately 8:00 PM on Friday and will need to pack and leave by 10:00 PM**

**Legal Disclaimer:**

I, \_\_\_\_\_, the undersigned adult, being 18 years or older, intend to participate in the Community Rehab Project – June 9, 2024 thru June 14, 2024. By signing, I understand that the purpose of this project is to provide manual labor through construction to local homes and because of that, I, as a result of my participation, may be injured or killed as a result of my participation. By signing, I agree to forever release and hold harmless from any and all liability the following entities and individuals: the Community Rehab Project Coordinating Board, Community Rehab Project leadership (organized or volunteer), participating Churches or organizations and their ministers and/or adult sponsors, the City of Comanche, the City of DeLeon, the City of Gustine, project homeowners, the Comanche Independent School District, or any and all other institutions or individuals directly or indirectly involved in sponsoring the Community Rehab Project in the event that I may be Injured or killed while participating in activities associated with this event; while being transported in any designated vehicle during any time; while using any powered or non-powered tools; while on ladders and/or scaffolding; while working on top of or below project homes; while seeking emergency medical treatment; or while being asked to perform any other reasonable task associated with Community Rehab Project. I also release the above named entities from liability in the event that any of my personal property including, but not limited to tools, equipment, electronics and vehicles is lost, damaged, stolen or destroyed. Furthermore, I agree to pay all costs associated with my participation in this activity including, but not limited to: registration fees, extra meals, snacks, emergency room visits and medical expenses. I give permission for Community Rehab Project leadership to seek emergency medical treatment on my behalf if my spouse or other emergency contact is not able to be reached in the event of my injury. By signing below, I also give permission for the Community Rehab Project to film and photograph me and to use said images, with or without editing, in any publicity and or advertising related to this event without my pre-approval, consent, knowledge or notification. I further agree to abide by all rules and regulations as outlined by the Coordinating Board of the Community Rehab Project and designated adult Crew Chiefs. I understand that if I fail to cooperate and abide with the rules of this event, it is the privilege of the Coordinating Board to deal with such infractions, and, if necessary, immediately remove me from participation in this event with no refund of money. Lastly, in order to ensure the safety of all students, we require a background check for all adults 18 years of age and over. By signing below, I agree to allow the Coordinating Board of the Community Rehab Project to conduct a criminal background check on me. I testify that the information I have given in this form is true and accurate and that any failure to provide accurate or truthful information may result in loss of fees, immediate dismissal from the project and referral to local law enforcement agencies. I understand my conduct shall at all times be above reproach and will respond to all situations in a Christian manner.

Please provide your Driver’s License Number & State of Issuance: \_\_\_\_\_ Please provide your SSN \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes: Please Explain \_\_\_\_\_

Please list any aliases by which you may be known: \_\_\_\_\_

I have read the above legal disclaimer and agree to its terms:

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



# 2024 Community Rehab Project Student (under 18 years old) Registration Form

\*(must have completed 7<sup>th</sup> grade or have parent on Project.)

**2024 Rehab**

**Dates:**  
Sunday, June 9  
through  
Friday, June 14

**Fees: \$75**  
Includes all meals, t-shirt, and lodging (if required).

All fees are non-refundable.

T-shirts are not guaranteed for any participant's late registration.

**The Community Rehab Project . . .**

...is a registered non-profit program designed to provide low-income homeowners of Comanche County with no-cost home repairs. Rehab is operated as a coalition of area churches, the Cities of Comanche, De Leon and Gustine as well as many local businesses and individuals.

Please PRINT all information...ALL FIELDS must be completed...if none then print "None" or N/A

Student's Name			
Gender	Grade	Age	Birthdate
Student's Home Church/Participating Organization			
Home Address		City/State/Zip	
Home Phone		E-Mail Address	
Student SSN or DL #		T-Shirt Size (Adult Size)	
Student's Parent/Guardian Name(s)			
Parent / Guardian Work/Cell Phone Numbers			
Secondary Emergency Contact (If Parent/Guardian is not available)			
Relation		Contact Home/Cell/Work Phone	
Insurance Carrier		Policy #	
Please list any physical limitations to your ability to work:			
Are you fearful of heights? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this your first Rehab project?		How many others / when?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list any other construction experience in addition to Rehab:			
Please list any allergies or medical conditions:			

Continued on back...

<p>Complete this form with your registration fee and return to your Church's Youth Minister or Organization Director. All fees are non-refundable.</p>	<p><b>Rehab Board Use Only:</b> Received: _____ Processed: _____ Payment: _____ Crew: _____</p>
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**Youth Minister/Organization Director Use Only:**  
Form Completed: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amt: \$ \_\_\_\_\_ Rec'd: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please PRINT all information...

<p>Please rate on a scale of 1 to 10 (10 being highest) the following construction areas in which you have experience:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Painting</td> <td style="width: 50%;">_____ Roofing</td> </tr> <tr> <td>_____ Siding</td> <td>_____ Sheet Metal</td> </tr> <tr> <td>_____ Windows</td> <td>_____ Ramps</td> </tr> <tr> <td>_____ Yard Cleaning / Mowing</td> <td></td> </tr> <tr> <td>_____ Other</td> <td>_____</td> </tr> </table>	_____ Painting	_____ Roofing	_____ Siding	_____ Sheet Metal	_____ Windows	_____ Ramps	_____ Yard Cleaning / Mowing		_____ Other	_____	<p>Please list any special skills you may have that you think would be helpful in this project:</p> <p style="text-align: center;">Fluent in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other skills: _____</p> <p>_____</p>
_____ Painting	_____ Roofing										
_____ Siding	_____ Sheet Metal										
_____ Windows	_____ Ramps										
_____ Yard Cleaning / Mowing											
_____ Other	_____										

**Please indicate your interest in serving in AT LEAST ONE of the following Rehab crew positions:**

- Devotion coordinator – coordinates leading daily devotions for the crew
- Ministry/Evangelism Coordinator – helps crew recognize ministry opportunities in neighborhood
- First-Aid Coordinator – carries and administers first-aid kit for the crew
- Safety Inspector – helps crew recognize and correct unsafe working conditions
- Tool Master – responsible for getting and returning borrowed tools and daily tool pick-up
- Break Master – coordinate break supplies and break cleanup



**Student participation is REQUIRED at ALL scheduled events.**

This is to insure both the student's safety and to coordinate the necessary workers for the completion of all jobs. If students need to be gone at any time for any reason during the week, parents must write on a separate piece of paper the following information for **EACH** absence:

- Date of Absence Needed:**
- Time Away (from) and (to)**
- Reason for Absence**
- Parent's Signature for EACH occurrence**

Failure to notify Rehab directors of approved absences before the project begins may result in loss of fees and removal from the project. A time-out card will be issued for each absence and must be presented to Crew Chiefs before leaving the worksite.

**To be completed by Parent/Guardian:**

I, \_\_\_\_\_, ( Parent  Guardian) the undersigned, give my permission for my son/daughter named above to participate in the Community Rehab Project – June 9, 2024 thru June 14, 2024. By signing, I understand that the purpose of this project is to provide manual labor through construction to local homes and because of that, students may be injured or killed as a result of their participation. By signing, I agree to forever release and hold harmless from any and all liability the following: Community Rehab Project Coordinating Board, Community Rehab Project leadership (organized or volunteer), participating Churches or organizations and their ministers and/or adult sponsors, the City of Comanche, the City of De Leon, the City of Gustine, project homeowners, the Comanche Independent School District, or any and all other institutions or individuals directly or indirectly involved in sponsoring the Community Rehab Project in the event that my child may be injured or killed while participating in activities associated with this event; while being transported in any designated vehicle during any time; while using any powered or non-powered tools; while on ladders and/or scaffolding; while working on top of or below project homes; while seeking emergency medical treatment; or while being asked to perform any other reasonable task associated with the Rehab Project. I also release the above named entities from liability in the event that any of my student's personal property including, but not limited to tools, equipment, electronics and vehicles, is lost, damaged, stolen or destroyed. Furthermore, I agree to pay all costs associated with my child's participation in the trip including, but not limited to: registration fees, extra meals, snacks, emergency room visits and medical expenses. I give permission for adult Rehab leadership to seek emergency medical treatment on my child's behalf if I am not able to be reached in the event of my child's injury. By signing below, I also give permission for the Community Rehab Project to film and photograph my child and to use said images, with or without editing, in any publicity and or advertising related to this event without my pre-approval, consent, knowledge or notification. Lastly, my child agrees to abide by all rules and regulations as outlined by the Coordinating Board of the Community Rehab Project and designated adult Crew Chiefs. I understand that if my child fails to cooperate and abide with the rules of this event, it is the privilege of the Coordinating Board to deal with such infractions, and, if necessary, immediately discharge and transport the above named student home at my expense.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**To be completed by Student:**

As a participant in the 2024 Community Rehab Project, I agree to conduct myself properly and abide by all rules and regulations as set forth by the Coordinating Board of the Community Rehab Project. I understand that any removal of privileges by Crew Chiefs may result in the removal of all privileges for the remainder of the trip with no refund of money. I also understand and agree to notify my parents or legal guardian at the time of any infraction that causes the loss of privileges and/or my dismissal from Community Rehab Project and my subsequent transportation home at the expense of my parent/guardian. I also understand that I will not be allowed to leave without the approval of the Coordinating Board of the Community Rehab Project and that my attendance both during the day and for all worship services is required.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



# 2024 Community Rehab Project Group Registration List

Church/Organization Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Church/Organization Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Attention Youth Ministers/Organization Directors:

Please compile on the list below a summary of the information you have gathered from registration forms you have collected. Please mail this form, all individual registration forms and a single check from your church or organization to cover the total charges for all participants your church/organization has registered. Paperwork must be postmarked no later than May 15, 2024 to:

Community Rehab Project • RE: Group Registration • P O Box 387 • Comanche, Texas 76442

Please PRINT all information...

(Adults) First and Last Name	Participant Info		Adult T-Shirt Size	Fee Amount
	Sponsor?	Gender		
				\$35
				\$35
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				\$35

Students on back...

Church/Organization Name \_\_\_\_\_

(Students) First and Last Name	Gender	Adult T-Shirt Size	Fee Amount
			\$75
			\$75
			\$75
			\$75
			\$75
			\$75
			\$75
			\$75
			\$75
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Total # of Adults \_\_\_\_\_  
 # of Students \_\_\_\_\_

Total Registration \_\_\_\_\_

# Community Rehab Project 2024

## Facility Rules

Dear Group Leader:

The school has graciously allowed us to use their facility. We as leaders need to preserve that right by ensuring proper treatment of the facility and the teacher's property. The assigned rooms for your overnight stay need to be used for sleeping and dressing only. All other activities should take place in the Commons Areas. If anything is missing or destroyed you will be responsible for replacing that item and may, along with the person responsible, be sent home immediately without refund. The rooms will be photographed and inventory logged to prevent any doubt.

There will be security at the facility 24/7 with authority to enforce the rules.

As far as the rest of the facility, please help us in keeping it clean and in working order. The gym will be closed due to it serving as the worship center, so do not bring balls of any kind.

You are required to have an adult female and male sponsor for each five (or fraction thereof) students of each gender at the school overnight.

**Please return this signed form before June 1.**

I understand the necessity of these rules and will help enforce them as the leader of my group. I certify that all overnight sponsors have been screened and trained in compliance with the guidelines of the Texas Department of State Health Services.

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Group name

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Group Leader Signature





# Community Rehab Project 2024



## **Dress Code (Boys and Girls)**

### **Work site and lodging facility**

Knee length shorts

Sleeved shirts or tee shirts (no muscle shirts, tank tops, or sleeveless shirts)

No bare midriffs

### **Work site**

Closed toed shoes or work boots (no opened toed shoes will be allowed)

Long pants are strongly recommended for roofing projects

### **Lodging facility**

Remember this is a Christian event and we should dress as such. There will be mixed crowds in the commons area at all times. Students and adults going to and from shower need to be fully dressed (again NO pajamas, Sleeveless shirts or short shorts)

If you or your students cannot follow these rules, we will ask you to leave the Rehab Project at your own expense.

# Community Rehab Project 2024

## Tool List



### Crew Chiefs

Hand tools

Hammers

Tape measure

Chalkline

Crowbars

Drill or Cordless Drill

Extension Cords

Skill Saw

Safety goggles

Gloves

Portable Sawhorse and Ladders (If transportation allows)

Other Tools needed for exterior work.

### Students and Adult Volunteers must have:

Hammers

Tape measure

Paint scrapers

Safety goggles

2" & 3" paintbrushes

Gloves

Other tools as available

# Community Rehab Project 2024



## Sunday Schedule

1:00 – 2:00 PM	Check In/Move In
2:30 PM	Welcome/Pep Rally
	Rules/Safety/Instructions
3:45 PM	Meet Your Crew
4:00 -- 5:45 PM	Visit Homes
6:00 – 7:00 PM	Dinner at High School
7:00 – 8:45 PM	Worship
8:45 – 9:00 PM	Job Training
9:15 – 10:00 PM	Crew Chief Meeting

## Monday-Friday Schedule

6:20 AM	Crew Chief Meeting
6:30 AM	Breakfast
7:15 AM	Dismiss to site
7:30 AM	Arrive at homes – begin with Prayer with homeowner
7:45 AM	Work Begins
10:00 AM	Break Delivered
12:00 PM	Lunch and Bible Study
4:30 PM	Work Ends, Site Cleanup
4:30 PM	Showers Open
5:30 PM	Dinner Served
6:30 PM	Worship Area Opens
7:00 PM	Worship Begins
8:45 PM	Church Groups Meet
9:45 PM	School Closes/Showers Close
10:30 PM	Lights Out