

Student Code Book



YOUTH SUMMIT
Home Health Education Service
P. O. Box 1147, Decatur, Georgia 30031
Telephone: 404-299-1621 • Fax: 404-501-9771
www.youthsummit.info

STATEMENT OF PURPOSE

“The Lord has instituted a plan whereby many of the students in our schools can learn practical lessons needful to success in afterlife. He has given us the privilege of handling precious books that have been dedicated to the advancement of our educational and sanitarium work. In the very handling of these books, the youth will meet with many experiences that will teach them how to cope with problems that await them in the regions beyond. During their school life, as they handle these books, many learn how to approach people courteously and how to exercise tact in conversing with them on different points of present truth.” RH, June 4, 1908 and CM 30

BENEFITS

- | | |
|-------------------|--|
| Spiritual | Knowledge that this is the Lord’s work. |
| Financial | Money for college and academy. |
| Social | Fellowship with Christian peers, working, witnessing, studying, praying and playing together. |
| Job Skills | Job skills and personal growth: <ol style="list-style-type: none">1. Leadership Development2. Personal Discipline3. Communication Enhancement4. Business Management5. Social Development6. Educational Skills7. Pastoral/Bible Worker Skills |

TENTATIVE SCHEDULE

8:00 - 9:00 a.m.	Exercise
9:00 - 10:00	Personal Devotions
10:00 - 10:45	Breakfast
11:00 - 11:30	Worship
11:30 - 12 noon	Training
1:00 p.m. - Dark	Knock on Doors

DRESS CODE

Dress is truly individualistic. Each person has a right to his/her own likes and dislikes. The summer Magabook Program, however, reserves the right to require certain dress standards. Due to the unique nature of the Literature Ministry, we ask you to use the following dress code:

1. **Neat**: Ironed clothes, clean and impeccable personal hygiene (daily showers, hair well groomed, etc.). Males: Recommend clean, neat and trimmed facial hairs.
2. **Professional**: First impressions are extremely important for door-to-door ministry. Because of this, we ask you—during work hours, to dress with a professional look.

Males: Cool slacks (no jeans). Shirts with collars (no advertising emblems such as music logos, colas, sports, etc.). No shorts during work hours. Please no jewelry.

Females: Dresses, skirts, blouses with sleeves (no advertising emblems such as music logos, colas, sports, etc.). No revealing necklines. We suggest loose fitting, full length skirts or dresses with no slit opening that goes above the knee. Please no jewelry.

Sabbath Dress: Dressy clothes for Sabbath are appropriate with the same guidelines of modesty.

3. **Modesty**: Modesty is a part of the Christian life. In this area, we particularly separate ourselves from worldly dress. Clothes should not be tight fitting or revealing in any way. This is very important for your personal safety on the streets. If you choose to wear shorts during nonworking hours, they must be loose fitting and cover the thigh.

Our belief in Christ's soon coming separates us from the world. We show this in all aspects of our life. Dress is a major area to distinguish our lives as different and Christian. We ask you to study dress and its principles from the Bible and Ellen G. White's writings.

STUDENT GUIDELINES

1. Must have the desire to grow personally and professionally, including a willingness to learn new systems and procedures.
2. Recommended reading—Bible and Magabooks.
3. Worship and training will be provided for students' benefit.
4. Dress for the Lord at all functions. (Proper attire for weather conditions.) *Untidiness in dress brings reproach against the truth we profess to believe. You should consider that you are a representative of the Lord Jesus Christ." CM 65* (See Dress Code) No jewelry is to be worn. Clue: If in doubt, don't wear it.
5. Due to the nature of our ministry, we provide a low-fat, low-cholesterol, low-sugar, vegetarian, caffeine-free diet. You are encouraged to maintain a healthy constitution. Student needs to be able to accomplish job responsibilities. The inability to perform these responsibilities, or absenteeism, may result in being sent home. It is recommended if a student becomes injured or intensely sick, they be sent home and return to the program only after seeing a doctor and receiving written permission.
6. Have a good attitude. *"By courteous behavior and kindness such a worker may open the door of many homes." CM 88*
7. It is recommended the student balance his/her receipts each day with the donations. The student is responsible for any lost donations and loaned radios (\$200 or replacement cost). Please do not use the two way radios while in immediate proximity to a fellow operator (especially while in the van). This destroys the transistors.
8. This ministry requires sitting, standing, walking, bending, reaching, lifting and carrying. Requires manual dexterity sufficient to withstand outdoor temperature and elements; such as rain, wind, heat, etc. Requires normal range of hearing and vision. (For extreme weather conditions, program head should contact local publishing director.)
9. Since this is God's property—church and school, no secular movies, music or literature can be brought to the program. No radios, CD players, iPods or cell phones are to be used during missionary service. The music played on the van radio or tape deck will be screened by leaders. Music to be played only while traveling long distances, not during work. Only easy listening Christian music after hours. It is recommended not to bring laptops. If these guidelines are not followed, you agree that your radio, CD player, iPod or laptop (or any other electronic media) may be sent home insured at your expense via mail by a conference approved person.
10. Cell phones are not to be used for personal calls while canvassing. Personal calls should be limited to personal time only. They are not to be used during worship, training or work time.
11. The student, after proper training and experience, should be able to deliver an average of one book per hour. If this cannot be achieved, a review will take place after the first couple of weeks to evaluate if this program is right for the student.
12. Your most important responsibility is to enjoy your time sharing God's love and working for the Lord.

SAFETY GUIDELINES

1. Always carry the two-way radio with you, including into the house. Before entering, contact your leader and partner with location.
2. When entering a house, leave the bag in a visible spot to the street where your supervisor can easily see it. If raining take in the book bag and leave umbrella outside.
3. **Females, never enter a house alone where there are only males. Make sure there is a female present before you enter.**
4. Use the block system, which is: When arriving at the end of the block and your partner across the street is behind you, cross the street and work back toward them on their side until you meet. Then start the next block working your respective sides.
5. When walking between houses, always keep an eye out for your partner. If you see something suspicious **call your leader** on the radio.
6. If you should be harassed or feel threatened at any time, immediately call your supervisor whether you're in a house or on the street.
7. Your two-way radio is to be used for business only—no personal conversations carried on. This enables the leader to be able to have constant contact with you.

I have received instruction and I understand the above safety guidelines. I agree by these guidelines.

Student's Signature

Supervisor's Signature

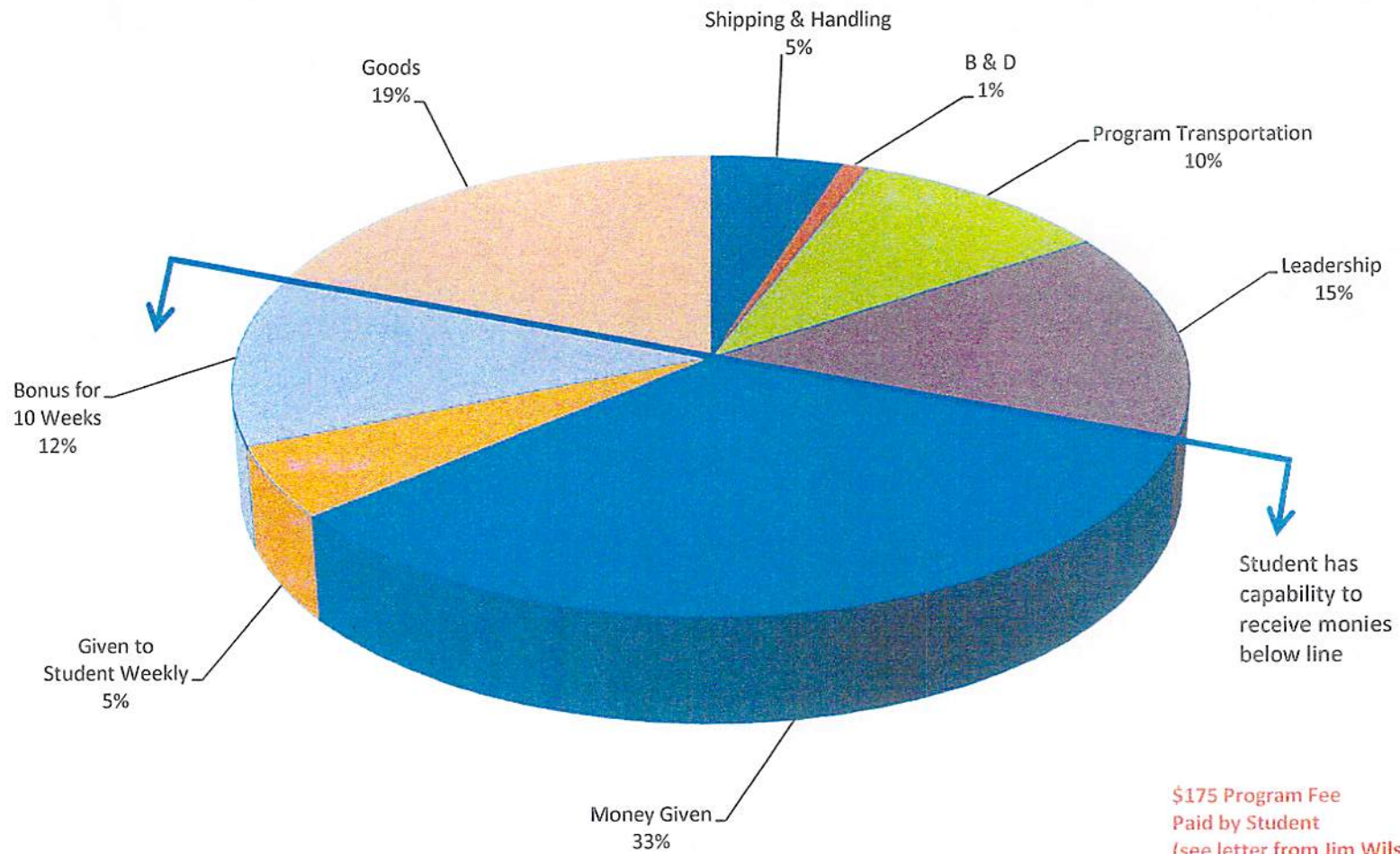
Date

Date

Return to:

Home Health Education Service, PO Box 1147, Decatur, GA 30031

Use of Donated Money



Authorization Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that USAIntel Inc, on behalf of Home Health Education Service (HHES), Southern Union Conference of Seventh-day Adventists, may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with USAIntel Inc. consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Home Health Education Service (HHES), Southern Union Conference of Seventh-day Adventists, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by USAIntel Inc to furnish the information described in Section I.

CANDIDATE COMPLETE THE FOLLOWING:			
Print Name:	(First)	(Middle) (Last)	(Maiden)
Other Names Used			
Current Address Since:	(Mo/Yr)	(Street)	(City) (State/Zip)
The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.			
Date of Birth		Social Security Number	
Driver's License Number and State		Name as it appears on License Yes If yes, please provide city and state of	
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> conviction and details of conviction.			
Signature		Today's Date	

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91 -508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statute of updates are available on request. Although every effort has been made to assure accuracy, USAIntel.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility USAIntel.com policy requires purchasers of these reports to have signed a Service Agreement. This assures USAIntel.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact USAIntel.com,

Program Location _____

HOME HEALTH EDUCATION SERVICE
Student Permission Form

During the summer student program, Home Health Education Service (HHES) offers several activities for the student to participate in. HHES has liability insurance to cover the HHES planned activities, only! Our liability coverage does not include injury due to "horseplay." This kind of injury would be the student's/parent's (or guardian's) responsibility. If a student is injured "while canvassing," we have Workers' Compensation insurance for injury.

If student is UNDER 18 years of age, please complete:

If the occasion arises, I give HHES personnel permission to approve medication and medical treatment. I do not hold HHES responsible for medical bills.

I give permission for my child to attend the student retreat at the end of the summer and to participate in group activities at the youth camp. I understand that any camp activity has inherent risks that could result in injury. I may refuse to participate in any activity I feel uncomfortable about. I knowingly accept and agree to release Home Health Education Service from liability in case of injury and I do not hold them responsible for medical bills.

Student's Name _____ Student's Signature _____
(please print)

Parent/Guardian _____ Parent/Guardian Signature _____
(please print)

Contact Telephone Number _____ Date _____

If student is OVER 18 years of age, please complete:

If the occasion arises, I give HHES personnel permission to approve medication and medical treatment. I do not hold HHES responsible for medical bills.

If I attend the student retreat at the end of the summer and participate in group activities at the youth camp, I understand that any camp activity has inherent risks that could result in injury. I may refuse to participate in any activity I feel uncomfortable about. I knowingly accept and agree to release Home Health Education Service from liability in case of injury and I do not hold them responsible for medical bills.

Student's Name _____ Student's Signature _____
(please print)

Contact Telephone Number _____ Date _____

Health Insurance

All students must bring proof of health insurance from home. If a student is not covered by their parents and/or fail to provide a copy of their health insurance card, HHES/ARM (Adventist Risk Management) will purchase a basic plan at the student's expense – not to exceed \$200.

Upon receipt of this form, please email, fax or mail a copy of your health insurance card so we know how to plan for your insurance to: Jennifer Relfsnyder, hhes@southernunion.com; 404-501-9771 (fax); PO Box 1147, Decatur, GA 30031.

Please initial you've read this _____

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																	
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;"> </td> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;"> </td> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;"> </td> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;"> </td> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> </table>	Social security number				-				Employer identification number				-			
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
Sign Here	Signature of U.S. person ▶
	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

IMPORTANT: This form must be completed accurately or your money will not be processed.

EXIT FORM

Name: _____ Social Security Number: _____

Email: _____ Home Phone: _____ Cell: _____

Program Location: _____ Date: _____

PLEASE CHECK ONE:

Please Send My Money to My School:

School Name _____

Address: _____

City: _____ State: _____ Zip: _____

OR

Please Send My Money to My Address:

Home Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Process Information:

Please Read and Sign Below:

Money will be sent to the address I have listed above. I recognize that if the address changes before the summer program closes, it is my responsibility to change the address to the new one. If changes have not been made, it is my responsibility, NOT HHES, to retrieve money.

Student's Signature

Student Leader's Signature

