



HOLDEN VILLAGE

Spring Work Week

Sunday, April 22nd through Sunday, April 29th, 2012

Join us for a week of work, relax, and worship in a unique village community nestled deep in Central Washington's North Cascades. Whether this will be your first visit or your fiftieth, All are welcome.



**Come prepare the way for those who will visit Holden Village this summer
All skill levels are welcome!**

Volunteers will serve on one of two general crews: Housekeeping or Operations.

- ↻ **Operations** crews will help with tasks such as basic construction, painting, moving items, lawns and gardens, or general upkeep and repair projects.
- ↻ **Housekeeping** crews will help with deep-cleaning projects, sewing and mending, or helping the cooks in the kitchen.



Participate in community life.

Meet dozens of other volunteers through shared meals, Bible studies, forums, variety shows & other fun activities.

Invite your friends and family!

This is a great opportunity to introduce Holden to your friends and family, or to experience it yourself for the first time.

See you in April!

Work Week is meant to be a Sunday to Sunday experience. We encourage you to come on Sunday, April 22nd to be a part of Orientation and Kick-off festivities and stay until Sunday, April 29th.

If you participated in one of the 2011 work weeks, send an email to staffing; you do not need to fill out an application.

Please contact Staff Coordination should you need to arrange for alternative dates: staffing@holdenvillage.org

Holden Village: Spring Work Week Application 2012

Sunday, April 22nd through Sunday, April 29th

Name 1: _____ Birth date: _____ Age: _____

Name 2: _____ Birth date: _____ Age: _____

Address: _____

ADDRESS

CITY

STATE

ZIP

Primary Contact: Email: _____ Phone: (_____) _____

Please add me/us to the contact list shared with fellow Work Week volunteers.

<p>➤ Name 1: _____</p> <p>➤ In the column to the right check the areas in which you'd like to work:</p> <p>➤ Professional Experience _____</p> <p>➤ Please list any specific/specialized skills and experience you bring to the Village:</p> <p>➤ Have you participated in previous Work Weeks? Years _____</p> <p>➤ Please list any physical /work constraints or special requests related to food and housing:</p>	<table border="1"> <thead> <tr> <th colspan="2"><u>HOUSEKEEPING:</u></th> </tr> </thead> <tbody> <tr><td>Sewing</td><td></td></tr> <tr><td>Cleaning</td><td></td></tr> <tr><td>Cooks Assistant</td><td></td></tr> <tr><td>Laundry</td><td></td></tr> <tr> <th colspan="2"><u>OPERATIONS:</u></th> </tr> <tr><td>Mechanics</td><td></td></tr> <tr><td>Plumbing</td><td></td></tr> <tr><td>Carpentry</td><td></td></tr> <tr><td>Electrical</td><td></td></tr> <tr><td>Repairs</td><td></td></tr> <tr><td>Lawns & Gardens</td><td></td></tr> <tr><td>Painting</td><td></td></tr> </tbody> </table>	<u>HOUSEKEEPING:</u>		Sewing		Cleaning		Cooks Assistant		Laundry		<u>OPERATIONS:</u>		Mechanics		Plumbing		Carpentry		Electrical		Repairs		Lawns & Gardens		Painting	
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*** _____ By initialing here, I/we signify that I/we have read and understand the Holden mission and the staff covenant. I/we will abide by this covenant and will support others in keeping this covenant.***

Please Return Application Packet to:

Staff Coordination: staffing@holdenvillage.org or Holden Village, HC0 Box 2, Chelan, WA 98816

HOLDEN VILLAGE: HEALTH INFORMATION

Please complete a form for EACH person listed on the Work Week Application

NAME: _____ **Date of Birth** ____/____/____
Last First M.I.

ADDRESS: _____

EMAIL (print clearly): _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

Address: _____

PERTINENT HEALTH HISTORY Check applicable items and explain below:

Respiratory System:

- Frequent Sore Throat
- Persistent Cough
- Asthma
- Shortness of Breath

Cardiovascular System:

- High Blood Pressure (treated or untreated)
- Irregular heartbeat
- Other (explain below)

Neurological System:

- Fainting Spells
- Seizures
- Balance Problems
- Chronic Dizziness

Musculoskeletal System:

- Frequent muscle spasms
- Chronic Joint Dislocations
- Chronic Back Problems
- Other Joint Difficulties

Gastrointestinal System:

- Diabetes (explain method of control below)
- Other

Psychological:

- Depression (treated or untreated)
- Other - Explain below

Please explain any checked items:

Current medications: _____

Are there *any types of work/labor* you are unable to do because of physical limitations? _____

Date of last tetanus shot? _____ (**MUST** have had one in the last ten years before coming to Holden Village)

Have you ever had a *systemic* allergic reaction to bee stings, food or medicine? yes _____ no _____

If yes, what was the precipitating substance? _____

What was the treatment? _____

(If you have severe allergies, please bring your own EpiPen or Bee Sting Kit)

Please remember, Holden Village is located in the wilderness and we are not prepared nor equipped to provide ongoing primary health care. We make every effort to have a medic available for first aid and emergency care but careful planning and prevention on your part is the very best medicine.