SCQM Quarterly Report
Southern California Quarterly Meeting of the Religious Society of Friends

Call to Spring Gathering
April 28th, 2018  9:00am – 4:45pm
Santa Monica Monthly Meeting
1440 Harvard St, Santa Monica, CA 90404
Gather and Greet at 8:30 AM

Dear Friends,

You are warmly invited to come to our Spring Gathering, Saturday, April 28th, 2018. These gatherings provide an opportunity for deep worship, fun fellowship, valuable networking among Friends in our region and Spirit led action.

It is our hope that each Monthly Meeting and Worship Group can be represented when we gather. If you, individually, are not able to attend, can you please reach out to others to see if someone from your group is able to join us?

For those of you who are new to the Quarter, Spring Gathering is a lot different from Fall Fellowship because it’s only one day instead of two, and because we are doing the important work of inward reflection with having worship around our State of the Meeting Reports. We do some business in the morning, and some business in the afternoon, and because of limits on our time and physical space, we do not have small group worship sharing in the same way that it’s done at Fall Fellowship. That said, I hope you will find the opening and closing Meeting for Worship to be deeply nourishing, along with the joy that can come with reconnecting, or connecting for the first time, with the wider Quaker communities outside of our home meetings.

If it’s been a while since you’ve come to Quarterly, we welcome you back with open arms. We’re really looking forward to seeing you again.

Children, teens and young adults, we’re eager to see you too. Our committees are currently short staffed and are focusing their attention on Fall Fellowship. While we don’t have formal programs planned for our children and teens, arrangements for childcare and supervision can be made if you register by Wednesday, April 25th.

If you are a “regular” who loves connecting with other local friends at Quarterly events, we would love it if you could help spread the word about this community and support our upcoming gathering by bringing a friend or driving a group from your meeting.

We sincerely hope you’ll join us, Friends, for a day of worship, fellowship, work and play.

Sarah Rose House-Lightner, Presiding Clerk
Southern California Quarterly Meeting
Schedule & Registration Information

We will meet at Santa Monica Meetinghouse from 9:00 AM to 4:45 PM. Plan to arrive at 8:30 AM for coffee, fellowship & to get settled. See the DRAFT schedule below for more information. Lunch will be arranged by members of Inland Valley Monthly Meeting. A basket will be set out and we will be asking for a donation of $10.00 per person. (No one will be turned away for lack of funds).

Please register by Wednesday, April 25th by using the Doodle Poll at the link below. Each person should register separately, providing your name, and if you are under 18, your age. Please also be sure to check the check box under April 28th.

https://doodle.com/poll/hdrw7p2zudnpwzkt

Parking Information

There is a parking lot behind the Meetinghouse. Please park there, or in the metered space on Santa Monica Blvd. Street parking on Harvard and neighboring streets is by permit only and costly tickets are issued for non-permit holders.

Preparing for our Plenary, our Meeting for Worship for Business

Most of our recent minutes are published on our website. Please read them!
Our website is: http://www.scqm.org You can also find us on Facebook!

Save the Date: Fall Fellowship
Temescal Canyon Conference Center
November 3-4, 2018

New this year: Friends will have the option of staying at Temescal Canyon Conference Center on Friday night before the start of Fall Fellowship. This should make it easier for those travelling a long distance or who need to be on site early on Saturday morning.
Details to follow late summer or early fall.
Sharon Gates and David Mackenzie, Co-Registrars

Fall Fellowship 2018 Keynote Speakers
We’re delighted to announce that Annie Peterson and Peter Blood will be our keynote speakers!

2019 Martin Luther King Jr Holiday Campout at Indian Cove!

After a few years of missing the Martin Luther King Jr holiday campout at Indian Cove in Joshua Tree National Park, SCQM will return to the best group campsite, number 13. This site was the one SCQM reserved for over 30 years, but recently all the group sites were already taken on the first possible day for reservations. This year we were lucky!
So mark your calendars for 18-21 January 2019. I hope to see many Friends there!
--Pat Wolff, clerk of Retreats Committee
Greetings from the SCQM nominating committee

Greetings from the SCQM nominating committee letting you know about opportunities to work with Friends from around the Quarter on meaningful projects.

Here are some of our current committee needs. Check them out to see which fit your interests, abilities and gifts. For more information, please contact nominating committee clerk Katrina Mason (619-550-7953 or docbrock@aol.com).

--If you have a passion for social justice, the Peace and Social Order committee wants to hear from you! The committee is now centered at Orange Grove monthly meeting and seeks broader representation. Joining their conference calls offers a chance to share what you (or your meeting) are working on while also learning about projects or other meetings and generally supporting each other.

--Some have called the annual Fall Fellowship gathering at Temescal Canyon the “Yearly Meeting of the Quarter.” Held the first weekend in November, the gathering relies upon an Arrangements committee (that plans logistics and food) and one or two Registrars. The two Registrars for the past three years will be ending their service after the 2018 Fall Fellowship and seek one or two people to shadow them this coming fall with expectation to take over in the fall of 2019. Current registrar Sharon Gates says the ideal candidate is someone with organizational skills, attention to detail, the ability to focus and stay calm under pressure. If that’s you, please let us know. We need you!

--Ministry and Counsel committee seeks two or three additional members to help with its year-round work that includes writing the queries for worship groups for Fall Fellowship as well as planning much of the program; creating questions for the State of the Society reports and preparing these reports for spring gathering; and providing spiritual guidance to individual meetings.

Would you like to help revive the retreat at Joshua Tree National Park over Martin Luther King, Jr. birthday weekend by attending this January? Pat Wolff of the Retreats committee has reserved campsites and seeks a few people who will commit to going.

Do you have experience planning events for teens? If so, the Southern California Youth Planning Committee (Teens) needs you! This committee plans events for teens during Fall Fellowship and Spring Gathering and perhaps other times during the year. Great opportunity for those who like planning events and enjoy the company of tomorrow’s Quaker leaders!

If you have any questions or concerns about Quarterly Meeting, please email clerk@scqm.org.
Draft Schedule

*(Subject to Change, Continuing Revelation!)*

8:30-9  Gather and Greet
9-9:30  Opening Worship
9:35-10:50  State of Meeting Reports and Worship Sharing – Session I
10:50-11:00  Break
11-12  Plenary I
12-1:15  Lunch
1:15-3:00  State of Meeting Reports and Worship Sharing – Session II
3:00-3:15  Break
3:15-4:15  Plenary II
4:15-4:45  Closing Worship

*Schedule Version 1.0 4/21/18 SRHL*
MINOR’S NAME: _______________________________ BIRTHDATE _______________ AGE __________

Medications, dosage and schedule __________________________

Are there serious consequences if meds are skipped? __________________________

Other information (medical / physical / emotional issues) [use additional sheet(s) if necessary]
___________________________________________________________________________________
___________________________________________________________________________________

MEDICAL HISTORY/CONCERNS

Date of last tetanus shot ____________________________________________

Allergies _________________________________________________________

Minor’s doctor __________________________ Telephone __________________________

Insurance company __________________________

Policy holder’s name __________________________ Policy # __________________________

If an HMO, please give name and telephone # __________________________

PARENTS’ OR GUARDIANS’ EMERGENCY NUMBERS DURING EVENT:

Parent 1 / legal guardian’s name __________________________

Telephone _______________ Cell phone __________________________

Parent 2 / legal guardian’s name __________________________

Telephone _______________ Cell phone __________________________

IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED, CALL:

Name __________________________ Relationship __________________________

Telephone _______________ Cell phone __________________________

PLEASE NOTE: Please enclose a photocopy of minor’s Health Insurance card. This form must be completed for each minor and for each event

Date completed __________________________ By __________________________

(SCQM Medical-rev.9/09) (Signature)
Parental Consent for Minors (age 17 and under)

One form per minor. This form and the Medical History & Information form must be turned in before your minor may attend any SCQM children’s or teens’ program.

Permission to Attend

I/We, the undersigned parent(s) or person having legal custody/guardianship of ______________________, a minor, give permission for this minor to attend the children’s programs and/or SCQM Teen Program of the Religious Society of Friends.

Authorization for Third Party Consent to Medical Treatment of Minor Lacking Capacity to Consent

I/We, the undersigned parent(s) or person having legal custody/guardianship of ______________________, a minor, do hereby authorize any personnel or any staff person(s) or volunteers of SCQM of the Religious Society of Friends, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

Field Trip Permission

In addition, the above minor has my/our permission to participate in the program of SCQM of the Religious Society of Friends organized for his/her age group. This includes permission to go swimming and to go on field trips in buses or private cars. It is SCQM’s policy that all passengers be seat-belted in street-legal vehicles and all drivers have appropriate automobile insurance.

Parents’ and Sponsor’s Signatures

These authorizations shall remain effective for the duration of this program, unless sooner revoked in writing. The undersigned agree to hold SCQM of the Religious Society of Friends and its officers, agents, teachers and other volunteers harmless of any claim by the undersigned arising out of any medical treatment given by or attempted in connection with any medical emergency.

Parent / Legal guardian / Person having legal custody (circle relationship)

Printed Name: ___________________________ Signature: ______________ Date: ____

Sponsorship Permission

If a parent/guardian is not going to be present for any or all of the time/dates that the child is present, that child must have a sponsoring adult present on site. If that is the case, then this portion must also be filled out.

I/We do hereby authorize the adult named below (SPONSOR) to sponsor the above-named minor during SCQM of the Religious Society of Friends Programs, when I/we will not be in attendance.

Printed Name: ___________________________ Signature: ______________ Date: ____

Sponsor

I will be attending the event described above at the same time as the above-named minor, and I agree to accept responsibility of sponsoring the minor.

Printed Name: ___________________________ Signature: ______________ Date: ____

SCQM consent-rev.9/09
The Peters Legacy Fund was created through a generous donation by Ruth Ann Kloepfler Peters in 2014 “to support the spiritual life and to build community in SCQM”. An ad hoc committee was appointed to develop the proposal for how to administer the fund and help fulfill its goals.

The Quarter subsequently agreed to establish an annual budget line item of $4,000 to support children and youth activities and programs, providing resources to enrich SCQM adult programs and activities, and promoting attendance at Quarterly events. A form was created (copies are available below) for requesting funding.

Here are some examples of activities that may be supported through the Peters Legacy Fund:

- Speakers or facilitators at retreats
- Financial support for youth events and fellowship
- Supplies for intergenerational activities
- Subsidize attendance at Quarterly gatherings
- Special priority given to new projects, activities and events that deepen the spiritual life or promote community within the Quarter.

Applications for project funds are generally to be submitted through the Monthly meeting of the requester and may also be sent directly to a Quarterly committee. Requests are first seasoned by a Monthly meeting or Quarterly committee before submission to SCQM Ministry and Counsel. Applications by groups come through a committee of SCQM.

At the 2015 Spring Gathering, a minute was approved to “endorse interchange actions that can draw us closer to understanding better our neighbor Mexico and to draw on Quaker-oriented resources to do so.” A budget of up to $3150 annually was approved for three years to fund travel expenses for volunteers to the Casa de los Amigos and to bring a staff or board member from the Casa or member of Mexico City Friends Meeting to attend and participate in Quarterly meetings.

SCQM Ministry and Counsel wishes to actively promote this valuable resource to the Quarter and increase utilization of the fund in fulfillment of the Peters Legacy Fund goals. For further information, please contact Gail Thomas quakergail@gmail.com.
Ruth Ann Kloepfler Peters Memorial Fund

Request for Funding

Project Title: ___________________________ Date: ___________________________

Requested by: ___________________________

Name ____________________________________ Email ___________________________

Address ___________________________________________________________________

City, State, Zip ___________________________ Phone ___________________________

Project Description: ________________________________________________________

___________________________________________________________________________

Benefit to the Quarter: ________________________________________________________

___________________________________________________________________________

Project Cost $: ___________________________ Date Funds Required: ____________________

Amount Requested $: ________________ Funding from other sources $: ________________

List other sources: _______________________ _______________________

Meeting or Committee that Seasoned Request: ________________________________

Meeting or Committee Contact Information: _________________________________

___________________________________________________________________________

Section below to be completed by Ministry and Counsel

Date

Seasoning Body Contacted: ________________

SCQM Finance Committee: ________________

SCQM Ministry and Counsel Committee: ________________

Funds Distributed: ________________

Post-Project Report Received by M&C: ________________