

# SCQM QUARTERLY REPORT

SOUTHERN CALIFORNIA QUARTERLY MEETING

of the

RELIGIOUS SOCIETY OF FRIENDS

Spring 2013

**CALL TO QUARTERLY MEETING**

**SPRING GATHERING**

**Saturday 27 April 2013, 8:30 AM – 4:30 PM**

**Hosted by Orange County Monthly Meeting**

**2091 Business Center Drive, Suite 100, Irvine, California 92612**

**Please join us for a day of worship, fellowship, and fun as we seek the spirit together.**

Under the care of Ministry and Counsel we will continue to get to know one another through Worship Sharing around our State of the Meeting Reports. Sharing our Meetings' journeys is one way we can grow together as a family and experience spiritual growth from our trials and tribulations as well as share our joys.

There will be stimulating lunchtime fellowship and of course our youth and children's programs. Returning friends are welcome but we especially extend an invitation to new members and attenders of Southern California monthly meetings. Please join F/friends from San Diego to Santa Barbara and Las Vegas. All are most welcome!

We look forward to seeing you on the 27th at Orange County Meeting.

**John Sisson and Robin DuRant, Co-Clerks**

## Registration:

To help our organizers plan for this event, we are asking everyone to use the following links to "register" if you or your children plan to attend & if you need hospitality. We have different links for adults, teens and FAP's, and children. This will help us to provide proper staffing and food levels for each program. For those in your Meeting that don't have access to the internet, we ask that at least one person from each meeting volunteer to compile a list of expected attender and submit those names at these links;

Adults -- <http://doodle.com/uvy5gua7599qc3q4>

Teens -- <http://doodle.com/x3qxirz5ut6ud627>

Children -- <http://doodle.com/pn933m484ned8xh4>

Put your email address, phone number, age, and meeting or worship group in the comments

If you do sign up as an attender, but later realize you can't make it, PLEASE remember to go back to these links and remove your name.

**Southern California Quarterly Meeting****MEETING FOR BUSINESS****27 April 2013 – Orange County Monthly Meeting****8:30- 9:30 Settling in****9:30 - 10:00 Opening Worship****10:00 - 11:15 Plenary I: Worship Sharing Around State of the Meeting Reports****11:15 - 11:30 Break****11:30- 12: 30 Plenary II : Meeting for Business**

Opening worship; Welcome, Hospitality announcements, Roll Call; Nominating Committee report; Finance Committee and Treasurer's report- Presentation of 2013 -2014

budget; SCQM Clerk's Report; M & C -Discussion of Faith & Practice; Correct and approve minutes; Closing worship

**12:30 - 1:30 Lunch****1:30 - 2:45 Plenary III: Worship Sharing Around State of the Meeting Reports****2:45 - 3:00 Break****3:00 - 4:00 Plenary IV: Meeting for business**

Nominating Committee report- approval of slate; Finance Committee - approval of budget; PYM Representatives Committee (RepCom) report; PYM Youth Program Coordinator Supervisory Committee (YPCSC) report and PYM Minute & PYM Youth Coordinator report; PFOS Offer of Funds to PYM for Youth Program; Directory/Newsletter/website - SCQM Directory Updates reminder; Other business; approve minutes

**4:00 - 4:30 Closing worship**

**Food:** Vegetarian meals will be offered at lunch at \$7 donation per person

Directions:

<http://www.orangecountyquakers.org/ocfm/visitors/directions.htm>

There is lots of free parking at the Meeting House

**Hospitality**

If you need hospitality the night before or the night of April 27th let John or Sherri Sisson know ASAP at [jsisson@uci.edu](mailto:jsisson@uci.edu)  
Include allergies and type of sleeping arrangements you need or can bring.  
We look forward to seeing you all there!

Thanks, Orange County Arrangements Committee  
[jsisson@uci.edu](mailto:jsisson@uci.edu)

**PYM Faith and Practice**

The AFSC Bookstore has now officially closed. They were our SCQM source for copies of Faith and Practice. We now have a few boxes (20 per box) of Faith and Practice. We will bring some to the Spring Gathering for individual donations. If your Meeting wants multiple copies they should contact the SCQM Treasurer Kip McBane (La Jolla Meeting, [mcbane@post.harvard.edu](mailto:mcbane@post.harvard.edu)) to request copies and he will help you. If you get your requests to him before Spring Gathering we can bring the books to the Gathering and you will not have to pay shipping.

# State of the Meeting Reports

## State of the Meeting Reports – Sharing Sessions

State of the Meeting Reports

State of the Meeting Reports: Worship Sharing Sessions

The heart of the Spring Quarter gathering is the opportunity to hear and respond to the State of the Meeting reports from around the Quarter. It is a wonderful way to get new ideas as well as some perspective on challenges faced by Meetings. The reports will be offered in morning and afternoon plenary sessions. Explore with others how Meetings are endeavoring to open the way for the Spirit to move among us.

(For those preparing the reports, remember that they should be emailed to Lawrence Alderson (alderson@sbcglobal.net) no later than April 15th.

### A Note About the Children's Program:

Calling the children! Orange County Meeting will be providing childcare. If you are planning to attend and have children (birth to twelve) who would like to come please contact John or Sherri Sisson at [949-786-7681](tel:949-786-7681).

(Also bring a copy of your medical insurance card(s), front and back, and plan to fill out the Medical Release/Field Trip form before or upon arrival)

PERMISSION FORM: <http://scqm.org/pdf/SCQMminorformsspring2013.pdf>

Children <http://doodle.com/pn933m484ned8xh4>

### THE TEEN PROGRAM

The teen program for Spring Quarterly is Saturday April 27th at the Orange County Friends Meeting House in Irvine. (NOT A SLEEPOVER.) Teens will be playing games, doing a service project (starting at 8:45am), bowling, and building community. We are going to ask teens to each bring money for bowling and lunch (if we eat out). **PRICE TO BE DETERMINED.**

**WHAT TO BRING:** Sunscreen, jacket, work clothes and shoes, money for bowling and lunch (minimum of \$7 if eating with the quarter, but other venues will be discussed.)

**REQUIRED - FILLED OUT:** 1. MEDICAL HISTORY/INFORMATION FORM; 2. A COPY OF MINORS HEALTH INSURANCE CARD; 3. PARENTAL CONSENT FORM FOR MINORS. COPIES OF THESE FORMS ARE AVAILABLE IN THIS QUARTERLY REPORT, OR AT: <http://scqm.org>

**HOWEVER YOU MUST REGISTER** by responding to the Doodle poll that has been sent out by SCQM list serve.

We look forward to seeing you.

**Southern California Quarterly Meeting**

**TEEN PROGRAM AND CHILDREN'S PROGRAM MEDICAL HISTORY & INFORMATION**

One form per minor. This form **and** the Parental Consent for Minors form must be turned in before your minor may attend any SCQM children's or teens' program.

**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:**

Mother / legal guardian's name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father / 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 \_\_\_\_\_

**Southern California Quarterly Meeting**

**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 Quaker Adventures of SCQM 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, anaesthetic, 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: \_\_\_\_\_

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**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: \_\_\_\_\_

Sponsor