SCQM Quarterly Report

Southern California Quarterly Meeting of the Religious Society of Friends

Call to Spring Gathering

April 27th, 2019 🕒 9:00am – 4:45pm
Arrive, greet and gather at 8:30 AM at
San Diego Monthly Meeting
3850 Westgate Place, San Diego CA 92105

Dear Friends,

You are warmly invited to come to our Spring Gathering, Saturday, April 27th, 2019. This is a special opportunity for worship, fellowship, community-building and witnessing to peace and social justice concerns with Friends from all over Southern California. Our hope is that most if not all Monthly Meetings and Worship Groups in SCQM are represented at our gatherings.

Our hosts at San Diego Monthly Meeting are looking forward to our visit and preparations are underway. Overnight hospitality is available for those coming from afar and more information about logistics can be found in the pages that follow.

Spring Gathering is a little different from Fall Fellowship. It’s only one day instead of two, and we spend much of our time in reflecting in worship on our State of the Meeting Reports. These sessions come before our morning and afternoon plenary sessions and because of the limits on our time and physical space, we stay throughout the day as one group rather than breaking into small worship sharing groups like we do at Fall Fellowship.

As we spend this time centered on the life and work of the Quarter and our Monthly Meetings, the listening we do here together informs our work for the next several months leading into the fall.

We are planning programs for our teens and children and I hope you’ve already heard of the border tour that is being planned by our Peace & Social Concerns Committee in collaboration with the American Friends Service Committee.

My life has been enriched by the connections I’ve made in my participation in SCQM, in worshiping, serving and communing with old and new Friends from all over Southern California. I hope you’ll join us, Friends, for a day of worship, fellowship, service and play, and if you do plan to come, please do register ASAP at this link, and review the information in the pages that follow: https://doodle.com/poll/ehy9stifq3thvvcv

Thanks & Peace,

Sarah Rose House-Lightner, Presiding Clerk (& Newsletter/Quarterly Report Editor!)
Southern California Quarterly Meeting
clerk@scqm.org
SCQM Spring Gathering
April 27th, 2019
San Diego Monthly Meeting

Schedule

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

Another packet with draft plenary agendas & attachments will be distributed separately.
More about Spring Gathering....

Schedule & Registration

We will meet at the San Diego Meetinghouse from 9:00 AM to 4:45 PM. **Plan to arrive at 8:30 AM** for coffee, fellowship & to get settled. You’ll see in the draft schedule below that we have a full day planned. Lunch is being arranged by our hosts. A basket will be set out and we will ask for a donation of $10.00 per person to cover the costs. (No one will be turned away for lack of funds).

Please register by Wednesday, April 24th 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 27th.

https://doodle.com/poll/ehv9stifq3thvvcv

Location

San Diego Monthly Meeting is located at 3850 Westgate Place, San Diego CA 92105. Some information on driving directions (including pictures!) can be found at http://www.sandiegoquakers.org/

Overnight Hospitality

San Diego Monthly Meeting head of accommodations for Spring Gathering is Pam Barratt. She can be reached at 858 246 7177 or pbarratt@qbl.org.

Preparring for our Plenary, our Meeting for Worship for Business

Most of our recent minutes are published on our website or will be up soon. Please read them! Our website is: http://www.scq.org. We also have a group on Facebook!

SCQM Nominating Committee

What gifts may you share with SCQM?
Contact Katrina Mason, our Clerk of Nominating Committee 619-550-7953 or docbrock@aol.com.

SCQM Naming Committee

Are you interested in serving on the committee that names the Nominating Committee?
Please email clerk@scqm.org, or any QM Committee Clerk.

Silent Retreat 2019

Save the date for Labor Day Weekend!

Save the Date: Fall Fellowship 2019
Temescal Canyon Conference Center
Pacific Palisades, CA
November 2-3, 2019
We’re delighted to announce that Lucy Duncan will be our keynote speaker!

2020 Martin Luther King Jr
Holiday Campout / Retreat at Indian Cove!

Read on! There’s more!

In the pages that follow you’ll find more information about:

Community Expectations
Children’s Program & Teen’s Program
Teen Program Service Project: Request for Donated Items for Migrant Shelter in San Diego
Parental Consent & Medical Forms

Another packet with draft plenary agendas & attachments will be distributed separately.
Community Expectations for SCQM Spring Gathering 2019

Our Spring Gathering is a gathering of the Beloved Community where Friends labor and rejoice together in discerning the will of Spirit. For us to go deep into worship and community, we must create a safe and healthy container. Please use these reminders to make Spring Gathering a joyful occasion for all.

We ask that all Friends uphold the following expectations:

- We come to Spring Gathering with a loving attitude ready to be with one another in compassion, even when we are in disagreement.
- When there is conflict, we practice entering worship to seek God’s will. We listen deeply to others and speak our truth as plainly as we are able.
- We remember basic courtesy, and we speak with love. Peace is the way!
- We communicate our own personal boundaries and respect those of others.
- We ensure that children and parents are supported so that young people are safe, supervised and appropriately engaged as an integral part of our community.
- We remember that Spring Gathering is a Do-It-Yourself event and run by volunteers – members of our very own community. We seek the appropriate person to talk to and we are prepared to help with the solution to issues we bring forward for resolution.
- We are aware of our own and others’ needs and are willing to ask for and/or give help to others while also respecting everyone’s desire for independence.
- We abstain from using alcohol and recreational or illegal drugs during Spring Gathering.
- We respect our host site and abide by their guest policies.

Thank you for helping make Spring Gathering a safe, healthy and fun occasion for the whole community!

If you would like to discuss any of these expectations please see a member of the Ministry and Counsel Committee. M&C members are also available to support anyone at Spring Gathering through mediation, worship and/or deep listening.
SCQM Children’s Program

Dear Southern California Quarterly Meeting Families and Friends,

You are warmly invited to bring your whole family to Spring Gathering!

Saturday, April 27, 2019, at San Diego Meeting House,
3850 Westgate Pl, San Diego, CA, 92105.

We are expecting to have 6-10 kids and our first agenda item is FUN! Hang out with us as we worship kid-style, make rain sticks and journals ala John Woolman, sing and play. We are also looking for grown-ups to help. Consider this opportunity to get to know tomorrow’s Quaker leaders.

Please let us know if you plan to come, your children’s ages and any particular needs and interests they have.

Yours in peace,
Kate Connell, member, Santa Barbara Friends Meeting
connell.kateclare@gmail.com, 805-708-8058.

SCQM Teen Program

Our plans for the weekend include a Service Project at the San Diego Rapid Response Network Migrant Shelter (SDRRN) on Saturday afternoon, 1:30-4pm. This shelter, which was started in late October 2018, provides meals, medical care, legal services, and travel aid to 30-40 families a day. We’ll hang out and make cookies in the morning to bring to the shelter in the afternoon where we’ll help in a variety of ways including some fun activities with the kids and teens at the shelter.

Questions? Contact Jane Blount at janeeb1018@gmail.com

Join us in San Diego for Community, Connection, Service and Fun!
Call for Donated Items for Migrant Shelter  
SCQM Teen Program Service Project  
Please Bring to Spring Gathering

Questions? Contact Jane Blount 619-379-8747 janeeb1018@gmail.com

Donation items requested for the San Diego Rapid Response Network Migrant Shelter
The Teen Program Committee is asking everyone coming to Spring Gathering to gather some much-needed items for the migrants seeking asylum who are served at this shelter. Please only bring items on the list below. A local Friend will drop off the collected items during the week after Spring Gathering.

- Sidewalk chalk, blowing bubbles, yarn*
- Men’s S, M, L shirts
- Boys Pants sizes 2-5T, Med 8/9, Large 10/12,
- Girls Tops (2T, 3T), bottoms (2/T, 3T), Med 8/9
- Pants, (size 30 x 30 and below) and M/S leggings
- Backpacks (used are OK), shoelaces, hats & beanies
- Protein bars for travel bags (no granola bars), oranges
- International calling cards: These can be purchased at Rite Aid, CVS or Walgreens. The shelter is giving these out faster than expected, so more donations are deeply appreciated.
- You can also shop and make donations on SDRRN’s AMAZON WISH LIST!

*One of the crafts projects the teens may do with the children at the migrant shelter is make Ojo de Dios (God’s Eye). So, if you have any yarn sitting around, you’d like to donate we’d appreciate it.

Thanks! The Teen Program Committee
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Southern California Quarterly Meeting
SCQM TEEN 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:

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 ____________________ (Signature)

(SCQM Medical-rev.9/09)
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)

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.

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.

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