

MISSION TRIP FORM 2010
DIOCESE OF CHICAGO

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Telephone number(s) () _____ () _____
Home Youth/Adult Participant cell phone (Not parent)

E-mail address(s) _____

Birth date _____ Grade in 2009-10 _____ Circle one: Male Female

T-shirt size (adult sizes) S M L XL XXL

Check all that apply: _____ Youth _____ College Student _____ Adult (over 21) _____ Clergy

Parish & City _____

1. Why do you want to go on the Mission Trip? (use additional page if necessary)

2. What do you hope to learn on the Mission Trip? (use additional page if necessary)

Have you attended the "Keeping God's People Safe" Training?

Yes No Date of attendance (please provide proof of attendance)

I (Youth Minister or Parish clergy) recommend the above mentioned person for participation in the Diocesan Mission Trip.

Signature _____ Date _____

***Early deposit – To secure your space - A non-refundable deposit of \$50 is due by March 15.
After March 15 – A non-refundable deposit of \$200 will secure your space.
No reservations may be made after May 28.***

***Final cost has not yet been set, it will depend on the success of our fundraising efforts.
Total cost may be up to \$550 a person, we are hoping to keep actual cost under \$300.***

*****High school youth participating in other summer events should contact the Youth Ministry office about cost.
We encourage congregations to raise funds to help participants attend this Mission Trip!***

Make checks payable to: "Diocese of Chicago" & send with forms to:

Youth Ministry Office - Diocese of Chicago

65 East Huron Street

Chicago, IL 60611-2728

*****participants will need some spending money for the rides there and home for meals on the road.***

Participant Information – please fill out completely!

Health Insurance company _____ Policy # _____

Insured's name _____

Allergies/medical conditions _____

Social Security # _____ (optional)

Date of last Tetanus shot _____ Date of Hepatitis shot _____

Dietary needs/restrictions _____

***If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

The following is a list of medications that my child, _____, will need to take while attending _____. (Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION	DOSE	WHEN TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following medication will be available for your child to take with your permission. I, (signature) _____ Date _____ the parent/guardian of _____ give permission for my child to take:

Please check yes or no for each of the listed medications.

Cough Drops	Yes _____	No _____	Motrin	Yes _____	No _____
Mylanta	Yes _____	No _____	Tylenol	Yes _____	No _____

Parent/Guardian Information/or Adults: please include a person to notify in an emergency ←

*****if parents live at different addresses, list both, and indicate which is the primary residence**

***If there are special custodial arrangements, please notify the Diocesan Youth Ministry Office.*

Name _____	Name 2 _____
Address(es) _____	_____
_____	_____
Home phone(s) _____	_____
Work phones _____	_____
Cell phones _____	_____
Parent e-mail _____	_____

Person to notify in case Parent/Guardian cannot be reached in an emergency:

Name _____ relationship _____

Home phone _____ cell or work phone _____

Required Signatures & Parent/Guardian Authorization

PARENTAL CONSENT/ADULT PARTICIPANT CONSENT:

I give full permission for my child to attend the Diocesan Mission Trip in Mississippi on the dates of July 30 – August 7, 2010.

I give my permission for photographs or video footage of me or my child to be used by the Diocese of Chicago for promotional purposes. (brochures, **website photos**, etc, no names are used on the website or in publicity)

I **DO/DO NOT** (circle one) give my permission for my or my child’s address/phone number to be included on a participant roster of the event (for use of Mission Trip participants only)

STATEMENT OF ACTIVITIES AND RELEASE 2010

The Diocese of Chicago’s 2010 Mission Trip is a ministry to the people whose lives were affected by Hurricane Katrina in Bay St. Louis, Long Beach, Pearlinton, Waveland, and other areas in Mississippi. Volunteers participating in the activities of the mission trip will be expected to be involved in specific repair and building activities including, but not limited to: gutting houses, cleaning debris, gardening/yard work, roofing, carpentry, dry walling, digging and building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other facets of repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills, as well as the use of hand tools. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and other facets of construction work.

Volunteers may, in their free time, engage in non-sponsored activities including, swimming, or other sports activities of their choosing. Planned evening activities may include, but are not limited to: visiting the local community, traveling to visit places or people of regional interest.

Note: Volunteers are not required to engage in any work or recreational activity in which they feel they are not physically able to safely participate.

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

I understand that the Diocese of Chicago does not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to the Mission Trip sites, and other events in conjunction with the trip, riding in approved vehicles, with approved drivers in the Diocese of Chicago.

WAIVER OF LIABILITY:

I agree to hold the Diocese of Chicago, Camp Coast Care, Mission on the Bay, the Diocese of Mississippi, and any associated agencies and persons its agents, employees and any and all persons connected therewith are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of this Mission trip.

I agree to all of the above releases and waivers:

Parent/Guardian Signature _____ date _____

PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Lutheran Episcopal Disaster Response and Mission on the Bay.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level.

I certify that I am in good health and physically able to perform this type of work. I also certify that I have a tetanus shot or booster within the last 5 years.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause.

I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Lutheran Episcopal Disaster Response, Lutheran Episcopal Services in Mississippi, Christ Episcopal Church, St. Thomas Episcopal Church, St. John’s Episcopal Church, Mission on the Bay and the Episcopal Diocese of Mississippi, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATES OF WORK COVERED BY THIS LIABILITY FORM:

FROM: 7/31/2010 TO: 8/6/2010

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEDICAL INFORMATION FOR VOLUNTEERS
(Every Volunteer (Group Leaders as well) Needs to Fill Out This Form)

Please complete the following and give to your team leader. **THE TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.**

Name _____

Blood Type _____

1. Name of emergency contact person:

2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone (work): _____ (home): _____
5. Relationship to volunteer: _____
6. Physical limitations or concerns: _____
7. Date of last tetanus shot ____/____/____
8. I am a diabetic: Yes No
9. I have a history of seizures: Yes No
10. I consider myself health enough to fulfill my responsibilities on the volunteer mission team: Yes No

Signature of Volunteer: _____ SS# ____/____/____

Signature of Parent/Guardian: _____

MEDICAL AUTHORIZATION FORM

To: Lutheran Episcopal Services of Mississippi d/b/a Lutheran Episcopal Disaster Response and Mission on the Bay

I

(Name) (Address)

do hereby authorize _____ (an adult on the mission), if

I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or county in which they practice, during the mission trip identified above.

Note: All applicants must provide the following information.

Participant's physician _____ Phone _____

Medical Insurance provider _____ Phone _____

Policy Number _____

Allergies and Medications and Particular Health Problems:

Signature of participant _____ Date _____

Signature of Parent/Guardian _____

This consent covers the following date:

From: 7/31/2010 To: 8/7/2010

Group Name/City: Episcopal Diocese of Chicago, Chicago

Camp Coast Care Volunteer Registration

Arrival Date: 7 / 31 / 2010

Departure Date: 8 / 6 / 2010

Volunteer Name: _____

Date of Birth: _____ Age: _____

Driver's License Number _____

Address:(street) _____ (city) _____ (state) _____ (zip) _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ (phone) _____

E-mail Address: _____

Date of Last Tetanus Shot: _____/_____/_____

Health Issues: _____

To use your time and talents to the greatest benefit while you are volunteering, please indicate which of the following skills you have and also the level of skill you have using the following chart:

- 0=I am unable to do or am not interested in this skill
- 1=I don't know how but am willing to learn/try
- 2=I have done it before but still need help to do
- 3=I can do a good job by myself
- 4=I can do a good job and can guide/teach others

Skill level	Skill
_____	Administrative – <input type="checkbox"/> Office <input type="checkbox"/> Computer
_____	Architect - Type _____
_____	Carpenter – <input type="checkbox"/> Rough <input type="checkbox"/> Finish
_____	Clean-Up Worker
_____	Concrete
_____	Contractor - I Hold a License in the State of _____
_____	Drywall – <input type="checkbox"/> Hanger <input type="checkbox"/> Finisher
_____	Windows
_____	Electrician - I Hold a License in the State of _____
_____	Engineer - Type _____
_____	Flooring – <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic
_____	Flooring - Sub Flooring
_____	Framing
_____	Heating/Cooling – <input type="checkbox"/> Design <input type="checkbox"/> Installation
_____	Heavy Equipment Operator - Type _____ CDL: Y/N
_____	Insulation
_____	Mason
_____	Materials Estimating
_____	Painter
_____	Plumber - I Hold a License in the State of _____
_____	Roofer – <input type="checkbox"/> Shingles <input type="checkbox"/> Metal
_____	Social Work - Type _____
_____	Other _____

Diocese of Chicago Mission Trip Covenant 2010

We together are responsible for the safety and conduct of all in our group (youth and adult volunteers) at all times (at Mission on the Bay/Camp Coast Care, at work site, or in community). **[TAKE CARE OF ONE ANOTHER! AND ACT RESPONSIBLY.]**

Everyone is expected to act responsibly the entire time they are on the trip. You will be an outsider in a new environment and our actions will reflect on all those who come after. There might be occasions when you will have to modify your lifestyle or habits so as not to be offensive to the culture or tradition. Please be sensitive.

Possession or use of illegal drugs or alcohol is strictly forbidden! Violators will be asked to return home immediately at their parent's expense.

Smoking or use of tobacco products is prohibited in any facility used by the group. If needed, a designated area will be identified. Use of tobacco products is discouraged at the work site due to sensitivity and the potential of fire hazard. Underage youth are not permitted to smoke anywhere!

Females are not permitted at any time in the males' sleeping area. Males are not permitted in the females' sleeping area, at any time.

Strict 10:00 p.m. quiet time and lights out rule applies to all volunteers.

We understand that **inappropriate sexual behavior will not be tolerated**, this includes: sexual misconduct, sexually explicit communication, sexual harassment, and sexual abuse.

Acts of violence and aggression will not be tolerated.

Firearms, air rifles or pistols, BB guns, replicas of firearms or any kind of weaponry (or replicas), knives, or fireworks are not permitted.

Please use tools, supplies and materials, and other resources responsibly and for their intended purposes. Always keep the safety of others as a priority, as well as being sensitive to who you are serving.

Attire - Discretion in clothing must be used at the center and in the community. Shirts must be worn at all times. When leaving the Camp or work grounds, modest shorts and T-shirts will be acceptable attire. Halter, spaghetti-strap, or tank tops, sports bras worn as an outer garment, sleeveless shirts, Spandex clothing, bike pants, or shirts and hats expressing alcohol/beer slogans and obscenities are not acceptable.

Work attire - Shirts, long pants, and sturdy shoes (work boots are preferred) must be worn at the work site. Sweat pants, shorts, hospital scrubs, pants ripped out at the seams, half shirts, sleeveless shirts, sports bras and halter tops are just not acceptable.

All volunteers (youth and adult) are expected to **participate fully in programs**, including meals, chores, meetings, evening gatherings, and special events. Volunteers will be asked to assist in center clean up, tool and supply organization, preparing meals, after meal clean up, loading or unloading of building materials, and other assorted tasks.

All are expected to **respect the physical property** of the facility and the property of each person on the trip.

EACH DAY you have agreed to put in a full day of work and to work the entire week! If you must leave the work site during the day, 2 adults must be left at the worksite and 2 adults must be in any car leaving the site with youth.

In signing this Covenant, I am agreeing to abide by the rules and expectations of the group listed above. I understand that The Diocese of Chicago staff and adult volunteers reserve the right to terminate the participation of any individual that does not honor our covenant and does not abide by the rules and expectations of the group.

Signature _____ Date _____