

Philly Volunteer Application – 2018

*** This application must be completed by student***

Thank you for your interest in volunteering for our service immersion trip this summer. It is a wonderful opportunity to share Jesus with the community of St. Veronica. We are looking for applicants who are excited about this ministry. Students whose **parents/guardians** are involved will be invited to participate first. _____ (parent/guardian initial here)

Expectations:

- Attend orientation May 2018
- Be available to make decorations ahead of time
- Be available July 15-21, 2018
- Read materials and be prepared to teach about the lesson
- Use cellphone according to guidelines established
- Show up on time
- Dress appropriately
- Fully participate in all activities throughout the week in PA
- Follow the directions of all adult chaperones

Roles: (check which you would prefer, but there is no guarantee. **You will be placed where you are needed the most**). _____ **student initial here**

- Station Leader
 - Music
 - Games
 - Crafts
 - Bible
- Class Leader
 - Youngest Age
 - Elementary Age
 - Middle Age
 - Oldest Age

I understand what commitment is needed for Philly Service Trip.

Student's Printed Name

Signature

Date

Parent/Guardian's Printed Name

Signature

Date

Application for Youth Volunteers Summer 2018

Due: May 1, 2018

*** This application must be completed by student***

Please return completed application to the St. John the Baptist, Attn: Marie Ferman.

Decisions will be made by May 1

NAME: _____ T-shirt Size (adult) _____

ADDRESS: _____ City _____ MD Zip _____

CELL PHONE NUMBER: _____

E-mail: _____

Please answer the following questions: (continue on back page if you need more space)

1. Why do you want to volunteer for the Philly Service Trip?

2. What special **talents or gifts** do you have to offer?

3. What do you hope to achieve by serving at Philly Service Trip?

4. The Camp requires long days that can be physically and emotionally taxing. Are you able and prepared to lead this camp from 8am-4pm everyday as well as participate in nightly excursions, events, spiritual exercises, and daily chores? Yes No, Explain: _____

5. May and June are devoted not only to camp preparation, but also to fundraising in the parish. All volunteers are expected to commit 5 hours to help our fundraising efforts. Please list your availability and any potential conflicts for May/June.

I have read the Rules and Expectations and will follow them.

_____ Date: _____

Student's Signature

PERMISSION SLIP

***Must be completed by the parent/guardian. ***

Event: Philly Mission Trip, Location: St. Veronica Parish

Date: July 15-21, 2018

Deposit: \$50 deposit payment due: May 15, 2018

Cost: Final \$300 (total) by June 2018

Mode of transportation to and from event: Passenger Cars

Student's name: _____ Student's Cell: _____

Birth date: _____ Sex: _____ T-shirt size: _____

Parent/Guardian's name: _____

Home address: _____ City/St/Zip _____

Parent/Guardian's email: _____

Home phone: _____ Cell phone: _____

I, _____ grant permission for
Parent/Guardian's name
_____ to participate in this parish
Student's name

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint John the Baptist Catholic Church.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint John the Baptist Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. Further, I agree that my child's picture may be used to promote youth ministry events through flyers, brochures and on our website

Signature: _____ Date: _____
(Parent/guardian's signature)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Please only sign applicable medical statements.)

1. Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me contact:

Name: _____ Relationship _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

2. Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

3a. Medications: My child is taking medication at present. My child will bring all necessary medications and will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

3b. I hereby grant permission for non-prescription medication (Acetaminophen, Ibuprofen, Benadryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

4. Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? No ____ Yes ____ Explain _____

Any physical limitations? _____

My child has special medical conditions: _____

Signature: _____ Date: _____

(Parent/guardian's signature)