

Church of St. Mary
COR Youth Ministry

APPALACHIA WORK TRIP 2010



Departure

Vans depart from the Church of St. Mary parking lot on Sunday, June 6, 2010 at 8:30 a.m. We will attend Mass together at 7:30 a.m. and load the vans together before Mass. Please arrive at the parking lot no later than 6:45 a.m.

Return

We will return sometime in the afternoon of Saturday, June 12, 2010. A more accurate time of arrival will be posted as the trip draws nearer.

Appalachia Work Trip 2010

June 6-June 12, 2010

Robbins, TN



Habitat for Humanity

Important information about the application process:

1. Return your application materials (pgs. 4-10) no later than Friday, March 26, 2010. This also includes the registration fee. Also, please note that there are medical and release forms for both the Church of St. Mary and Habitat for Humanity.
2. All applicants must be at least 16 years of age, at the time of our trip to TN. This is mandated by Appalachia Habitat for Humanity.
3. The registration fee is \$300.00/person, or \$500.00/family. Some scholarships are available upon request. Checks can be made payable to: Church of St. Mary.
4. You will be notified by email when your application has been accepted.
5. If you are chosen to attend the Appalachia work trip, you **MUST** attend a work-trip meeting/training session prior to our departure date. Further information about this session will follow.
6. If you are selected to attend the Appalachia trip, you must participate in a fundraiser. Details of the fundraiser will be discussed in the near future.
7. If you or your parents have any questions, please call Lillie at (847) 234-7337.



Appalachia Trip 2010
COR Youth Ministry
The Church of St. Mary
Packing List:

- 1. Work Clothes** (defined as clothes that can be messed up or ruined)
 - T-shirts
 - Shorts
 - Long Pants
 - Sneakers or Work Boots (or both)
 - Long-sleeved Shirts or Sweatshirt (for colder weather)
 - Hat
 - Sunglasses

- 2. Work Gear** (if you do not already own these items, there is no need to purchase them, as Habitat will be able to provide some extras)
 - Hammer
 - Nail Apron
 - Tape Measure
 - Pencil
 - Work Gloves

- 3. Personal Clothes**
 - Bathing Suit
 - Towel (1-2)
 - Toiletries (soap, shampoo, toothbrush, toothpaste, deodorant, etc.)
 - Non-work Shoes
 - Shower Shoes

- 4. Personal Items**
 - Sunscreen
 - Bug Spray
 - Sleeping Bag and Pillow (Plastic covered mattresses are provided)
 - Musical Instruments
 - Favorite Games
 - iPod
 - Books
 - Reusable Water Bottle
 - About \$50 Spending Money (for meals on the road)

- 5. What NOT to Bring**
 - Alcohol or Drugs
 - Firearms or any Weapons
 - Portable TV's
 - Jewelry, Valuables, or Excess Money

***Note: Please pack LIGHTLY, as your suitcase and all of your supplies must fit underneath the seats in our rental vans. Please limit yourself to a duffel bag, backpack, and sleeping bag/pillow.**



**Church of St. Mary
 Youth Ministry
 201 E. Illinois Rd.
 Lake Forest, IL 60045
 Phone (847) 234-7337 Fax (847) 234-9860**

2010 Appalachia Work Trip Application

Personal Information

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Age & Birthday: _____

School/Grade: _____

Have you consistently attended COR or Kairos this year? Yes _____ No _____

General Information

Please briefly list your volunteer experience (include volunteer or service done through COR).

Please explain why you would like to attend this worktrip.

I have been on _____ (number) service trips. Please list: _____

APPALACHIA WORK TRIP 2010

Rules

At the worksite

1. Shoes MUST be worn at all times. Wear hard soled shoes or work boots for groundwork, and wear tennis shoes for roofing.
2. Shirts MUST be worn at all times at the workplace. This helps to protect against sunburns and insect bites (among other things).
3. Long pants MUST be worn at the worksite.
4. Never toss nails, pencils, or anything else around the worksite.
5. Never run with tools in your hand or with tools attached to your belt.
6. All participants must comply with all directions from the adult leaders and from the staff of Habitat for Humanity.
7. Other rules may be developed as necessary.

On the road

1. All passengers must comply with all rules and requests of the driver while in the vans.
2. All passengers MUST wear seatbelts at ALL times.
3. After being assigned to a particular vehicle, there will be no switching to the other vehicles during stops at restaurants, gas stations, or rest areas, without the consent of each the driver.
4. Other rules may be developed as necessary.

At our place of residence& General Rules

1. Curfew will be 11:00 p.m. All participants must adhere to the curfew.
2. No running indoors.
3. Stay out of the kitchen area during meal-preparation time unless asked for your assistance by one of the adults.
4. Everyone must wear appropriate and modest clothing (short shorts and spaghetti straps are not permitted).
5. No alcohol, drugs, or sex.
6. Other rules may be developed as necessary.

I, _____, hereby agree to the rules and regulations listed above.

Signature

Date



**Individual Medical Release Permission Form
Appalachia Trip 2010
Robbins, TN**

I hereby grant permission for the administration of first aid to my son/daughter, _____, by the people of the Church of St. Mary in charge of the Appalachia service trip to Robbins, TN on the dates of June 6, 2010 – June 12, 2010, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will promptly be notified in the event of any serious illness or accident and prior to any major surgery, except when the delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary to my child. I further agree to pay any and all costs associated with treatment not covered by our insurance.

Signature of Parent/Guardian: _____

Address: _____

Home Phone: _____ **Work/Cell Phone:** _____

Emergency Contact (other than parent/guardian): _____

Home Phone: _____ **Work/Cell Phone:** _____

Relationship to Child: _____

Medical Insurance Information

Name of Insurance Company: _____

Policy #: _____ **Group #:** _____

Social Security Number of Insured (child): _____

Name and Social Security number of Policy Holder: _____

Authorized Physician: _____

Telephone # of Authorized Physician: _____

Health History

Pre-existing or present medical condition(s): _____

Please list the name and dosage of any medications that are currently being taken, or will be taken through the duration of the Appalachia work trip:

1. _____
2. _____
3. _____

Please list any allergies: _____

Please list any food allergies: _____

Please list any allergies to medications: _____

Please check all that currently apply (if checked, please provide details in writing):

Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma _____

Insect Stings _____ Epilepsy/Nervous Disorders _____ Frequent Nausea _____

Hearing Impaired _____ Visually Impaired _____ Learning Disabilities _____

Please list any physical disabilities or limitations: _____

Please list any major illnesses your child has experienced in the past 12 months:

Estimated Date of Last Tetanus Shot: _____

Does your child have any dietary, swimming, or physical activity restrictions?



**Church of St. Mary
COR Youth Ministry
Appalachia Work Trip 2010
Robbins, TN**

YOUTH PERMISSION AND PARENTAL GUARDIAN AUTHORIZATION

I hereby give permission for my child, _____, to participate and volunteer in the Appalachia work trip to Robbins, TN, sponsored by COR Youth Ministry of the Church of St. Mary, during the dates of June 6, 2010 – June 12, 2010.

I hereby release and indemnify the Church of St. Mary in Lake Forest, its staff and volunteers, Catholic Charities of Chicago, and the Catholic Bishops of Chicago, a corporation sole from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this program.

Signature(s) _____ Date _____

Print Name _____

WAIVER (YOUTH)

The Appalachia Habitat is a home building/repairing ministry. Volunteers participating in the activities of the Appalachia Habitat will be expected to be involved in specific construction activities including, but not limited to; roofing, carpentry, sheetrocking (or dry walling), digging, masonry, and other facets of home building, repair 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 atop roofs, and other facets of construction work.

Volunteers may, in their free time, engage in non-sponsored activities including, but not limited to; sports, hiking or other activities of their own choosing. Appalachia Habitat may sponsor some recreational activities which include, but not limited to swimming, football, frisbee, among others. Planned evening activities may include, but are not limited to; visiting strip mines, travel 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 able to safely participate.

We, _____ and _____, parent(s) or guardian(s) of _____, a minor, jointly and severally as parent(s) and guardian(s) of the minor child have read the foregoing statement of activities and the 20____ Appalachia Habitat Work Group Guideline and understand the extent and nature of the activities in which _____ will participate and hereby release and Discharge the Appalachia Habitat for Humanity, Inc., its agents, employees and all persons connected therewith from any and all liability, claims and causes of action of any type whatsoever arising out of or in any activities of the Appalachia Habitat for Humanity, Inc.

We further give our permission for our child (or ward) _____, to be treated competent medical personnel as a result of any accident or medical emergency while involved in the activities of Appalachia Habitat for Humanity, Inc.

Signature

Date

Signature

Date

REGISTRATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____

CHURCH/GROUP NAME _____

WORK GROUP DATE _____

NAME OF WORK GROUP LEADER _____

INFORMATION AND MEDICAL RELEASE FORM

(To be completed for youth and by adults)

Name:	Age:
Address:	Phone #:
City, State, Zip:	

Name of person to contact in an emergency:	
Phone #:	
Father's Name:	Daytime Phone #:
	Evening Phone #:
Mother's Name:	Daytime Phone #:
	Evening Phone #:

Name of nearest relative and relationship:
Address:
Phone #:

Medicine you are taking :
Medicine you cannot take :
Allergies:
Special health problem/concerns:

Insurance Company:
Policy #:
Insurance Agent:
Phone #:
Address:

Doctor's Name:
Phone #:
Address:

MEDICAL RELEASE FORM

I hereby give my permission to have myself, or son/daughter, or ward treated by competent medical personnel as a result of an accident or medical emergency while involved with Appalachia Habitat for Humanity.

Signed: _____ **Date:** _____