

****Build Your Faith****

Dear Young Adult (18+yrs)/Adult Volunteer,

Thank you for your commitment to the 2019 Mission Trip to Prince Edward County, VA. Your example of faith in action is inspiring to all.

Mission Trip is Wednesday, July 10 (morning) to Wednesday, July 17 (evening), 2019.
Our 'home port' is St. Theresa Catholic Church Parish Hall in Farmville, VA.

We depend on our Adult Volunteers (24+yrs old) to transport youth to and from work sites during the week. Please complete the vehicle section as well as the insurance form.

If you have not completed Virtus training, you will need to do so PRIOR to June 30. Youth turning 18 on or by June 1 need to attend training.

Go to www.virtusonline.org to view training dates and to register for training.

During the Mission Trip, you will assist in repairing homes for families in need of assistance in Prince Edward County. Work is performed each day in all weather conditions with the exception of Sunday. On that day we will have a cook-out.

Cost for full 7-day trip is \$130. Partial attendance cost is pro-rated at **\$20** per day based on the number of days attending. **Include a copy of Medical Insurance card (front and back) with registration.**

If you have any questions regarding the trip, please contact Ann Mattio at stolafteensforchrist@gmail.com.

Yours in Christ,

Ann Mattio
St. Olaf Youth Minister

MISSION TRIP TO PRINCE EDWARD COUNTY
ST. OLAF, PATRON OF NORWAY
CATHOLIC DIOCESE OF RICHMOND

YOUNG ADULT(18+yrs)/ADULT Registration Form

Include a copy of Medical Insurance card (front and back) with registration.

PRINT CLEARLY USING BLACK OR BLUE PEN

ADULT/YOUNG ADULT INFORMATION

First Name: _____ Last Name: _____

First/Nick Name for Badge: _____

Address: _____

City/State/Zp: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ Gender: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Adult T-Shirt Size: _____

Parish Name: _____ City: _____

Group Leader: _____

Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

Does the participant have any dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any dietary restrictions (i.e. vegetarian, allergies):
Is the participant allergic to anything? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

RELEASE OF LIABILITY AND MEDICAL RELEASE

*I am legally responsible my own personal actions taken. I agree to hold harmless and defend **St. Olaf**, the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my attendance at 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 Diocese, its employees and agents and chaperons, or representatives 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 Diocese.*

*I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health. In the event of any emergency, I hereby give permission for transportation to a hospital for emergency medical or surgical treatment. I give permission for the noted emergency contact to be notified. I will not hold **St. Olaf** and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of myself engaged in activities related to the parish or Diocesan event to have pictures posted in **St. Olaf**, the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission. If no box is checked below, the Diocese of Richmond assumes you give permission.*

YES NO Signature: _____ Date: _____

TRIP ATTENDANCE

NAME: _____

For transportation purposes on **arrival day, work site days and departure day** it is important that we know IN ADVANCE the days you will be in attendance.

On the grid below, if you are attending the entire week please write 'ALL' under July 10.

If attending partial week which includes either departure or return days, place an 'X' on those days if you wish to be transported. If you are arriving and/or departing on your own, please write 'own' and the time of your arrival on the day you will arrive. Indicate the rest of your stay by placing an 'X' in each day you will attend. For your departure day, indicate 'early' or 'late.'

ONLY YOUNG ADULTS 21 AND OLDER MAY DRIVE TO AND FROM MISSION TRIP

(Unless special permission granted in advance by youth ministry office)

ONLY ADULTS 24yrs+ MAY TRANSPORT YOUTH

(Exception: siblings with advance permission in writing from parent)

Arrival day Wed. 7/10	Thurs 7/11	Fri 7/12	Sat 7/13	Sun 7/14	Mon 7/15	Tues 7/16	Departure day Wed 7/17

ADULTS 24 years of age and older

Will you volunteer your vehicle for the following use:

Driving to and from Prince Edward County: _____ YES _____ NO

If yes, what days are you available to drive: _____

Driving during Mission Trip trip

(including driving to and from work sites): _____ YES _____ NO

If yes, what days are you available to drive: _____

Vehicle info:

Year: _____ Make: _____ Model: _____

PASSENGERS (not including driver): _____

DRIVER INFORMATION SHEET

Driver's Name _____ Date of Birth _____

Address _____

_____ Phone # _____

Driver's License # _____ Date of Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Make of Vehicle _____

Address of Owner _____ Model of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____ Date of Expiration _____

Liability Limits of Policy* _____

***Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.**

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, according to the State of Virginia I must be 18 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature _____ Date _____

*****ONLY YOUNG ADULTS 21 AND OLDER MAY DRIVE TO AND FROM MISSION TRIP***
(UNLESS SPECIAL PERMISSION GRANTED BY YOUTH MINISTRY OFFICE)**

**** NO ONE UNDER AGE 24 MAY TRANSPORT YOUTH ****
(Exception: siblings may be transported with advance authorization from parent)

SKILL ASSESSMENT

NAME: _____

Please identify the level of skill you have in the trade/skill listed in the following table. Use the information below to identify how skilled you feel you are to perform those jobs.

SKILL	LEVEL
Carpentry	
Clean-up	
Cooking	
Coordinating	
Decorating	
Demolition	
Drywall	
Electrical	
Hauling	
Heating/AC	
Painting	
Plumbing	

0	I have no interest in doing this type of work, and/or I fear doing this type of work.
1	I have no skills with this type of work, but I would like to try to learn.
2	I have done this type of work (under direction of others), but I wouldn't consider myself skilled enough to do this without supervision.
3	I can do work as directed, but I am not comfortable designing or leading detailed work of this type.
4	With appropriate direction, I could do detailed work or supervise this type.
5	Either I work professionally with work like this or I have worked professionally with this type of work.

Mission Trip packing list

Spending money for Wawa stop on the way and concessions at Twin Lakes Park
Sleeping bag or Air mattress - (a yoga mat under sleeping bag provides added comfort)
Pillow, sheet/blanket
string bag or backpack (for shower stuff and clean clothes after workday)
2 towels/wash cloths
shower shoes
toiletries
hat
sunglasses
water bottle
sunscreen
phone charger
pajamas (nothing see-through)
shoes/sandals
church clothes/shoes for Sunday
bathing suit - modest (one piece, tankini or covered with t-shirt)
Beach towel
flip/flops for beach day
rain jacket
light jacket/sweater

5 days of work clothes (old clothes that you don't mind throwing away)

5x underwear
5x socks
5x t-shirts/tank tops (no spaghetti straps)
5x shorts/work pants (shorts no shorter than mid-thigh; no yoga pants)
old shoes (closed-toe)

7 days of non-work clothes (one or two extra is always a good idea)

7x underwear
7x socks
7x shirts (no spaghetti straps, bare shoulders or crop tops)
7x shorts (no short shorts; no yoga pants)

Please note:

Bring old clothes for working that you are prepared to throw away at end of each day depending on type of work you may be doing.

Clothing must be MODEST at ALL TIMES - this means on the worksite AND during free time. No short shorts, no yoga pants and no tops with deep v-neck or scoop neck, no bare shoulders and no crop tops.

Shop thrift stores for 'disposable' clothing and for longer length shorts i.e. boys basketball shorts.

We understand these clothing requirements are in direct contrast to the current fashion trends but please remember, this is not a fashion show.