

2011 Appalachia Retreat Youth Package

June 19 – June 25

St. Anthony's, Charleston, WV



Please Complete and Submit the following:

- **Application**
- **Project Values Statement**
 - **Packing List**
 - **Liability Form**

All Saints Youth Group

Appalachia Service Retreat Application

WHEN: Sun., June 19 - Sat. to June 25, 2011

WHERE: St. Anthony's, Charleston, WV

WHO: High School Students

COST: \$100 (including "sweat equity" - 3 fundraisers)

APPLICATION DEADLINE: April 17, 2011

The number of participants will be limited based on the number of adult leaders who are able to participate. **It is very important to apply early.** Fill out the application form and return it with a \$25 deposit to the parish office as soon as possible.

Appalachia is a very poor, rural region of our country that primarily covers the states of West Virginia, Kentucky and Tennessee. The people in this region live in homes that are very dilapidated and have few of the amenities that we are used to. We will be spending a week in a small community dedicating our time to serving others by cleaning, painting and repairing where ever needed, as well as spending time getting to know the people in the area.

We will leave after 8:30 mass on Sun., June 19, and return in time for 4:30 mass on Sat., June 25. This is a great opportunity to share your gifts and talents with others. We hope you can join us.

The cost of the Appalachia Service Retreat this year is estimated at \$190 per person, which includes food, transportation, lodging, and supplies. Understanding that this is an expensive trip for most of us, the parish and youth group are willing to reduce your cost to \$100 if you participate in at least 3 fundraisers. So far the following fundraisers have been planned:

April 16 & 17 We will be making kolaczki at 8:30 a.m. on Saturday in the McAlear Kitchen and selling them after all masses on Saturday and Sunday.

Other fundraiser possibilities include having a car wash at All Saints and helping make pierogi for the festival. **We will provide updates about more fundraisers at future gatherings, the Web site, Facebook and in the parish bulletin.**

If you do not participate in 3 fundraisers the cost of your trip will be increased by \$30 for each fundraiser missed. Members of your family are welcome to help with this "sweat equity system" if you are not able to make the scheduled events due to other commitments.

Questions regarding the service retreat and the application process can be directed to the coordinators of this year's service retreat, Allan Cruz (567-686-2424) and Anna Gwozdz (419-346-1977).

The application form for this year's service retreat can also be found on the All Saints Web site at http://allsaintsrossford.org/youth_group/news_forms.html, or on the Group page on FACEBOOK for All Saints Youth Group.

All Saints Youth Group

Appalachia Service Retreat Application

Name _____ Age _____ Grade _____

Address _____ Phone _____

City _____ Zip _____ T-Shirt Size (adult sizes) _____

E-mail Address _____ School _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Please answer the following questions in essay form:

What do you hope to gain from the Appalachia Service Retreat?

Have you had any other retreat experiences?

In what All Saints Youth Group activities have you participated?

Do you participate in other activities in your school or local community?

I have read, understand, and accept how the out-of-pocket cost of the Appalachia Service Retreat is determined.

Student Signature _____ Date _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Date Deposit Received: _____ Amount: _____ Check # _____ Cash

Fundraisers: _____

All Saints Youth Group
Appalachia Service Project Values Statement

The Appalachia Service Project is a home repair/home building ministry and all activity and energies should be focused to this end. We will be of service to other people – the people I work for, as well as the people I work with. The experience will be that of hard work, great fun, real friendship, growth, awareness of God’s presence, and the feeling of accomplishment that comes with sacrifice.

Therefore, to make this a terrific experience for all involved, I am committed to the following values:

1. As a community, we are Christ’s presence to others. Each person is expected to act responsibly the entire time. We will be obvious outsiders in a small town and your every action will be seen. There will be occasions when you will have to modify your lifestyle or habits so as not to be offensive to the Appalachian culture or tradition. I am therefore willing to be a good example to my peers and the people I work for. As a part of that example, I agree to not partake in the use of alcohol, tobacco products, drugs or foul language. I understand that violation of this rule will result in returning home immediately at my expense.
2. The All Saints Parish chaperones have overall responsibility for all activities. I will respect the authority of the leaders and will follow their directions at the work sites as well as the living quarters. I understand that a true community requires time together. I am willing to participate fully in the retreat. This includes attendance at meals, chores, meetings, evening gatherings, and any special events. In order to keep the center functioning smoothly, volunteers will be asked to aid in center clean up, tools and supplies organization, after meal clean up, loading or unloading of building materials. I will respect and observe quiet times and lights out time.
3. I appreciate the challenges of living and working in a co-ed community during this project. I agree that sexual harassment will not be condoned or tolerated in any form. Females are not permitted in the males’ sleeping area; males are not permitted in the females’ sleeping area, at any time. I agree to use discretion in my clothing at the church and in the community. What we wear is a reflection of our communities – Rossford, All Saints, etc. Halter or tank tops, sports bras worn as an outer garment, shirts with cut-off sleeves, Spandex clothing, or shirts and hats expressing alcohol/beer slogans and obscenities are not acceptable. I agree to spend time with all people and will refrain from forming cliques or spending time with romances.
4. I understand that safety first is a goal in our work. Firearms, air rifles or pistols, BB guns, or replicas of firearms are not permitted. No participant is permitted to ride in the back of a pick-up truck at any point during the retreat. No participant is permitted to bring his/her own power tools or to use power tools without instruction and supervision.
5. Working hours have not been determined, but it is expected that everyone puts in a full days work everyday. We expect lunch to be eaten at the work site. Feel free to bring extra sandwiches to share with family members. We discourage families from preparing meals for us. Kindly say "No" so that the families will not overextend themselves in showing their gratitude. If family members insist on showing their appreciation by preparing lunch, accept their offer if you feel that is the right thing to do. The use of audio equipment (boom boxes, etc.) is not allowed at the work site unless it is authorized by a chaperone. We also request that they not be used at the church for the sensitivity of other volunteers. To ensure sensitivity to the families we serve, taping with video equipment is strictly prohibited. If you have any questions or concerns please check with your adult leader.

I will put forth my best effort to the community, and will accept the conditions of food, work, and living quarters. I will serve the needs of others and live by the values stated.

Youth Signature

Date

Parent/Guardian Signature

Date

2011 Appalachia Retreat June 19 – June 25

PACKING SUGGESTIONS

Items to bring:

- Sleeping Bag & bed sheet
- Pillow
- Personal toiletries: soap, shampoo, toothbrush, toothpaste, unscented deodorant, etc.
- Clothes for the week: 3-4 shorts, 1 pair of jeans, 1 sweatshirt, 6-7 t-shirts, underwear, socks, (clothes should be older clothes for working, painting, etc.)
- 1 pair of work boots or sturdy shoes with covered toes and sturdy soles (work boots are highly recommended)
- Tennis shoes, flip flops for showers
- Bathing Suit
- 2-3 towels
- 2 large water bottles (please put name on these)
- 30 SPF Sun Block
- Insect Repellant with DEET
- Money for 2 meals during traveling (1 meal down and 1 meal back)

Optional:

- Flashlight
- Hat
- Earplugs (there will be many people sleeping in one room)

We are asking that everyone keep their packing to one bag plus a sleeping bag and pillow.

Items not to bring:

Cell phones
Boomboxes
Fans
TV's
Perfumed lotions and/or perfume
Knives, guns, and any other weapons – refer to values statement
Drugs, alcohol, and tobacco products – refer to values statement

Blow dryers will be provided by the adult chaperones for the students to use. Curling irons may be brought and used as long as they do not interfere with the schedule of group activities.

Halter or tank tops, sports bras worn as an outer garment, shirts with cut-off sleeves, Spandex clothing, or shirts and hats expressing alcohol/beer slogans and obscenities are not acceptable.

This should be a great learning experience and we hope everyone has a good time.

PARENTAL CONSENT – MEDICAL LIABILITY RELEASE - Sheet 6 of 3

Name of Event All Saints Youth Group – Appalachia Service Retreat

Location of Event Charleston, WV and surrounding communities Date of Event 6/19/11 to 6/25/11

Released Parties: All Saints Parish and all related persons and Entities. Transportation provided by All Saints Parish

This certifies that my child, _____ living at _____

(print name)

(street) (city) (state) (zip) (phone)

is physically and mentally fit to participate in the above event (thereafter referred to as “the program”), and has my permission as parent to participate in the program.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME, THE RISKS involved in the program for myself and my child named above and, in consideration for All Saints Parish allowing us to participate in the program, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby FULLY RELEASE AND FOREVER DISCHARGE the parties named above, and only those parties, along with their officers, agents, employees, successors, assigns, and volunteers, from any and all losses, expenses, inquiries, demands, actions, causes of action, damages, rights and claims, of whatsoever kind or nature, whether in law or in equity, arising out of or in connection with our participation in the program, and further WAIVE ANY RIGHTS we may have in that regard against those Released Parties.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above.

THIS RELEASE IS KNOWINGLY AND VOLUNTARILY SIGNED WITH THE INTENT TO BE LEGALLY BOUND, AND IS SIGNED AFTER CAREFULLY READING AND FULLY UNDERSTANDING THE TERMS AND CONSEQUENCES OF THIS RELEASE.

PARENT(S) GUARDIAN(S):

(print name) (signature) (relationship)

(print name) (signature) (relationship)

(date) (primary phone) (secondary phone)

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under parish authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother’s Name _____ Daytime Phone _____

Father’s Name _____ Daytime Phone _____

Other’s Name _____ Daytime Phone _____

Name of relative or childcare provider _____ Relationship _____

Address _____ Daytime Phone _____

Health Insurance provider _____ Policy Number _____

Policy Holder’s Name _____ Group Number _____

Insurance provider’s phone number: _____

PLEASE LIST ALL KNOWN ALLERGIES AND CURRENT MEDICATIONS ON THE BACK OF THIS FORM.

PARENTAL CONSENT – MEDICAL LIABILITY RELEASE - Sheet 3 of 3

GRANT TO CONSENT

I hereby give consent for the following medical providers and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed on page 2 (on backside of page 1) of this consent form.

Date _____ Signature of Parent/Guardian _____

REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness of injury requiring emergency treatment, I wish the program authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

TECHNOLOGY CONSENT FORM

This is a request for your permission to post your child's photo, name, and contact information on the All Saints Parish website. As you are probably aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a parish youth group want to celebrate our activities and spread interest to others. The law requires that we ask you permission to use information about your child. Pursuant to law, we will not release any personal information without prior consent from you as parent or guardian. Personal information includes child's photo, first name, last name, phone number, and email address.

If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the parish youth coordinator and such rescission will take effect upon receipt by the youth coordinator.

I/We grant permission to post the following on the parish website (check appropriate boxes):

- photo only photo with first name only photo with first and last name only

I/We do NOT grant permission for any personal information of my child to be published on the All Saints Youth Group Website.

Date _____ Signature of Parent/Guardian _____