

TriForce Mission Team
Vandalia, IL
Mission Trip July 8, 2018 – July 14, 2018

Chaperone Registration Form

Full Name _____ Phone _____
Address _____ City/State _____
Cell Phone _____ Work Phone _____
Email _____ Shirt Size _____

- _____ I have completed the Safe and Sacred online program or will take it asap.
_____ I have a current (within 2 Years) background check on file at the parish/school office.
_____ I will need a background check form to complete and turn in at the office.
_____ I have completed a background check, but do not know if it is current.

Registration: Registrations are accepted in the order in which they are received. This completed registration form and \$75 registration fee reserves your space for the mission trip. Once all spots are full, names will be accepted for a waiting list. You will be notified if your registration is received after spots are filled and you are placed on the waiting list. **There are a limited amount of spots available for chaperones and spots will be filled on a first come, first serve basis with preference given to adults with known leadership skills and abilities, as well as adults willing to drive 12 passenger vans.**

Cost: Each participant is responsible for the **\$650** Group Workcamp Fee, transportation and miscellaneous costs (food when traveling, t-shirt, day off activities, etc.). A **\$75.00 non-refundable** deposit **MUST** accompany this registration form. If the \$75 deposit will cause a hardship for your family, please contact Carrie or Dave. Additionally, each participant is asked to **obtain at least \$100 in personal sponsorship** toward his or her account. The balance of \$475 can be earned by additional personal sponsorship, group fundraisers, or by paying the balance directly. Each participant's balance will be kept track of, but for your own records, please use the tracking sheet available for download on the team website. If your trip balance has not been met by April 1, 2018, you will be notified of the remaining balance. All trip balances are expected to be met by May 15, 2018.

Chaperone Behavior Agreement: I, _____, agree to behave at all times so as to bring credit on myself, my family, my friends, the TriForce Mission Team, and the Catholic Church. I understand that TriForce Mission Team 2018 provides youth in grades 8 through 12 (as of August 2017) an opportunity to form friendships with other Christian teens and to grow in a relationship with Jesus Christ and His Church. I agree to work together with the Youth Minister, Mission Trip Coordinator, and other adult leaders to create a safe and friendly environment for the youth, and to seek help from another adult for problems I cannot solve. I understand and agree that serious violations of these standards will result in consequences up to and including being separated from the group, being sent home from the event at my expense, and not being allowed to participate in future events.

Liability Waiver: I, _____, volunteer to participate as a chaperone for the 2018 TriForce Mission Trip. I will not hold St. Louis Catholic Church, the Archdiocese of Indianapolis, or their associates or representatives responsible in the event of an illness or injury which occurs during the event, including any which occur at the event site or during transportation to or from the site. I give permission for any adult at the event to perform first aid on me when necessary and possible, and authorize any adult event leader to obtain and consent to emergency medical treatment in my place should I be incapacitated. Further, I agree to accept any and all financial responsibility that may result if medical treatment becomes necessary and from returning home from the event site, if necessary.

Chaperone's Signature _____ **Date** _____

(PLEASE READ AND SIGN BACK)

Archdiocese of Indianapolis

Code of Conduct (Effective June 1, 2012)

As a community of faith, we are committed to safeguard our children and youth, the most important gifts God has entrusted to us. The following rules and regulations reflect that commitment and apply to clergy, employees, and volunteers.

I will:

- Safeguard children and youth entrusted to my care at all times.
- Treat everyone with respect, patience, integrity, courtesy, dignity, and consideration.
- Take the on-line Safe and Sacred program.
- Avoid situations where I am alone with a child or youth at church/school activities.
- Refrain from giving inappropriate, personal gifts to children or youth.
- Avoid all unnecessary physical contact, especially when alone with a minor.
- Obtain permission from a parent or guardian before contacting a minor via social media or before posting pictures, video, and other information that may identify a minor.
- Always maintain a professional attitude when dealing with minors, avoiding emotional attachment and being aware of the powerful attraction of adults in positions of authority.
- Report suspected child abuse to civil authorities (Indiana hotline: 800-800-5556) or to a local law enforcement agency and to the archdiocese (victim assistance coordinator: 800-382-9836, ext. 1548). Report any violations of this code of conduct to the victim assistance coordinator. Confidential reports to the archdiocese can also be made online at www.Archdioceseofindianapolis.ethicspoint.com. You do not have to give your name.
- Cooperate fully in any investigation of abuse of children and/or youth.

I will not:

- Communicate any views contrary to the teachings of the Catholic Church.
- Use, possess, or be under the influence of alcohol while overseeing youth at any church/school activities.
- Use, possess, or be under the influence of illegal drugs.
- Allow minors to have and/or use alcohol, tobacco, or illegal drugs.
- Use profanity or engage in behavior that is harassing or degrading to others.
- Allow minors to have, or assist them in gaining access to, pornographic or inappropriate websites, movies, or printed materials.

I understand and will abide by the rules and guidelines in this Code of Conduct.

Printed Name

Parish, School, or Agency Name

Signature

Date

ADULT MEDICAL INFORMATION

Name _____ Birth Date _____
Address _____ Age _____
City _____ State _____ Zip _____
Home Phone _____ Emergency Phone _____
Physician Name _____ Dr. Phone _____

HEALTH STATUS (Confidential) Please list any health problems you may have (examples: Asthma, Allergies, Diabetes, Etc.) _____

MEDICATION

Please list all medication (including over the counter and prescription) taken routinely. Bring enough medication to last the entire time at camp. Keep medication in the original bottle that identifies the physician, the name of the drug, the dosage and frequency of administration. Keep all over the counter medication in original packaging. Please list all medication that the participant is taking:

Med #1 _____	Dosage _____	Reason _____
Med #2 _____	Dosage _____	Reason _____
Med #3 _____	Dosage _____	Reason _____

Date of your last Tetanus Booster _____
Personal Medical Insurance Provider _____
Insurance Policy Number _____ Group Number _____
Name of Insured _____ Relationship to participant _____

I hereby agree to participate fully in the mission trip, the mission team and Called 2 Serve activities for the 2017/2018 school year. I hereby give my permission to take me to a doctor or hospital and hereby authorize medical treatment should I be incapacitated, and assume the responsibility of all my medical bills. I give permission for the release of medical records to an attending physician in case of illness. Further, should it be necessary for me to return home due to disciplinary action, for medical reason or otherwise, I hereby assume all transportation cost.

Print Neatly Participants Name

Participants Signature

For Later Use (Please do not fill out below this line until April 2018)

Initial Date I have reviewed this form and confirm that all information on this form is still accurate or I have made appropriate changes.

PLEASE MAKE A COPY OF INSURANCE CARD AND RETURN WITH THIS FORM

Mission Team member,

In order to make this trip affordable for everyone without adding more fundraisers, we are asking each participant to obtain at least \$100 in personal sponsorship. This can be accomplished by sending the attached letter to friends, family, co-workers, etc; by mowing lawns, babysitting, hosting a bake sale; by asking for sponsorship in lieu of Christmas or Birthday gifts; or by simply writing a check for that amount. This can be done anytime before May 15, 2018.

Please make as many copies of the attached letter as you need. If you need another copy, please ask Carrie. Forms will be available to download on the Triforce Mission Team website as well. Please fill out the "Please Apply to:" line with your name before giving to your friends, family, co-workers, etc. When money is received in your name, it will be applied to your account as personal sponsorship.

If you have any questions about personal sponsorships, please contact Carrie or Dave.

Carrie Wesseler (812) 933-1519

Dave Meyer (812) 934-5457

St Louis Catholic Church
OFFICE OF ST. LOUIS YOUTH MINISTRY
Batesville, IN 47006 (812)934-3204 Ext. 223

To Whom It May Concern,

The TriForce Mission Team is going on a mission trip to Vandalia, Illinois July 8-14, 2018. Several youth and adult chaperones from our parish and other local parishes will join other youth from around the country to perform home repairs for the less fortunate. During the week, the youth will learn the plight of poverty and learn how to help heal the plight. They will participate in personal and spiritual growth activities and showcase their home repair skills.

Financial assistance is needed to send the group to Vandalia. The team is seeking personal sponsorship. Each participant is required to raise \$650. The fee covers transportation and room and board for the week, but most of the money goes to buying supplies for the repairs. You can assist the group by making a tax-deductible donation in any amount to St. Louis Parish (memo: TriForce Mission Team), and by praying for the success of the trip.

Please submit the bottom portion of this letter along with your tax-deductible donation to St. Louis Parish at the address below. Please retain a copy for your tax records.

Thank you for your assistance.

Sincerely,

Carrie Wesseler
St. Louis Parish Youth Coordinator
Cwesseler@st.louisschool.org
(812) 934-3204

(save this portion for your records)

Submit this portion to: St. Louis Parish
c/o Carrie Wesseler
Batesville, IN 47006

Please Make checks payable to "St. Louis Parish"

Date: _____ Amount: \$ _____

Please Apply to: _____
(Team member name)

Sponsor's Name: _____

Address: _____