

St. Mary's EPIC Mission Trip: Mississippi 2020

Since 2005, St. Mary's has sponsored mission trips to Mississippi, Jamaica, Vermont, New Jersey, Houston, and Florida, often managing two trips in a summer! Hundreds of parishioners have given one week of their year in service to others. Will you join us for our 22nd trip in 2020?

This year we are travelling back to Mississippi with Repair & Replenish Retreat Missions ("Triple R Missions").

Trip Dates: Sunday July 26- Saturday August 1 **Cost:** \$800 est. pp

Eligibility: At least 5 EPIC meetings and 1 Service Trip
Weekly attendance at St. Mary's Mass
Adults over age 24 and Teens grades 9-12

Triple R Missions Info Night

Wednesday, January 29

Applications & first payments of \$400: Due February 7 after 9:30 and 11:30 Masses

This is a hard deadline to allow us to meet the Triple R Missions deposit deadline. The application packet is extensive and includes the Mass Covenant as well as releases and medical information. It is critical that we are aware of any conditions and allergies so please take the provide complete information.

Checks made payable to St. Mary's Parish

Refund availability depends on our obligations to pay in advance:

- Deposit to Triple R Missions
- Airline Reservation fee of \$50 once paid to secure our flights
- Airfare (TBD) once purchased – typically 30 days before travel.

Final Payment ~ TBD -\$400:

Due May 1, final cost based on airfare costs

Financial Support: A limited amount of financial support is available this year. If you require financial assistance, please submit the Financial Assistance Application with your application. New participants will receive priority for aid.

We hope you can join us for this opportunity for faith exploration through service to others.

God Bless,

Jake Thiringer, Youth Minister

508-429-6076

stmarysym1870@gmail.com

St. Mary's EPIC Mission Trip Application: MS 2020

- ☐ Youth Current Grade Jan 2020: _____ ☐ Adult Chaperone (over 24 only)
- ☐ I have attended or chaperoned a Mission trip in previous years. If yes how many times _____.

Legal Name (as on ID for flight reservations) Gender: M / F Date of Birth: _____

Last First Middle Home address

Participant's Email Address Parent's Email(s)

Home Phone # / Youth's Mobile phone # / Adult's Mobile phone #

Emergency Contact Name / Phone Number

Tee Shirt Size (Circle One)
S M L XL XXL

- ☐ Is your family registered with St. Mary's Parish? Yes No (circle one)
- ☐ If over 18, have you completed PGC? Yes _____ Approx. Date _____; No _____
(Opportunities to complete PGC will be posted in the weekly bulletin – Deadline of March 25, 2019.)

Please write a short explanation of why you want to attend our Mission trip: _____

Are there any medical issues we should be aware of before assigning you to a job site?

Signature of Applicant
(all ages)

Signature of Parent or Guardian
for child under 18

Print Name of Parent or Guardian for
child under 18

Return this completed application with your \$400 initial payment on 2/7/20 after the 9:30 or 11:30 Mass. If you seek assistance, please complete the Financial Assistance Application.

Office Use Only:
Received: _____ Deposit: Amt. _____ Check # _____

MASS COVENANT

St. Mary's EPIC Youth Ministry: Mission Trip 2020

Perhaps the single most important way we prepare for our St. Mary's Mission Trip experience is through our participation in Sunday Mass each week. In fact the words "Mass" and "Mission" have the same root – "missa", or "sending forth." Before He ascended to the Father, Jesus sent forth His disciples to carry the Good News to every corner of the earth (Acts 1:7-8). At the end of Mass each week, the priest or deacon likewise sends us forth "to love and serve the Lord." Our Mission Trip flows directly from this great commission.

As Catholics, we fulfill the 3rd Commandment of God, to keep holy the Sabbath Day, by participating in Mass each week. The Mass is not a human invention. It is the specific way that Jesus asked us to worship. The night before He died He gathered His disciples at table, shared God's Word, blessed bread and wine, and instructed His disciples, "Do this in memory of me." Each week at Mass Jesus speaks to us through the Scriptures, God's Living Word and a roadmap for life. He feeds us with His own Body and Blood, strengthening His presence within us that we may succeed in living holy, sacrificial lives.

Whereas many protestant churches only have one service a weekend, we as Catholics have many options for Mass. Five different weekend Masses are offered at St. Mary's, meaning that despite work, sports, or other activities, we can always get to Mass. If a choice must be made, then the Mass should always take priority over other demands on our time. Every hour of every day is God's gift to us – and He only asks for one hour back each week in worship and thanksgiving. He then uses that time to pour out His grace, love and truth upon us through Word and Sacrament. *(Illness or severe weather is the only acceptable reasons for missing Sunday Mass. Obviously when travelling away on vacation, etc., we attend Mass at whatever Catholic Church we can).*

All the adult leaders of the St. Mary's Mission Trip are good Catholic role models, committed to Mass at our parish each week and otherwise living lives of faith. Many of the teens who apply to come on the Mission Trip are likewise already practicing Catholics. For some teen applicants, however, the Mission Mass requirement will require a real effort, as they re-connect with the St. Mary's worshipping community, and take their place once more at the Table of the Lord. In this they will have the full support of their parish, but will also need the support of their parents – especially those teens who don't yet drive.

Please check one: I already attend Mass weekly at St. Mary's _____

I will begin attending Mass weekly at St. Mary's starting this week _____

Please circle one: The St. Mary's Mass time that works best for me is Saturday 5 p.m. 7:30 p.m.

Sunday 7:30 a.m. 9:30 a.m. 11:30 a.m.

I (print name) _____, have carefully read and understood the reasons for this Mass Covenant provided above. I realize that to qualify to represent St. Mary's on the 2020 Mission Trip, I must be faithful to Sunday Mass each week at St. Mary's, Holliston. I realize that if I choose not to honor this commitment, I am giving up my place on the Mission Trip.

As part of my St. Mary's Mission Trip application, I hereby renew my Baptismal commitment to the Sunday Eucharist, and promise to attend Mass at St. Mary's on a weekly basis:

(Applicant signature) _____ Date _____

I promise to assist my son / daughter in their weekly participation in Mass at St. Mary's:

(Parent signature) _____ Date _____

Name of Participant (Print): _____

Volunteer Contract : St. Mary's Service Project

Each volunteer must read the below Code and Statement, and sign where indicated to acknowledge his/her understanding of and agreement to the terms and conditions set forth therein:

CODE OF CONDUCT – I understand and agree that all parish policies shall be in effect on the Trip. These include but are not limited to:

MASS COMMITMENT

- I realize that to participate in the St. Mary's Service Trip I am required to attend Mass at St. Mary's, Holliston on a weekly basis and to otherwise be living out my Catholic faith. *I realize that if I choose not to practice my faith through weekly Sunday Mass at St. Mary's, I will lose my place on the Mission Trip.* This aspect of our Mission Trip preparation is so important, that it has its own Covenant.

COMMITMENT TO AND RESPECT FOR COMMUNITY

- I am aware that the week will involve a focus on prayer based on the Catholic tradition. I dedicate myself to be an active participant in this week of service, prayer, simplicity, and community as an experience of Christian living.
- I realize that living and working together in community will require me to display patience and respect toward all members of the group at all times. I further realize that I will be visiting an area where the culture and customs may differ from my own. I will treat all people with respect.
- I realize the importance of following a schedule and the guidance and instruction of the leaders. I am willing to comply with the requests of the leadership and be flexible with what is asked of me.
- I understand that all rules and all reasonable requests or instructions of the Trip's organizers, leaders or chaperones, including regarding schedules and curfews, must be strictly adhered to by me.
- I agree to adhere to a modest and respectful dress code while at all fundraising and team building events as well as all Masses throughout the year and while on the St. Mary's Mission Trip.
- I understand that possession or use of tobacco products is strictly prohibited on the Trip.
- I understand that the consumption or possession of alcohol, other drugs or paraphernalia is strictly prohibited on the Trip. I agree not to involve myself in drugs, alcohol, or sex while participating in any fundraising and team activities or while during the Mission Trip.
- I understand that the use of vulgar or obscene language during the Trip is strictly prohibited.
- I will do my very best to participate as much as possible in all of the EPIC meetings, and I understand the requirement to attend 5 meetings to be eligible for the trip.
- I will do my very best to participate in as many Fund-Raising events throughout the course of the year leading up to the Mission Trip as possible.

- I am fully aware that the volunteer experience during the St. Mary's Mission Trip will require me to make personal sacrifices to which I may not be accustomed. I agree to live this week in simplicity, doing without some of the conveniences to which I am accustomed. I will work and complete all tasks to the best of my ability.

CONSENT FOR PHOTOGRAPHS/VIDEO AND MEDICAL INFORMATION RELEASE

- I give consent for St. Mary's in Holliston to photograph and/or video me during fundraising, team activities and my volunteer week. I understand these photographs/videos may be used for private and public distribution, including the publications of photos in newspapers, church newsletters, promotional literature, web pages, slide shows and other media.
- For safety purposes, I give consent for my medical information to be shared with the adult Mission Trip leaders.

STATEMENT OF DISCIPLINARY ACTION - I understand and agree that my failure to abide by the above Code of Conduct will result in disciplinary action, including by way of example only (and without limitation) the following:

- I may lose my place on this trip and may lose some or all my trip payments
- I may be sent home immediately at my or my parents' or guardians' sole expense
- I may be placed in the care of a chaperone
- I may be confined to a specified area
- I may be referred to police and/or security, as applicable

I agree that I will always govern my conduct during the Trip according to the direction of the Trip's organizers, leaders and/or chaperones. I understand that this agreement is voluntary on my part and is a necessary condition to my participation on the Trip.

Name of Participant (print): _____

Participant's Signature: _____ **Date** _____

VOLUNTEER MUST SIGN ABOVE TO ACKNOWLEDGE CODE OF CONDUCT AND STATEMENT OF DISCIPLINARY ACTION.

Parent/Guardian Signature if under 18: _____

PARENT/ GUARDIAN MUST SIGN ABOVE IF PARTICIPANT IS UNDER 18 YEARS OF AGE TO ACKNOWLEDGE CODE OF CONDUCT AND STATEMENT OF DISCIPLINARY ACTION.

January 2020

Participant's Name (please print): _____ Date: _____

**St. Mary's Service Project
WAIVER AND RELEASE OF LIABILITY**

Trip Title: St. Mary's Mission Trip 2020 (the "Trip")

Dates of Trip	Sunday July 26 - Saturday August 1, 2020
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I, _____ (PRINT NAME), as (circle one:) PARTICIPANT or as PARENT/ GUARDIAN of

_____ (print name of minor child participating on Trip) ("my Child"), for myself and on behalf of my heirs, executors and assigns, HEREBY ACKNOWLEDGE AND ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS TRIP AND ALL RELATED ACTIVITIES, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, leased, rented, or controlled by them, or because of their possible liability without fault.

I certify that my Child is and, as applicable, I am, physically fit, and sufficiently prepared for participation in this Trip and related activities, and I have not been advised by a qualified medical professional to not personally participate (as applicable) or not allow my Child to participate in this Trip. I certify that there are no health-related reasons or problems which preclude my Child's or, as applicable, my participation in this Trip and related activities.

I acknowledge that this Waiver and Release of Liability will be used by the sponsors, leaders, chaperones and organizers of the Trip and related activities in which my Child or I may participate, and that it will govern my Child's and, as applicable, my actions and responsibilities with respect thereto.

In consideration of permission for my Child and, as applicable, me to participate in this Trip, I hereby take action for myself, my Child, and my and his and her executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my Child's or my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my Child and/or his or her property (and, as applicable, me and/or my property), including traveling to and from the mission location(s), THE FOLLOWING ENTITIES OR PERSONS: The Roman Catholic Archbishop of Boston, a Corporation sole, St. Mary's Parish, their priests, and/or the Trip's organizers, leaders and/or chaperones, and all of their respective agents, servants, volunteers and employees (collectively, the "Releasees");

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of my Child's or my participation in this Trip and any related activity, whether caused by the negligence of a Releasee or otherwise.

I acknowledge that the Releasees and their representatives and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting any activity on their behalf.

I acknowledge that the Trip and related activities may involve the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or organizers of the Trip and related activities. These risks are inherent to participants, including my Child and, as applicable, me.

I hereby consent to allow my Child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Trip.

I understand while participating in the Trip, my Child may be photographed. I agree to allow my Child's photo, video, or film likeness to be used for any legitimate purpose by the Trip sponsors, organizers, and assigns.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Adult Participant or Parent's / Guardian's Signature: _____

Adult Participant or Parent's / Guardian's Name (Please Print): _____

Date: _____

Name of Participant _____ Date of Birth _____
 Male _____ Female _____

Contact for Questions: _____ Phone _____

Is the participant in general good health and able to participate in all the normal activities of an educational and recreational program? YES _____ NO _____

Are there any limitations to the activities in which your child can participate? YES _____ NO _____

If yes, please explain: _____

Participant is allergic to _____

****Please note that participant is responsible for his/her own medication at all times****

Are there any other matters, issues, or conditions that the chaperones should be aware of to ensure safety?

YES _____ No _____

If yes, please summarize and we will contact you for further discussion.

In case of Emergency, please notify: _____

Relationship to the participant: _____

Tel. No.: Day _____ Evening: _____ Cell: _____

Signature of Parent / Guardian of Minor Participant or Signature of Adult Participant:

X _____ Date: _____

For Minor Participants: Dispensing of Tylenol, Ibuprofen, Benadryl, and/or Colace (stool softener)

I _____, grant permission to the adult chaperones on the Mississippi
 (Print name of Parent or Guardian)

service trip to dispense as they deem necessary, Tylenol, Ibuprofen, Benadryl and /or Colace to my
 son/daughter; Name of minor participant: _____

Signature of Parent / Guardian of Minor Participant:

X _____ Date: _____

PLEASE PRINT

Name of Participant _____ Birth Date ____/____/____ (____) _____ M F
Phone # _____ Circle One

Home Address: Street _____ Town _____ Zip _____ Parish _____

Emergency Contact _____ Relationship to you _____ (____) _____
Phone # _____

Complete Name of Insurance Company _____ Policy Number/Group Number _____

Name on Insurance Card _____ Employer's Name _____

******Must Enclose a Copy of both sides of the Insurance Card******

Are there any limitations to the activities in which the volunteer can participate? Yes__ No__

If yes, please explain

Is there anything about the volunteer's health that we should be aware of?

____ Severe Allergic Reactions (Bee Sting/Food/other) Will you have an Epi Pen? Yes__ No__

If you have listed anything above, please submit a statement of how the person has been treated and with what medication(s)

Current Medications: (Name, Dosage, frequency and reason for medications)

All medication must be in the original containers

PLEASE BE ADVISED, ADULTS CANNOT DISPENSE MEDICATION

Date of TETANUS BOOSTER: ____/____/____ Most recent physical exam: ____/____/____
Most Recent should be within the last 12 mos.

Emotional/Psychological condition(s) and/or concerns:

FOR PARENT OR GUARDIAN:

During the volunteer's week, he or she will ride in vehicles. It may happen that your child will ride in a vehicle driven by an adult chaperone other than your child's group leader. All vehicles will only be driven by adult chaperones during the week.

In case of medical or other emergency, I designate the leader of the group (or his/her delegate) to seek the appropriate attention. I certify that the above information is correct and give permission for the release of medical records to the attending physician.

Parent or Guardian Signature_____
Printed Name_____
Date

Daytime Phone: _____ Evening Phone: _____ &

Cell Phone: _____

This agreement entered into on, ____/____/____ is between volunteer participant _____ and Repair & Replenish Retreat Missions. This agreement states that R & R Missions will not be held liable in case of any injury incurred from usage of manual and/or power tools. This agreement states that the above-mentioned volunteer comes willingly to participate in this mission trip, volunteer activities and work projects with prior knowledge of the nature of its work and activities. The above-mentioned volunteer/participant will hold harmless and release from any and all claims or any liability: Jessica Keefe, Lucas Bennett, all chaperones, R & R Missions and any/all employees from any and all injury or liability that may occur while participating in this volunteer trip or any liability or injury associated with the repair work of an individuals' home. The above-mentioned volunteer also understands that R & R Missions does NOT provide medical insurance or coverage to its volunteer participants during their volunteer work and that it is the above-mentioned volunteer's responsibility for coverage should any medical situation arise, either during or after their volunteer activities.

This agreement is entered into by:

Participant's Signature (over 18) _____

Date: ____/____/____

Parent/Guardian Signature if under 18 _____

Date: ____/____/____

Name (print) _____

Permanent Address _____

Town/State/Zip _____

Parish or School Name: _____

Witnessed by : (*please print*) _____

Witness Signature: _____

Date: ____/____/____

Additional Information & Release Form for R & R Missions

Teen's Info:

Name: _____

Age/Grade/School: _____

T-Shirt Size: ____ Teen's phone number: _____

Email Address: _____

Parent Info:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Do you give us permission to use your child's picture on our website, and through Social Media? YES ☐ NO ☐

Second Emergency Contact Phone # _____

By signing below, I, _____, give consent for my child to participate in the Repair & Replenish Retreat Missions sponsored activity. I agree to hold harmless (which means to not assign blame or legal responsibility) R & R Missions, its officials and those workers assisting in the activity from any and all harm that may be sustained as a result of or during the activity, including transportation to and from the activity.

I hereby grant R & R Missions my consent without reservation to use my child's name, voice, image or likeness that arises from his/her participation in this event whether still or motion pictures or audio or video tape.

I hereby authorize the emergency medical treatment of my child while under the care and custody of R & R Missions and hold harmless the organization and its agents or representatives, including volunteer workers for any harm deemed to arise from the said treatment or the lack of said treatment. I understand that neither R & R Missions nor its workers are responsible for administering any medications required to be taken by my child and this is the sole responsibility of my child.

Dated: _____ Signature: _____

St. Mary's EPIC Youth Ministry
2020 Mission Trip: Mississippi
Financial Assistance Application – Due 02/07/20

Date: _____

Office Use: Date Received: _____

Name of Participant: _____ Grade _____

Address: _____

Previous Mission Trips? Circle: YES or NO If yes, When? _____

2020 Tuition: \$800 est.

Amount of Tuition Assistance Request: Full or Partial Amount \$ _____

(Circle One)

Parent or Guardian: _____

Phone Number: _____

Please indicate the best way to contact you:

Please be assured that requests for assistance are confidential. We will be processing these requests in February and will contact you regarding the status of your application.