



Northwest Cedar County Catholic Parishes

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February 6, 2018

To: Mission Trip Participants
Fr: Fr. Jim
Re: Catholic Heart Workcamp Mission Trip to Billings, MT

Dear Mission Trip Participants:

I am excited that we will be heading west this summer for our annual Mission Trip with Catholic Heart Workcamp. This year's trip is to Billings, MT; July 8-14, 2018.

We will again be departing from the St. John's parking lot via Navigator Motorcoaches. As always, I will need multiple male and female chaperones which requires you to be at least age 21.

This trip is open to anyone in high school or older. The cost is the same as the last two years, \$385 per person. That includes everything except souvenirs and your free day activity. This year, since we are near the Rocky Mountains, we will be going white water rafting on our free day.

If you are interested in going, please fill out all the attached forms (please note that a couple of them have to be notarized) and turn them in with either your full payment or at least a deposit of \$200. The final payment will be due by April 15th.

Please call me (402) 699-2395 or email me james.keiter@gmail.com if you have any questions. Thanks for your interest.

Sincerely,

Fr. Jim

CHWC DATA COLLECTION FORM

IF THIS FORM IS FILLED OUT IT NEEDS TO BE ENTERED ON THE CHWC WEBSITE. PLEASE CONTACT THE CHWC OFFICE IF YOU HAVE NOT RECEIVED THE APPROPRIATE LINK. **DO NOT SEND THIS FORM TO THE CHWC OFFICE.**

Church: _____

First Name: _____

Last Name: _____

Gender: _____ Age: _____

Date of Birth: _____

Age Group: _____

Youth, Young Adult (18-20) or Adult (21+)

Grade: _____

Grade entering the fall of 2017

Attended CHWC? _____

How many Years? _____

LIST YOUR INTEREST 1-2-3

_____ **Work project** (projects range from painting, indoor clean up, maintenance/repair, outdoor yard work)

_____ **Work with children** at day care centers for low-income families

_____ **Work at a social service center** (homeless shelter, food distribution center, outreach center)

Comments to help us place you on a team: _____

Are there any health issues we need to know about before placing you at a worksite? _____

Emergency Contact: _____ Emergency Phone: _____

Adults & Young Adults Only

Email: _____

Cell Phone: _____

Skills:

Level 1 - I have never done this kind of work

Level 2 - I have helped someone else do this kind of work once or twice

Level 3 - I have done this kind of work once or twice on my own home improvement project

Level 4 - I could assist a professional to do this kind of work and be a competent helper

Level 5 - I do or could do this kind of work for a living

Construction: _____ Concrete: _____ Drywall: _____ Painting: _____ Plumbing: _____ Electrical: _____

Other Job at Camp:

___ Associate Staff Member: stay at home base and work behind the scenes and help prepare meals

___ Troubleshooter ___ Camp Nurse/EMT/Doctor ___ Priest: Help with Liturgy/Reconciliation

CATHOLIC HEART WORKCAMP L.L.C MEDICAL-RELEASE OF ALL CLAIMS

Church: _____ Contact Leader: _____

Participant Name: _____

Male ___ Female ___ Age: _____ DOB: _____

Parent's/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

HEALTH STATUS (Confidential information please list any health problems you may have examples: asthma, allergies, back trouble, diabetes, seizures)

MEDICATION

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

Please list all medication that the participant is taking:

Medication #1 _____ Dosage _____ Reason _____

Medication #2 _____ Dosage _____ Reason _____

Medication #3 _____ Dosage _____ Reason _____

Date of your last Tetanus Booster: _____

Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Name of Insured: _____

Relationship to Participant: _____
(Attach a copy of your insurance card)

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____
(if under 21 years of age)

STATE OF _____)

COUNTY OF _____)

The foregoing was acknowledged before me on _____, 20 _____,

by _____

who produced the following identification _____.

Notary Signature: _____

Print Name: _____

My commission expires: _____ Commission number: _____

**We cannot allow anyone without personal medical insurance to participate in CHWC.*

In consideration for being accepted by Catholic HEART Workcamp L.L.C., a Florida limited liability company, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Catholic HEART Workcamps and its managers, members, directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child participant resulting from said child's participation in the above-described workcamp, (including travel between the child's home and the camp, free day activities, excursions from the camp and anytime spent at the camp). Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, lodging for and to assign work projects to this participant. The undersigned further agree to hold harmless and indemnify Catholic HEART Workcamp and associated social agencies and day care centers and their directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorney's fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said workcamp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise,

I (we) hereby assume and indemnify Catholic HEART Workcamp, L.L.C. for all transportation costs. I (we) am aware of no physical, mental or emotional problems, which would limit participation in or work performance during the workcamps. I (we) am (are) fully aware of the nature of the work to be undertaken during the Catholic HEART Workcamp.

The Catholic HEART Workcamp will employ reputable staff members and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither the Catholic HEART Workcamp L.L.C. associated social agencies nor the school acting as "home base" will be liable for loss or damage to property of participants prior to, during or following the workcamp due to theft, fire, accident or any other cause beyond its control.

MEDIA/PHOTO WAIVER

I hereby authorize and give my full consent to Catholic HEART Workcamp L.L.C. to copyright and or publish any and all photographs, video or audio in which I/my child will appear in while attending Catholic HEART Workcamp. I further agree that Catholic HEART Workcamp may transfer these photographs, video or audio for use on the Catholic HEART Workcamp website and all promotional material.

Leaders: bring this original plus 2 copies to camp.

CATHOLIC HEART WORKCAMP L.L.C. CODE OF BEHAVIOR

(Must be signed by all participants)

As a CHWC participant I will:

- Represent the Catholic Christian community through my language, dress and behavior.
- Respect the rights and property of others.
- Respect CHWC staff and adult leaders, even if these leaders are not from my parish.
- Remove my hat, refrain from eating, drinking, and private discussions during Mass.
- Participate in all planned activities, group sessions and work projects.
- Read over the School, Safety and Worksite requirements in the youth or adult pre-trip planning booklet and will abide by them.
- Read over the rules for cell phone usage in the pre-trip planning booklet and will abide by them.
- Respect the privacy of my fellow campers and not go into any other sleeping quarters, (guys or girls) which are not assigned to my group.
- Adhere to the stated curfew (10:30 prepare for bed and 11:00 lights out).
- Be responsible for assisting our parish group with snacks and help keep snack area clean.
- Not possess any alcohol, marijuana, non-prescription drugs, electronic cigarettes, fireworks, weapons or knives.
- Not leave the school grounds without adult supervision.
- Build new relationships with my team members, resident, agency leaders, others in the community and children I encounter during this service week.
- Read over the policy on Sexual Harassment / Misconduct
- Refrain from inappropriate touching and verbal harassment.
- Not engage in any form of sexual activities or sexual harassment.
- Not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation, or isolation).

If any of the above are violated; CHWC has the right to send a camper home at their expense.

I have read, understand and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules. We need young adult leaders and adult chaperones cooperation to assist CHWC in making this service week successful. We need your support to help us enforce camp guidelines.

Participant's Signature _____ Date _____

(For those participants under 21 years of age)

I expect my child to abide by this code of behavior,

Parent or legal guardian's signature _____

THIS CODE OF BEHAVIOR FORM MUST BE NOTARIZED

STATE OF _____)
COUNTY OF _____)

The foregoing was acknowledged before me on _____, 20____, by _____, who produced the following identification: _____.

Notary Signature: _____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____

Commission Number: _____

Please return to your Contact Leader. Leaders: please bring to camp.

