



Junior High
Mission Weekend

IMPACT

Global, Local, & @ Home



**catholic
charities**
Diocese of Joliet

Friday, March 29th 12:30 pm – Sunday, March 31st 7:30 pm 2019
at Camp Sullivan in Oak Forrest
For Current 7th & 8th Grade Teens

In small groups, we will venture out into the community to make and IMPACT!

On “**global**” Friday, we will serve at Feed My Starving Children.

On “**local**” Saturday, we will visit one of many local social service organizations (like Catholic Charities in Joliet, Su Casa Catholic Worker House in Chicago, Mission of Our Lady of Angels, etc.).

On “**@ home**” Sunday, we will visit with and serve an elderly St. Jude parishioners with small projects at their home.

Family Involvement: We ask parents to help out once: with driving and participating in service sites for one day, or helping to prepare, serve, and clean up a morning OR evening meal. AND, all family members are asked to attend the closing family picnic at St. Jude (Sunday at 4:00 pm) and celebrate the closing LIFE Mass at 6:30 pm with us.

Cost: \$85 (includes food, lodging, tee shirt, and transportation.)

To sign up: Register on line and turn in your forms and a \$35 deposit to the Parish Office ASAP (space is limited, sign up early to get a spot!).





GENERAL PERMISSION FORM

I grant permission for: _____
to participate with St. Jude's Junior High Mission Weekend
"IMPACT" March 29th-March 31st with the home base of Camp
Sullivan (14630 Oak Park Ave in Oak Forrest, IL). **DROP OFF
& PICK UP IS AT St. Jude church!**

I hereby release and indemnify St. Jude Church, its staff, volunteers, and
the Diocese of Joliet from any and all liability arising from claims of any
kind or nature whatsoever from my family's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This
authorization form constitutes permission for my child's participation
in the videotape and/or still photographs, which may be used for
future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing our church in our community during this event
and we expect you will represent us well. We expect that you will
display mature, safe, and responsible behavior.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy
and respect at all times. Inappropriate language/behavior will not
be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing
should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or
possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an
adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no
refund. Participants will be responsible to local authorities as
well.

*I understand and agree to this Code of Behavior. I also understand
and agree that at the time of an infraction requiring my dismissal, I
am responsible for my removal from the premises and any costs
involved.*

*If under the age of 18, I also understand and agree that my parents
or guardian will be notified at the time of an infraction requiring my
dismissal. My parents or guardian will be responsible for my removal
from the premises and any costs involved.*

Date: _____

Youth Signature: _____

Parent/Guardian Signature: _____

Friday, March 29th 12:30 pm -
Sunday, March 31st 7:30 pm 2019
at Camp Sullivan in Oak Forrest
For Current 7th & 8th Grade Teens

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my
family members by the people in charge of the event, and
those transporting my child to and from the event as their
judgement deems advisable, and to make the necessary
referrals to qualified physicians for the treatment of illness or
accidents of a more serious nature. I understand I will be
promptly notified in the event of any serious illness or
accident and prior to any major surgery, except when delay in
such communication would endanger life. In the case of a
medical emergency, I understand that every effort will be
made to contact the parent/guardian of the participant. In the
event that I cannot be reached, I hereby give permission to
the physicians selected by the adult staff to hospitalize,
secure proper treatment for, and to order injection,
anesthesia, or surgery if deemed necessary for my child.

Family Insurance Information

Policy in the name of: _____
Insurance Company: _____
Policy Number: _____
Identification Number: _____
Authorized Physician: _____
Phone #: _____

Name: _____ Birth Date: _____
Allergic to medication/other? NO YES (circle one)
If yes, please describe: _____
Medication(s) presently taking: _____
Participant's Cell Phone: _____

Parent/Guardian Signature: _____

Family Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
In case of Emergency, contact: _____
Phone #'s: _____

In small groups, we will venture out into the
community to make and IMPACT! On "global"
Friday, we will serve at Feed My Starving Children.
On "local" Saturday, we will visit one of many local
social service organizations. On "@ home" Sunday,
we will visit with and serve an elderly St. Jude
parishioner with small projects at their home.

We ask parents to help out once: with driving and
participating in service sites for one day, or helping
to prepare, serve, and clean up a morning OR
evening meal. AND, all family members are asked
to attend the closing family picnic at St. Jude
(Sunday at 4:00 pm) and celebrate the closing LIFE
Mass at 6:30 pm with us.

St. Jude Adult Chaperone Policy Form

ALL ADULT CHAPERONES (18 or older) must:

- Attend a Protecting God's Children Workshop
- Sign in turn in this Adult Chaperone Form

Adult Name: _____ Address: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Thank you for your willingness to further the message of Christ to youth through your participation as an Adult Chaperone. Youth Ministry cannot happen without adult involvement. Your presence, encouragement, and empowerment of youth are critical to the success of Youth Ministry at St. Jude. The following Adult Chaperone Guidelines have been developed to help you in your role as Adult Chaperone:

General Chaperone Conduct

Adult chaperones should reflect mature and responsible behavior. As models of appropriate Christian behavior, Chaperones are asked to follow the Code of Behavior as well. In addition to leading youth by modeling a positive attitude and involvement, we ask that all adults refrain from consuming drugs and alcohol and from smoking. Refrain from using vulgar language, telling inappropriate stories or jokes.

Supervision of Youth

All adult chaperones are responsible for the supervision of the youth participants. Please be familiar with the Code of Behavior. It is imperative that all adults are willing to confront behavior code violations. Serious behavior code violations are to be brought to the attention of the parish leader.

Visibility Among the Youth

Please be intentionally visible and interactive with the youth participants. Your presence among the young people is very important. Please be consciously aware of the youth, especially when we are serving out in the community. Make frequent head counts, monitor time away from the group for bathroom breaks and other reasons. Being attentive to their needs can help you anticipate situations that might require your attention.

Responding to Accidents

If there is an emergency that requires immediate medical attention, contact emergency services immediately. Please inform your parish leader as soon as possible of any accident. If medical attention is required, but not an emergency basis, make the participant as comfortable as possible within the boundaries provided by the Youth Medical Form. Then, contact the participant's parents as soon as possible. (This is normally the responsibility of the parish leader.)

Providing Guidance and Encouragement to Youth

There may be times when young people have difficulty focusing, following directions, or cooperating for many reasons. Speak to the person privately in a gentle and direct manner. You may have to remove the individual from the group setting (which is highly recommended) in order to have that conversation. See the guidelines below for Safety of Youth and Adult Participants. It is important that you not publicly humiliate another person. If needed, please do not hesitate to ask other adult chaperones or your parish leader for help, especially if the cause of these behaviors is beyond your ability to respond. We ask that all adults refrain from consuming drugs, alcohol, and from smoking.

For the Safety of the Youth Participants & Adult Chaperones

No adult should be alone in an enclosed area with a youth participant. Conversations with youth should take place in a public location. If you are speaking to youth in a room, make sure the door to that room remains open. Stay in groups of three or more and always make sure the service work you are doing is able to be easily monitored by the parish leader on the trip.

Requirements for the Protection of Young People

Adult chaperones are required to have a criminal background check performed and attend Protecting God's Children (VIRTUS) training prior to chaperoning an event with minors. Please see the parish leader for information on how to do this.

Responsibility to Report Adult chaperones have the responsibility to report the following information concerning youth:

Type of Information to Report	Timeframe to Report It	Who to Report it To
Serious behavior code violations (at the event)	As soon as possible	Parish leader & diocesan staff person in charge of event
Accident or injury (at the event)	<ul style="list-style-type: none">▪ Immediately if emergency treatment is required▪ As soon as possible if not an emergency situation	<ul style="list-style-type: none">▪ Emergency services first, then parish leader, and parents▪ Parish leader and/or parents
Suicide thoughts or threat If a person is an immediate danger to themselves or others	Immediately	Parish leader and parents.
Disclosure of physical or sexual abuse	Immediately	Parish leader and/or parents. This also needs to be reported to the appropriate authorities (government agency).

Videotaping and Still Photographs: Videotaping and still photographs may occur during this event. These may be used for marketing future events of this nature. Registration for this event constitutes permission for possible participation in videotaping and/or still photographs

As an adult chaperone for a parish attending this event, I understand my responsibilities and agree to abide by these guidelines.

Signature: _____ Date: _____

Information for Adult Participants

ALL ADULT PARTICIPANTS (anyone 18 or older) **must:**

- **Have a BACKGROUND CHECK completed before this trip** (if you have not already had one).
 - Download a release form from the St. Jude website www.stjudes.org and turn into the Parish Office immediately.
 - Download and review parish policies regarding working with minors. Be sure to sign the Acknowledgement form and turn it in to the Parish Office with the release form.
- **Attend a Protecting God's Children Workshop** (if you have not already done so).

Find a list of upcoming sessions on the link at the bottom of the Junior High website: www.stjudes.org/jhym

You must submit your certificate of completion to the Parish Office prior to the service trip.

Driver Information Form



All adults that wish to help transport work teams in their own personal vehicles must fill out this form.

PARISH: St. Jude Church in New Lenox, IL

DRIVER'S INFORMATION

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Phone # _____
Driver's License # _____ Expiration Date _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Vehicle Model _____
Address of Owner _____ Vehicle Make _____
_____ Vehicle Year _____
License Plate # _____ Expiration Date _____
Registration Expiration Date _____

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

INSURANCE INFORMATION

Insurance Company _____
Policy # _____
Date of Policy 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, I must be 21 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 students.

Signature _____

Date _____