



Appalachia

2025 Forms Packet

for Participants 18 and older

We are thrilled to have you join us for the Appalachia Mission Trip this year! Enclosed in this packet is the (1) Registration and Medical Form, (2) Liability Waiver, (3) CCPC Volunteer Agreement, and the (4) Diocese of Wheeling-Charleston Safe Environment Form. Please return these forms along with (5) the \$250 registration fee and (6) a copy of both sides of your insurance card to:

St. Vincent de Paul Parish
Attn: Appalachia 2025
250 Bebout Ave.
Stirling, NJ 07980

Please Note: All forms and registration fee must be returned to the parish office by July 9 to ensure your spot on the trip.

Please Note: Unless you have already done so, you will also need to complete Safe Environment requirements for the Diocese of Paterson. The parish will be in contact with you if necessary.

Participant Name: _____

Male___ **Female**___ **Age:** _____ **DOB:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____ **Email:** _____

Physician Name: _____ **Phone:** _____

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

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)

Liability Waiver:

I request that I participate in the Appalachia Mission Trip. For value received, I agree on behalf of myself to indemnify St. Vincent de Paul Parish, and the Roman Catholic Diocese of Paterson and their representatives, employees, agents and assigns (including staff, chaperones, volunteers, and adult supervisors) (collectively, "Trip Sponsors") in any action or demand arising out of my actions, including reimbursement for reasonable attorney's fees and expenses arising in connection with such action or demand.

I understand the inherent risks of participating in a mission trip, including the risks of serious injury, sickness or death inherent in repair work, working with power tools, working from a height, etc., including, but not limited to, bacterial and viral diseases such as COVID-19 and any other infectious diseases, and agree to hold the Trip Sponsors harmless for any personal or property damage incurred as a result of these inherent risks. I specifically waive any and all claims of any nature I may have against the Trip Sponsors relating to or arising out of the above described activity including claims that may be derived from any accident or injury I sustain en route to, during, and/or returning from the Mission Trip.

I consent to photographs, video or other media portraying me to be used in connection with this event or for promotional purposes by the Trip Sponsors, including by internet or print publication, although I shall not be identified in any publication without prior approval.

I do not consent to photographs or other media portraying me to be used if I am easily and clearly identifiable in it. I understand that by checking this box I may prevent the Trip Sponsors from using media solely because it contains my image.

Adult Participant Name (please print)

Adult Participant Signature

Date



The Catholic Church
of Preston County
322 East Main Street
Kingwood WV 26537
(304) 329-1519

SUMMER HOME REPAIR PROGRAM

Volunteer Information & Agreement 2025

*This side to be filled out by all volunteers (*required fields).*

*name _____

*address _____

email _____

telephone _____

*group St. Vincent de Paul _____ *week _____

parish Church St. Vincent de Paul Parish _____ location Stirling, NJ _____

school (if appropriate) _____ year _____

work (if appropriate) _____

Have you been to the Summer Home Repair Program before? yes ☐ no ☐

If yes, when? _____

Any other information we should know or you would like to share with us.

I agree to freely and willingly participate in the Summer Home Repair Program of the Catholic Church of Preston County. I have read and understand the *Volunteer Guidelines* and I agree to abide by these guidelines while I am in Preston County.

I am fully aware that the volunteer experience in Preston County will require me to make personal sacrifices of which I might not be accustomed. I realize that living and working together in community will require me to display patience and respect towards members of the group, other volunteers, the homeowners, and the greater community.

I give consent for the Catholic Church of Preston County to videotape and photograph me during my volunteer week. I understand that these videotapes and photographs might be used for advertising and/or orientation purposes or materials for the Summer Home Repair Program or on the Church website.

I will hold harmless the Catholic Church of Preston County and any of its parishes and missions, Catholic Charities West Virginia and any of its local affiliates, the St. Vincent de Paul Society, the Diocese of Wheeling-Charleston, the Bishop of the Diocese of Wheeling-Charleston, and all staff, members and volunteers of the above groups, from any and all liability or injury associated with the Summer Home Repair Program. I also understand that the Catholic Church of Preston County does not provide medical insurance or coverage to the participants of the Summer Home Repair Program, and that it is the volunteer's responsibility for coverage should any medical situation arise before, during or after his or her stay in Preston County.

*Volunteer signature

*date (mm/dd/yyyy)

*Parent/Guardian signature (if under 18 years old)

*date (mm/dd/yyyy)

This side to be filled out completely by those who will be 18 or older at any time during the work week.



Diocese of Wheeling-Charleston Office of Safe Environment



Questionnaire for receipt of *Policy Relating to Sexual Abuse of Children* For volunteers with the Catholic Church of Preston County

Confidentiality Notice: All information on this form is held in the strictest of confidence. The purpose of this information is to insure the accuracy of information pertaining to the applicant. All information must be completed on this page.

PLEASE PRINT THE BELOW INFORMATION

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Mailing Address (if different from above):

Last four digits of your Social Security Number

Has a criminal or civil complaint ever been filed against you, alleging physical or sexual abuse? ☐ YES ☐ NO
If YES, give a short explanation of the complaint. Please indicate the date, nature and place of the incident, where the complaint was filed, and the disposition of the complaint.

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse? ☐ YES ☐ NO
If YES, give a short explanation of the allegation(s). Please indicate the date, nature and place of the allegation(s), your employer at the time, including your employer's name, address and telephone number.

Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you? ☐ YES ☐ NO
If YES, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician(s) by name, address, and telephone number.

The information I have provided on this side of this questionnaire is accurate to the best of my knowledge, and may be verified by the Diocese of Wheeling-Charleston. I agree to execute any release necessary to permit the release to the Diocese of Wheeling-Charleston: of prior employment, medical, judicial, and law enforcement records and information pertinent to matters addressed in this questionnaire.

Additionally, I hereby acknowledge that I have either received a copy of the Diocese of Wheeling-Charleston Policy relating to sexual abuse of children dated August 2014 or I will access a copy at www.dwc.org/diocesan-policy.html, and that I will read the policy and conduct myself in accordance with the policy.

(signed) _____ (print name) _____

Date _____ Home Parish _____ Home Diocese _____