

The logo features a black silhouette of a person in a dynamic pose, holding a large, stylized letter 'A' that is part of the word 'Appalachia'.

Appalachia

2025 Forms Packet

for Participants under age 18

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) Behavioral Agreement, (3) Work Agreement, (4) Liability Waiver, and (5) CCPC Volunteer Agreement. Please return these forms along with (6) the \$250 registration fee and (7) 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.

Participant Name: _____ Cell Phone: _____

Male _____ Female _____ Age: _____ DOB: _____ Email: _____

Parent's/Guardian's Name: _____

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)

Behavioral Agreement: (for teens and parents)

Please read the below "behavioral norms" and sign that you agree to abide by them.

BEHAVIORAL NORMS

1. NO ALCOHOL AND DRUGS – If we find a teen smoking or using any drugs or alcohol, we will call his/her parents to pick him/her up and ask him/her to leave.
2. CURFEW – 11:00 PM – Both teens and adults must be in Camp Galilee by this time every night. Lights out will be at 12:00 AM!! All socialization is to be completed so everyone can get a good night's sleep. The days are hard; sleep is essential!
3. NO ONE GOES OFF ALONE, anywhere, without someone else knowing where he or she is. Everyone must stay with the group at night and during the workdays.
4. NO SWIMMING AT NIGHT- no exceptions! No swimming alone or without group leader permission and adult supervision.
5. EVERYONE MUST PARTICIPATE IN COOKING AND CLEANUP.
6. ABSOLUTELY NO OUTSIDE VISITORS WILL BE BROUGHT TO THE CAMPGROUND.
7. POSITIVE SPEECH - We agree to be positive in our speech, and respectful to all group members and leaders.
8. DRESS CODE - Both at the work sites and at camp, all clothing worn should be modest and appropriate for the current activity. Teens will be asked to change if need be.
9. THE ADULT LEADERS ARE THE AUTHORITY; WHAT THEY SAY GOES!

AGREEMENT

We the undersigned have read, understand, and will abide by the 8 norms. Violation of the first rule will result in immediate expulsion. Violation of rules 2-9 may also result in being sent home.

Parent/Guardian Signature

Parent Name (please print)

Date

Student Signature

Student Name (please print)

Date

Work Agreement: (for parents)

We are excited that your child is participating in this year's Appalachia Mission Trip. In addition to the experience of teamwork, service to those in need, and great fun, your child will have the opportunity to develop basic skills of home repair. The leadership team wants to share some of the possible experiences with you and assure your comfort level with your child's participation in these skills prior to our departure.

Some of the job sites may entail working with specific power tools. These tools may include a power screw gun, chop saw, reciprocating saw, and electric drill and similar tools. We ask you to discuss with your child his or her comfort level with these types of tools and advise us of the following:

1. Has your child had experience with the use of power tools?

Circle one: YES NO

2. If trained and supervised, do you permit your child to use these types of tools?

(By supervised, we mean your child would be instructed, set up and have an adult on site at all times.)

Circle one: YES NO

3. Some of our projects this year include repair or replacing parts of a one-story roof. Is your child permitted, with adult supervision, to participate in one story roof repair?

Circle one: YES NO

As always, we consider your child's safety of paramount importance. All leaders operate with the philosophy of safety first. We hope this increases your understanding of some of the work that will be done this summer. We are looking forward to another excellent week! Please do not hesitate to discuss any other questions or concerns you may have with the leadership team.

I have read this disclosure and have discussed it with my child.

Parent/Guardian Signature

Date

Name of Participant: _____

Liability Waiver: (for parents)

I request that my child participate in the Appalachia Mission Trip. For value received, I agree on behalf of myself, (and my child's other parent if known or living (name of parent: _____) and my child) to indemnify and hold harmless 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 child's 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 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 sustained by my child en route to, during, and/or returning from the Mission Trip.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I understand that Trip Sponsors are NOT permitted to dispense medication to minors without permission. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the Trip Sponsors to act on my behalf and approve appropriate treatment.

I consent to my child being transported by the Trip Sponsors including chaperones or other parents in compliance with the safe environment policies of the Trip Sponsors.

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

Please check all that apply:

My child is taking medication at present. My child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: _____

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required. I hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

I do not consent to photographs or other media portraying my child to be used if my child is 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 images of my child.

Parent/Guardian 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 _____ *week _____

parish Church _____ location _____

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)