

**St. Mary of Vernon**  
**Alpha Omega Youth Ministry**  
**Summer 2024 Mission Trip**



**July 13 – 20, 2024**  
**Cincinnati, OH**

Teens entering High School in the Fall of 2024 and all current high school teens are eligible to participate.

Registration Forms can be found in the teen room, Youth Ministry Mailbox outside the Parish Center and in the wooden kiosk in the church narthex or online  
[www.maryofvernon.org/youth-ministry](http://www.maryofvernon.org/youth-ministry)

## 2024 SUMMER

Saturday, July 13th - Saturday, July 20th



### MISSION TRIP HOME BASE

LaSalle High School  
3091 North Bend Rd.  
Cincinnati, OH 45239

### What is a Mission Trip?

It's an 8-day adventure filled with **SERVICE, LAUGHTER, and PRAYER.**

Meeting the challenge of a week of Workcamp is not an easy feat, but in the end your tired body will have a renewed spirit, ready to continue loving and serving others.

For the 2024 Mission Trip we have registered for a "*Elevated Workcamp*". In addition to the service work, there will be live music every morning and night, games and activities, Eucharistic Adoration, daily Mass, and a chance to meet many new people. The relationships you form can be life changing. In short, we will work hard, play hard and pray hard; and you will be changed by the experience.

Our group of **25** will be at a "camp" with approximately 250- 300 other "campers" from Catholic churches around the U.S. All the "campers" are divided into random work groups of 6 teens (not necessarily all from St. Mary of Vernon). There are always one or two adult chaperones assigned to each group who stay with the teens to supervise and guide them throughout each workday.

Catholic HEART Workcamp is committed to doing everything to ensure the safety of all those employed by and attending a Catholic HEART Workcamp. CHWC completes a National FBI Background Check on all employees. All CHWC Staff are also trained in the "Protecting God's Children" VIRTUS program in order to be in compliance with the US Catholic Bishops Charter for the Protection of Children and Young People. Chaperones and teens 18 yrs old and older going on the Mission Trip must be in compliance with the "Protecting God's Children" requirements as well. We will contact those who need to complete these requirements.

There will be additional meetings (probably two) spread out over the months leading up to the Trip. At these gatherings we will begin to prepare for our service experience, and we will start to get to know one another better. We hope that the teens and adult chaperones will do their best to attend these very important gatherings.

CHWC has raised their cost this year. Additionally, we anticipate all other costs to be higher than last year; food, van rentals, gas, etc. The cost for St. Mary of Vernon *teens* will be \$650 if registered by February 11, 2024. The cost goes up to \$700 after February 11st. This year we are asking chaperones to pay \$325, which is less than half of the actual trip cost per person.

We invite YOU into our mission this summer to share Christ's love in the Cincinnati community. St. Mary of Vernon will be taking campers entering the 9<sup>th</sup> grade in the fall of 2024 through college teens. **Fundraising opportunities** will be provided. Teens will have the opportunity to work various fundraisers, "earning" \$30 per fundraiser, up to \$150, which will be deducted from the final payment. We also have scholarships available if needed. Please don't let the cost of the trip be the reason you do not go. Fundraising Opportunities may include Bake Sales, Lenten Fish Frys, Stock Sales, Men's Club Golf Outing, Car Wash, & others. Dates and times TBD.

## 2024 Summer Mission Trip

### Why is it so expensive?

Number of Participants		25
	Total	Amt/person
CHWC Registration Fee	\$ 12,375.00	\$ 495.00
Supplies- SMV t-shirt, chaperone supplies, first aid kits, medicine, misc. items that teens forget	\$ 1,500.00	\$ 60.00
Van Rental (\$800/van)	\$ 3,200.00	\$ 120.00
Gas Estimate	\$ 2,000.00	\$ 80.00
Snack Food at Camp	\$ 500.00	\$ 20.00
Postcards & Stamps	\$ 250.00	\$ 10.00
Hotel (2 nights) Estimate	\$ 3,000.00	\$ 120.00
<b>TOTAL</b>	<b>\$ 23,125.00</b>	<b>\$ 905.00</b>

## **2024 Summer Mission Trip Expenses & Payment Schedule**

### **TEEN'S MISSION TRIP FEE INCLUDES:**

- Teen's CHWC Registration Fee
- Mini-Van Rentals (planning on 4 mini-vans/similar vehicle)
- Gas and tolls for **all** the vehicles going to/from Cincinnati.
- Three meals a day while at CHWC
- Extra snack food and beverages while at CHWC
- Lodging while at CHWC
- St. Mary of Vernon t-shirt
- CHWC t-shirt
- Part of the Chaperone expenses throughout the trip

### **TEEN'S MISSION TRIP FEE DOES NOT INCLUDE:**

- "Free Day" Expenses which could be your entrance fee to a park or to whatever we decide to do. *This is still to be determined.*
- Lunch, snacks and beverages for the ride to/from Cincinnati. Once we determine our "Free Day" activity, we will know how many meals you will need to purchase.
- Souvenirs—This could include t-shirts, music CDs, etc.
- **Tools to be collected, 1 of each: Paint brush, paint roller cover, drop cloth, roll of masking tape**

#### **PERSONAL SAFETY TOOL LIST**

Each person is **required** to bring the following items to CHWC:

\*Small insulated water jug

\*Safety goggles

\*Work gloves

\*Mini facemask for scraping/painting

Please label & put them in a small backpack and take them to your worksite.

*These tools will NOT be collected.*

**Early registration cost per teen prior to February 11, 2024 is \$650.  
After February 11, 2024, the cost per teen goes up to \$700.**

### **TEEN PAYMENT SCHEDULE**

1 <sup>ST</sup> NON-REFUNDABLE Payment is due <b>ASAP (Feb 11)</b> .....	<b>\$150<sup>^</sup></b>
2 <sup>ND</sup> NON-REFUNDABLE Payment is due <b>March 1, 2024</b> .....	<b>\$150</b>
3 <sup>RD</sup> NON-REFUNDABLE Payment is due <b>April 1, 2024</b> .....	<b>\$150</b>
Last NON-REFUNDABLE Payment is due <b>June 1, 2024</b> .....	<b>\$200<sup>*</sup></b>

<sup>^</sup>This amount depends on the date of registration; additional \$50 if registering after February 11<sup>th</sup>

<sup>\*</sup>This amount depends on the number of fundraisers actually worked.

None of the amounts listed above includes the Free Day expense.

**<sup>^</sup>If you end up being unable to attend the Mission Trip but we are able to get a "replacement" for your spot, we should be able to refund your deposit.**

**If you are unable to pay the full amount, please talk to Jim Welch about scholarship opportunities as soon as possible.**

## **FRIENDS & FAMILY DONATION REQUEST LETTER**

Dear \_\_\_\_\_,

I hope this letter finds you well.

I have an opportunity this summer to join St. Mary of Vernon's Youth Ministry, as well as other churches and youth groups from around the United States, on a mission trip to Cincinnati, Ohio through Catholic Heart Workcamp. Let me briefly tell you a little about Catholic Heart Workcamp whose mission is twofold.

**First:** To share the love of Jesus and serve the neglected, brokenhearted and marginalized in any way needed. The Catholic Heart Workcamp mission is to revitalize communities and beautify homes for the elderly, disabled and those who cannot afford needed repairs. Their goal is to inspire participants to serve in their local communities as well.

**Second:** To empower participants to live as Disciples of Christ through serving others. To foster the spiritual growth of each participant through the sacraments, Catholic faith sharing and prayer.

What I hope to personally gain from this mission trip is \_\_\_\_\_.

The cost for teens to participate in the Mission Trip is \$650/\$700 per teen depending on when I register. This includes a \$150 deposit which I have paid in advance in order to hold my spot. Any additional funds which I raise will go towards the general mission trip expense fund which helps to pay for transportation (van rentals and gas), lodging, food/meals, camp T-shirts, work tools and various other miscellaneous expenses.

If you would be willing to help sponsor me and the St. Mary of Vernon Catholic Church Youth Ministry 2023 Mission Trip, please make your check payable to "**St. Mary of Vernon**", write "**Mission Trip**" and **my name on the memo line, and mail to ST. MARY OF VERNON, ATTN: JIM WELCH, YOUTH MINISTER, 236 US HIGHWAY 45, INDIAN CREEK, IL 60061.** Any donation is greatly appreciated. All contributions are tax deductible.

As important as the financial aspect is, I will value your prayers even more – not only for me personally, but for all the participants of the St. Mary of Vernon Mission Trip, and for those we hope to serve.

For more information about Catholic Heart Workcamp, please visit their website at [www.heartworkcamp.com](http://www.heartworkcamp.com).

Thank you for your prayers and support!

**--(Teen Signature)--**

## FRIENDS & FAMILY DONATION REQUEST LETTER

# RULES

- 1) If you receive more than \$650.00 in donations, the excess funds will go towards the general Mission Trip account.
- 2) As stated in the *Friends & Family Donation Request Letter*, all donations should be mailed directly to St. Mary of Vernon from the donor.

ST. MARY OF VERNON  
ATTN: JIM WELCH, YOUTH MINISTER  
236 US HIGHWAY 45  
INDIAN CREEK, IL 60061
- 3) Please do not include these **RULES** with your **LETTER**. They are for your information.
- 4) If you have any questions, please talk to Jim Welch before mailing the letter.



## ST. MARY OF VERNON 2024 Summer Mission Trip APPLICATION CHECK LIST



**Please use this check list to verify that your Mission Trip Application is complete prior to turning it in.**

### **TEENS**

- Teen Application- Completely filled out with parent *and* teen signatures.
- Catholic Bishop of Chicago... Release of all Claims- Must be signed by a parent *and* teen.
- Payment Form- The form must be completely filled out with the method of payment clearly marked.
- Payment- Payment must be included.  
\$150 non-refundable deposit due prior to February 11, 2024. If the application is submitted after February 11<sup>th</sup>, a non-refundable deposit of \$200 is due plus any payments which are past their due date.

### **CHAPERONES**

- Chaperone Application- Only submit if an adult (parent) would like to go on the Mission Trip as a chaperone. The Form must be completely filled out and signed.
- For the Chaperone, a Catholic Bishop of Chicago... Release of all Claims- Must be signed by the chaperone wanting to go.
- Payment Form- The form must be completely filled out with the method of payment clearly marked.
- Payment- Payment must be included.  
\$150 non-refundable deposit due prior to February 11, 2024. The Chaperone Fee for this year is \$325 once again.
- Chaperones must turn in a copy of their:
  - 1) Driver's License
  - 2) Auto Insurance card
  - 3) Health Insurance card

An incomplete Application will not be processed until it has been made complete.  
If you have any questions, please email Jim Welch ([jwelch@maryofvernon.org](mailto:jwelch@maryofvernon.org))







## ST. MARY OF VERNON 2024 Summer Mission Trip TEEN APPLICATION



The cost is \$650 per Teen, before February 11, 2024.

After February 11<sup>th</sup>, the cost goes up to \$700.

This form, along with a **\$150 \*non-refundable deposit** is due at this time to hold your spot.  
(\*If you end up being unable to attend the Mission Trip but we are able to get a "replacement" for your spot, we should be able to refund your deposit.)

Teen Name: \_\_\_\_\_  
please print all information clearly

Address: \_\_\_\_\_  
(street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Teen Cell Phone: \_\_\_\_\_

Teen Email Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Teen's Birthdate: \_\_\_\_\_ Teen's Age on July 17, 2024: \_\_\_\_\_

School Fall 2024: \_\_\_\_\_ Grade in Fall of 2024: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Current Parish: \_\_\_\_\_

\*I understand that there will be fundraising events and pre-trip meetings for all CHWC participants to attend. \_\_\_\_\_ (Initial Here)

\*\*I also understand that I am **required** to supply baked goods to **any** Bake Sales if they happen.  
\_\_\_\_\_ (Initial Here)

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OVER



## TEEN

### CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE, AND ST. MARY OF VERNON RELEASE OF ALL CLAIMS

In consideration for being accepted by St. Mary of Vernon, 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 St. Mary of Vernon, 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 St. Mary of Vernon Mission Trip, (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 St. Mary of Vernon to furnish any necessary transportation, food, lodging for this participant.

The undersigned further agrees to hold harmless and indemnify St. Mary of Vernon, 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 St. Mary of Vernon Mission Trip, 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 all hotel and transportation costs.

I (we) am aware of no physical, mental or emotional problems, which would limit participation in the St. Mary of Vernon Mission Trip. I (we) am (are) fully aware of the nature of the St. Mary of Vernon Mission Trip.

Neither the Catholic Bishop of Chicago, A Corporation Sole, nor St. Mary of Vernon will be liable for loss or damage to property of participants prior to, during or following the work camp due to theft, fire, accident or any other cause beyond its control.

#### MEDIA/PHOTO WAIVER:

I hereby authorize and give my full consent to St. Mary of Vernon to publish any and all photographs, video or audio in which I/my child will appear in while attending the St. Mary of Vernon Mission Trip.

X

Print Teen Participant Name

X

Print Custodial Parent Name

X

Teen Participant Signature

Date

X

Custodial Parent Signature

Date





**ST. MARY OF VERNON**  
**2024 Summer Mission Trip**  
**CHAPERONE APPLICATION**



If you would like to be a chaperone on the 2024 Mission Trip to Cincinnati, OH from July 13-20, 2024, please complete and return this form to Jim Welch as soon as possible to hold your spot.

\$325 is the cost/Chaperone to help offset the CHWC price.

**Please attach to this form a copy of your Auto Insurance Card, Medical Insurance Card, & Driver's License.**

Chaperone Name: \_\_\_\_\_  
please print all information clearly

Address: \_\_\_\_\_  
(street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you completed the Archdiocese of Chicago...

VIRTUS training?	YES	NO
Federal Background check?	YES	NO
DCFS Background check?	YES	NO
Code of Conduct Form?	YES	NO

Do you have a Mini Van/Large SUV that you would be willing to drive to the camp with teenage passengers? *Please Circle either:* YES NO

\_\_\_\_\_  
*If yes, please indicate year, make, model.*

\_\_\_\_\_  
*If yes, please indicate the number of seatbelts your vehicle has, including the driver's.*

\*I understand that there will be pre-trip meetings for all CHWC chaperons/group leaders.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER**



# CHAPERONE

## CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE, AND ST. MARY OF VERNON RELEASE OF ALL CLAIMS

In consideration for being accepted by St. Mary of Vernon, I being 21 years of age or older, do for myself do hereby release, forever discharge and agree to forever hold harmless St. Mary of Vernon, 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 resulting from my participation in the St. Mary of Vernon Mission Trip, (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 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 St. Mary of Vernon to furnish any necessary transportation, food, lodging for me.

The undersigned further agrees to hold harmless and indemnify St. Mary of Vernon, employees and agents, for any loss claim, liability, damage, including property damage or injury whatsoever incurred by myself 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 hereby grant my permission to participate fully in said St. Mary of Vernon Mission Trip, and hereby give my permission to be taken 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 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 me to return home due to disciplinary action, for medical reasons or otherwise, I hereby assume all hotel and transportation costs.

I am aware of no physical, mental or emotional problems, which would limit participation in the St. Mary of Vernon Mission Trip. I am fully aware of the nature of the St. Mary of Vernon Mission Trip.

Neither the Catholic Bishop of Chicago, A Corporation Sole, not St. Mary of Vernon will be liable for loss or damage to property of participants prior to, during or following the work camp due to theft, fire, accident or any other cause beyond its control.

### MEDIA/PHOTO WAIVER:

I hereby authorize and give my full consent to St. Mary of Vernon to publish any and all photographs, video or audio in which I will appear in while attending the St. Mary of Vernon Mission Trip.

X

Print Chaperone Participant Name

X

Chaperone Participant Signature

Date



# ST. MARY OF VERNON 2024 Summer Mission Trip PAYMENT FORM

DATE RECEIVED

Participant Name: \_\_\_\_\_  
please print all information clearly

Address: \_\_\_\_\_  
(street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

*St. Mary of Vernon must pay the full balance to the Catholic Heart Workcamp by June 1, 2024. If you back out, we lose hundreds of dollars. For this reason, payments cannot be refunded unless someone else fills your spot.*

***I understand that the payments are non-refundable after each payment deadline, unless another teen is found to fill my teen's spot (taken first from the waiting list).***

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Paying by CHECK:

☐ Attached is a check in the amount of \$ \_\_\_\_\_

Check #: \_\_\_\_\_

## Paying by CASH:

☐ Attached is cash in the amount of \$ \_\_\_\_\_

## Paying by CREDIT CARD:



**THERE IS AN 3% SERVICE FEE ON EVERY CREDIT CARD PAYMENT.**

**Please charge my:** ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Card #: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

## Select which payments you would like charged.

☐ Non-refundable Deposit + 3% Service Fee (\$164.80 or \$206.30 if registered after February 11st.)

☐ Non-refundable 2<sup>nd</sup> Payment + 3% Service Fee (\$164.80)

☐ Non-refundable 3<sup>rd</sup> Payment + 3% Service Fee (\$164.80)

☐ Non-refundable Final Payment + 3% Service Fee

**(Final Balances will be available the last week of June. It will be determined by fundraisers)**