

Dear Adult Volunteer,

You have expressed interest in attending the 2018 Mission Trip to Buckingham, Virginia – THANK YOU! The Mission Trip will take place from **July 11** (morning) through **July 18** (afternoon).

During the Mission Trip, you will assist in repairing homes for families in need of assistance in Buckingham County. Work is performed each day with the exception of Sunday and the final Wednesday when the participants go to a picnic at Holiday Lake near Appomattox/Farmville.

The cost of this trip will be **\$120** for the complete Mission Trip if paid in full before or on **June 3rd**. These funds are used to purchase food, fuel, building supplies, and the Wednesday (July 18) picnic/park expenses. The cost of the trip increases to **\$140** if paid in full between **June 4th and June 17th**. Registration is possible after June 15th only if sufficient slots are available. The cost if paid in full **after June 17th** will be **\$180**. However, note that due to the time necessary to make the t-shirts, it is possible that a t-shirt may not be available for you if you do not register before **June 17th**. To ensure it is not cost prohibitive for a whole family to attend, the family rate (3 or more immediate family members) is the cost of 3 people at the rate based on payment date.

There are a limited number of slots for this trip and once those slots are filled, registration will be closed. This could occur before the deadlines above.

In order to ensure accuracy of the number people attending, the payment will be refundable up until July 1st; however, the payment will not be refunded until after our return from Mission Trip. Due to advanced planning purposes, refunds will not be provided if you cancel after July 1st.

Attendees can attend for part of the trip and the trip is pro-rated based on the number of days the individual will be attending. The cost per day will be \$15 if paid in full on or before **June 3rd**. Payment in full between **June 4th and June 17th** will cost \$17.50 per day. Finally, if full payment after **June 18th**, cost will be \$22.50 per day. Similar to those staying for the complete week, it is possible that registrants after **June 18th** may not receive a t-shirt. To determine the cost, count each day, including the arrival and departure days as full days and multiply it according to the date by which the registration is paid as identified in this paragraph. While we would like to assist in helping those arriving late or leaving early with transportation, it is up to the individual to provide for his/her own transportation to and from Buckingham. Transportation for those leaving to go to Buckingham on the 11th will be arranged by the Missions team as well as those returning after the picnic on the 18th. Any other departures must be arranged by the individual. We will assist where we can; however, it is ultimately your responsibility.

As part of the registration and to streamline the trip, we are requiring that a photocopy of your medical insurance card be provided with the registration documents.

For individuals interested in staying at the hotel, you must make reservations yourself and you take on the responsibility for that extra cost. (Closest is Star Motel, Dillwyn, 434-983-2365)

If you have any questions regarding the trip, please contact Max at 876-7070.

Peace & blessings,

ADULT MISSION TRIP REGISTRATION FORM

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>			
			Y N				
<i>Home Phone</i>	<i>Cell Number</i>	<i>Provider</i>	<i>Do you Text?</i>	<i>Your e-mail</i>			
				,			
<i>Street Address</i>		<i>City</i>		<i>State</i>	<i>Zip</i>		
<i>Shirt Size (Circle)</i>	yL	S	M	L	XL	XXL	XXXL
<i>Glove Size (Circle)</i>		S	M	L			

Days on the trip:

On which days do you plan on attending (if you decide to come). Place and "x" in each box for every day you intend to attend the WHOLE day. For arrival and departure, please indicated whether you will be arriving/departing early/late (i.e., AE for arrive early and DL for depart late). If you will be there for the complete Mission Trip, please type "ALL" in the box under Wednesday, July 12:

Wednesday July 11	Thursday July 12	Friday July 13	Saturday July 14	Sunday July 15	Monday July 16	Tuesday July 17	Wednesday July 18

Vehicle: Will you volunteer to take a vehicle? Yes No

If yes, my vehicle will be available for:

- Driving to and from Buckingham only
- Use during complete Mission Trip (including driving to and from work sites)

Vehicle Year: ____ Make: _____ Model: _____ # Seats:

Skills Inventory:

Please identify skill level you have in the trade/skill listed in the table below. Use the information to the right to identify how skilled you feel you are to perform those jobs (please be careful at estimating your skill level... you just may get what you asked for ☺).

Carpentry	
Cleanup	
Cooking	
Coordinating	
Decorating	
Demolition	
Drywall	
Electrical	
Hauling	
Heating/AC	
Painting	
Plumbing	
Sewing	

0	<i>I have no interest in doing this type of work, and/or I fear doing this type of work.</i>
1	<i>I have no skills with this type of work, but I would like to try to learn.</i>
2	<i>I have done this type of work (under directed of others), but I wouldn't consider myself skilled enough to do this without supervision.</i>
3	<i>I can do work as directed, but I am not comfortable designing or leading detailed work of this type.</i>
4	<i>With appropriate direction, I could do detailed work or supervise this type.</i>
5	<i>Either I work professionally with work like this or I have worked professionally with this type of work.</i>

MEDICAL/MEDIA RELEASE FORM

I give permission to use photos/videos which include me in promotional videos and brochures. This includes photos/videos that may be posted on the Internet (YouTube, Facebook). **Initial** on answer: Yes No

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
<i>/ /</i>		M		F	
<i>Date of Birth</i>		<i>Sex (Circle as Appropriate)</i>		<i>Church/Parish attending</i>	
<i>Street Address</i>		<i>Addl Street Data (Apt #)</i>		<i>City, State</i>	
				<i>Zip</i>	
<i>Home Phone Number</i>		<i>Cell Number</i>			

INSURANCE INFORMATION

<i>Policy Holder's Last Name</i>		<i>Policy Holders First Name</i>		<i>Insurance Company</i>	
<i>Relationship to Policy Holder</i>		<i>Policy Number</i>			

IN CASE OF EMERGENCY, PLEASE CONTACT

<i>Name</i>	<i>Relationship</i>	<i>24 Hour Phone</i>

PERTINENT MEDICAL INFORMATION

<i>Do you have any allergies?</i>	Yes	No
<i>If you answered "Yes" regarding allergies, please list in the space below:</i>		
<i>Do you have medication of any type, with you?</i>	Yes	No
<i>If you answered "Yes" regarding medication, please list in the space below:</i>		
<i>Is there any other physical or emotional condition of which we need to be aware?</i>	Yes	No
<i>If you answered "Yes" regarding medication, please explain below:</i>		

RELEASE OF LIABILITY

<i>I remain legally responsible for any personal action taken. I agree to hold harmless St Jerome parish, and the Diocese of Richmond, as well as its officers, directors, agents, chaperones, or representatives associated with this event, arising from or in connection with my attending this event, or including but not limited to accidents, emergencies, exposure to reckless conduct of persons.</i>		
<i>Printed Name</i>	<i>Signature</i>	<i>Signature Date</i>

DIOCESAN CHILD SAFETY REQUIREMENTS

- As a measure to provide a safe environment for our children, the Catholic Church has a program in place called "Protecting God's Children". Per the Diocese of Richmond all volunteers working with minors are required to complete background screening.
 - One has not been completed within the last 5 years. Attached is completed Screening ONE form
 - Completed within last 5 years. Initial here and provide approximate date: _____

- All volunteers working with minors are required to attend a VIRTUS training session. (VIRTUS is the brand name for the safe environment program used by diocese of Richmond.) If you have not yet completed this training, training will be provided here just prior to trip or you can go to https://www.virtusonline.org/virtus/reg_list2.cfm?theme=0 to see what other dates are available around the diocese. (OLMC to see if they have any other classes not listed.)
 - I previously completed training. Initial here and provide approximate date _____ I need to attend training. I plan to attend on _____

I understand, that in accordance with the diocesan child safety requirements and diocesan insurance guidelines,

- An adult is NOT to be alone (where others cannot see activity) with a non-related youth
- No participant may possess or consume alcohol during this event
- No person under 21, or person without required insurance, may drive a minor unless it is an emergency

Signature _____ **Date** _____

DRIVER INFORMATION

Driver's Name _____ Date of Birth _____

Address _____ Phone # _____

Driver's License # _____ Date of Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

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

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____ Date of 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, according to the State of Virginia I must be 18 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 participants of the event.

Signature _____ Date _____