

Dear Adult Volunteer,

Thank you for expressing interest in the 2019 Mission Trip to Buckingham, VA! This year's trip will take place from the morning of Wednesday **July 10** through the early evening of Wednesday **July 17th**.

During the trip, we will assist in repairing homes for families in need of assistance. Work is performed each day except for Sunday and the final Wednesday when the participants go to Holliday Lake (near Appomattox/Farmville) for swimming and a picnic lunch.

The cost of the trip will be **\$120** for the whole week if paid in full **on or before June 3rd**. These funds are used to purchase food, personal safety equipment, fuel, t-shirt, Holliday Lake expenses and building materials. The cost of the trip increases to **\$140** if paid in full between **June 4th and June 17th**. Registration is possible after June 18th if space available. The cost will increase to **\$180 after June 18th**. Those registering after June 17th are not guaranteed a t-shirt due to ordering deadlines. To ensure it is not cost prohibitive for a whole family to attend, the family rate is the cost of 3 immediate family members at the rate based on payment date.

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

While we hope nobody's plans change, the cost of the trip is refundable until July 1st. Due to advanced planning, refunds won't be made until we return from Mission Trip. The registration fees won't be refunded for any cancellations after July 1st.

Attendees can attend for part of the trip. Registration fees are pro-rated based on the number of days attending. When counting days please include arrival and departure days. Payment made by **June 3rd is \$15/day; June 4th-17th \$17.50/day and after June 18th \$22.50/day**. Those paying after June 18th may not receive a t-shirt.

Transportation for those leaving to go to Buckingham on the 10th will be arranged by the Missions team as well as those returning after the picnic on the 17th. Any other late arrivals/early 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 do require that a photocopy of the medical insurance card be provided with the registration documents.**

All adults over 18 must have a current (within 5 yrs.) background check on file and have completed Virtus training.

For individuals interested in staying at the hotel, you must make reservations yourself and you take 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 Lindsay (876-7070), Lizabeth Meier (813-6235) or Delaine Botelho (753-7678).

Peace and Blessings

St. Jerome Mission Team

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>Texting ?</i>	<i>Your e-mail</i>			
<i>Street Address</i>		<i>City</i>		<i>State</i>	<i>Zip</i>		
<i>Shirt Size</i>	YL	S	M	L	XL	XXL	XXXL
<i>Glove Size</i>		S	M	L			

Days on the trip:

I will attend the entire trip

I will attend the days indicated below: Place an check in each box for every day you plan to attend.

Estimated arrival time:

Estimated departure time:

Wednesday July 10	Thursday July 11	Friday July 12	Saturday July 13	Sunday July 14	Monday July 15	Tuesday July 16	Wednesday July 17

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.
 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 person under 21, or person without required insurance, may drive a minor unless it is an emergency

Signature _____ **Date** _____

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>

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 in box: **Yes** **No**

VEHICLE INFORMATION

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:

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 _____

RELEASE OF LIABILITY

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.

Printed Name	Signature	Signature Date

MEDICAL RELEASE FORM

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</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 Holder's 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>		