

Dear Adult Volunteer,

Thank you for expressing interest in the 2022 Mission Trip to Buckingham, VA! This year's trip will take place from the morning of Wednesday **July 13th** through the early evening of Wednesday **July 20th**.

During the trip, we will assist in repairing homes for families in need of assistance. You will be on a team with other adults, young adults and youth. 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 **\$130** for the whole week if paid in full **on or before June 5th**. 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 **\$150** if paid in full **between June 6th and June 19th**. Registration is possible after June 19th, if space is available. The cost will increase to **\$190 after June 19th**. Those registering after June 19th 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 3rd. 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 3rd.

Attendees can attend for part of the trip. Registration fees are prorated based on the number of days attending. When counting days please include arrival and departure days. Payment made by **June 5th is \$17/day; June 6th-19th \$20/day and after June 19th \$24/day**. Those paying after June 19th may not receive a t-shirt.

Transportation for those leaving to go to Buckingham on the 13th will be arranged by the Missions team as well as those returning after the picnic on the 20th. 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 your medical insurance card (both sides) 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. Please check the diocesan website for VIRTUS training dates and locations.

For individuals interested in staying at the hotel, the closest is Star Motel, Dillwyn, 434-983-2365. You are responsible for making your own reservations and paying the hotel directly.

If you have any questions regarding the trip, please contact Delaine Botelho (757-753-7678) or Max Lindsay (757-876-7070).

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>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

- I will attend the entire trip – departing on Wed. 7/13 and returning Wed. 7/20 with the group.
- will attend the days indicated below: Place an X in each box for every day you intend to attend. Include arrival and departure days. Please enter arrival and departure times below.

Estimated arrival time: _____ Estimated departure time: _____

Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Jul 13	Jul 14	Jul 15	Jul 16	Jul 17	Jul 18	Jul 19	Jul 20

DIOCESAN CHILD SAFETY REQUIREMENTS

1. 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: _____

2. 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		<table border="1"> <tbody> <tr> <td style="text-align: center;">0</td> <td><i>I have no interest in doing this type of work, and/or I fear doing this type of work.</i></td> </tr> <tr> <td style="text-align: center;">1</td> <td><i>I have no skills with this type of work, but I would like to try to learn.</i></td> </tr> <tr> <td style="text-align: center;">2</td> <td><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></td> </tr> <tr> <td style="text-align: center;">3</td> <td><i>I can do work as directed, but I am not comfortable designing or leading detailed work of this type.</i></td> </tr> <tr> <td style="text-align: center;">4</td> <td><i>With appropriate direction, I could do detailed work or supervise this type.</i></td> </tr> <tr> <td style="text-align: center;">5</td> <td><i>Either I work professionally with work like this or I have worked professionally with this type of work.</i></td> </tr> </tbody> </table>	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>
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5	<i>Either I work professionally with work like this or I have worked professionally with this type of work.</i>													
Cleanup														
Cooking														
Coordinating														
Decorating														
Demolition														
Drywall														
Electrical														
Hauling														
Heating/AC														
Painting														
Plumbing														
Sewing														

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**

VEHICLE INFORMATION

Will you volunteer to take a vehicle? Yes No

If yes, my vehicle will be available for:

- Driving to and from Newport News sites 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 each person/\$300,000 each accident/\$50,000 property damage. The Diocesan coverage is excess of the underlying coverage on the vehicle for those accidents that occur while the vehicle is being operated on behalf of the Diocese.**

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>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>

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>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>	

****ATTACH A COPY OF THE FRONT & BACK OF PARTICIPANT'S INSURANCE CARD****

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>		

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Driver's License #: _____ State Issued: _____

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

TRUE FALSE

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.

2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years.

3. I have had no more than three moving violations or accidents in the last three years.

Thank you for helping us with our transportation needs.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge.

I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license. I agree that I will refrain from using a cell phone or any other electronic device while operating a vehicle on behalf of the parish

Volunteer Driver Signature

Date