



Youth OutREACH

at St. Matthew's Episcopal Church

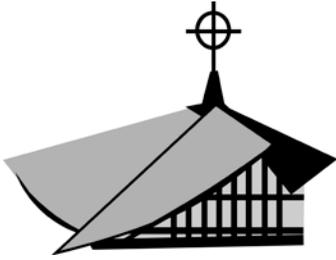
1 2017 Mission Trip Application & Financial Information

*This application is for those who would like to participate in a short-term mission trip with St. Matthew's Episcopal Church.

- Please review and complete the Mission Trip Application in its entirety before submitting.
- Please read and sign the following: Financial Memo of Understanding, Code of Conduct, Liability Release Form, and Formation Schedule Commitment and return with your application.
- Include your non-refundable deposit made out to St. Matthew's Episcopal Church. In the memo line please write the person's name going on the trip and trip name. Deposit amount for a regional trip is \$50.
- Drop the application off or mail the completed forms and deposit to:

St. Matthew's Episcopal Church
Abbi Long
330 N. Hubbards Lane
Louisville, KY 40207

*Please note: This is a mission trip application form. Once your application has been reviewed, the mission trip leader or Director of Ministry will contact you regarding your participation on the trip. If you have any questions, please email along@stmatthewsepiscopallouisville.org.



2 2017 BASIC REQUIREMENTS

I UNDERSTAND AND AGREE TO THE FOLLOWING GUIDELINES:

- 2.1 I am at least 13 years old (Or, at least 11 years old with a parent participating in the same trip).
- 2.2 I actively participate in the life of the church, attending the Eucharist regularly.
- 2.3 I have obtained the consent of my parent/guardian.
- 2.4 I have read and commit to the outlined values, formation plan, & calendar.
- 2.5 I will adhere to all **deadlines, including financial deadlines**, regardless of whether I pay individually the cost of the mission trip or raise financial support to cover the cost. All participants must abide by the deadlines for application, deposits and payments.
- 2.6 I understand that a short-term medical insurance policy outside of my personal policy may be required.

I have read the above and agree.

Participant's Name

Signature

Legal Guardian(s) if Under 18

Signature

_____/_____/_____
Date



3 Episcopal Youth In Mission

According to the Episcopal Youth In Mission Manual, “Mission is at the very heart of who we are as Christians. It is through mission that we understand the way in which God calls each one of us individually and communally to live and act in this world.”¹

3.1 Core Values for Our Trip

According to the Episcopal Youth In Mission Manual, “Attitudes and practices related to mission and service have changed considerably in recent years, shifting away from ‘doing to’ or ‘doing for’ toward ‘doing with’ or ‘being with.’”²

We embark on mission as Baptized people, living out the Baptismal Covenant to “seek and serve Christ in all persons, loving our neighbors as ourselves, and to strive for justice and peace among all people, respecting the dignity of every human being.”

We Value:

- 3.1.1 A spiritual experience based on our Baptismal promises and the Five Marks of Mission**
- 3.1.2 A respectful experience that recognizes diversity and community-defined needs.**
- 3.1.3 A mutual relationship between people.**
- 3.1.4 A desire to make sustainable changes to systems in addition to single acts of kindness.**
- 3.1.5 A significant time and energy commitment to formation prior to, during, and after the experience.³**

¹ http://www.episcopalchurch.org/files/1-introduction_7.pdf pg. 4

² http://www.episcopalchurch.org/files/1-introduction_7.pdf pg. 4

³ Based on Core Values of This Manual, http://www.episcopalchurch.org/files/1-introduction_7.pdf pg. 4



4 Financial Support for Your Trip

The cost of the mission trip need not be prohibitive to participation for anyone who desires to go. St. Matthew's is a thriving church filled with compassionate people who strive to "reach out as Christ's hands to the world." Therefore, the responsibility of paying for such an experience is shared.

The total cost of the mission trip is divided into "shares." Shares are similar to stock in a company. Just like stockholders in a company, shareholders in your trip want to know what their financial support will provide. At our first formation meeting we will discuss how to share the vision of the mission trip with potential supporters including family, friends, and the rest of the church.

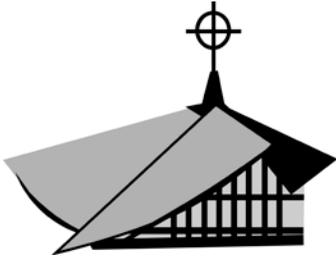
Inviting others to give to the trip involves them in the experience. All extensions of support should receive a hand-written thank you card within a week of receiving the gift. While on the trip, participants will write, post, and share about their daily experiences so that those who contributed can follow along. Upon returning home, all supporters will receive a photo card and an email with a link to photos of the trip.

Some participants will receive support that is above and beyond what they personally need to pay their own way. This additional support goes toward the total cost of the trip for all participants.

Additional fundraisers may be needed. In the event that a fundraiser is scheduled, all participants are expected to plan and work. This expectation serves more than one purpose. First, fundraising offers the group an opportunity to work together prior to the trip. Working together here at home helps participants learn each other's strengths and areas of weakness. It provides a "test run" of the real deal in a safe environment. Second, fundraisers require a group effort. Absences from fundraisers lead to resentment in those who do work and limit the work that can be done.

In the event that a participant is unable to go on the trip but has already paid a portion or all of the expenses of their trip, the funds raised are not refunded. Emergencies do occur. The ability of the group to continue and go on the trip is dependent on total group funds, as each item in the budget is divided among the total number of participants. For example, if lodging is \$3000 total and there are 10 participants, each participant is responsible for \$300. However, even if that person can no longer go, the total cost of the lodging remains \$3000.

Scholarships are possible for those who need additional support. Please see Abbi Long for more information. Scholarships are not meant to pay for the entire trip, nor can they exempt a participant from seeking support shares or working at fundraisers.



5 Financial Memo of Understanding

- 5.1 I understand that I am responsible for raising the funds required for the trip. The money I raise covers travel costs, food, lodging, ministry expenses, insurance, and formation prior to and after the trip. I am responsible for souvenirs, and food/drinks in addition to my daily allowance.
- 5.2 Support received in my name goes to the cost of my trip. If I receive support above and beyond the cost of my trip, support received is then applied to the total cost of the trip for all participants.
- 5.3 If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.
- 5.4 If, for some reason, I do not participate on the mission trip to which I have been accepted, I understand that the monies given to my trip cannot be refunded to me or to the donors due to the non-profit status of the church and the need to cover the total cost of the trip for all participants.
- 5.5 In order to comply with tax regulations, all checks for support must be made out to St. Matthew's Episcopal Church. Donors should write my name and the trip name in the memo line of their check, or designate it as such online.
- 5.6 If inappropriate behavior and/or the breaking of the team covenant or policies causes me to be sent home early from my mission trip as disciplinary action, none of the money raised will be refunded to me or any donors.
- 5.7 If you are a minor, you and your parent/guardian understand that the expenses incurred for being sent home are the responsibility of the parent/guardian.
- 5.8 I will return any unused money from my on-field food stipend (if given) to my team leader before leaving the church upon my return.

I have read the above and agree to the policies and terms.

Participant's Name (please print)

Signature

Legal Guardian(s) if Under 18 (please print)

Signature

_____/_____/_____
Date



6 2017 Mission Trip Application for Participation

Student Information

Student Name: _____ Age: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Information

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Email: _____ Primary Phone: _____

Emergency Contact Information

Please note: The minor's Parent/Guardian will always be contacted first.

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Email: _____ Primary Phone: _____

Insurance Information

Insurance Company: _____ Name on Card: _____

ID #: _____ Group #: _____ Policy #: _____

Name of Primary Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Health History

List any dietary restrictions: _____



List any activities your child should be restricted from:

Medical History of Participant:

ADD or ADHD? Yes No

Mental Disability? Yes No

*Asthma? Yes No

Eating Disorders? Yes No

Behavioral Problems? Yes No

Emotional Problems? Yes No

Cardiac Problems? Yes No

Glasses or contacts? Yes No

Diabetes? Yes No

Headaches? Yes No

Developmental Delay/

Seizures? Yes No

Stomach Problems? Yes No

***Asthma:** Does your child need an inhaler, and if so, what is the action plan used at school? _____

If you answered "yes" to any of the above questions, please give details and special instructions (like an action plan): _____

Medications

____ My child **does not** take prescription medications.

____ My child takes the following prescription medications. Please list **all** medications your child may need to receive while in our care. Include the dosage, time of day/night to be given and the medication's purpose. Medications must be brought in an original, labeled bottle.

Medication	Dosage/Time	Purpose

Allergy Information

List any known allergies your child has or select "none."

None: _____ Medications: _____

Reactions: _____



Treatment Plan: _____

Food: _____

Reactions: _____

Treatment Plan: _____

Does your child normally carry an Epi Pen? ____ Yes ____ No

If you answered “yes” please give details and special instructions (like an action plan):

Parental Agreement

Signing this agreement is necessary for your child to attend.

I hereby certify that all the information contained in this release form is up to date and correct. I give permission for my child to be treated by a physician, nurse, or other person appropriately trained in first aid in case of accident or illness. I give permission for my child to be given the medications I provide and if necessary, over the counter medicines such as cough medicine, antacids, poison ivy ointment, etc.

I understand that every attempt will be made to contact the adults on this form if medical intervention is needed, beginning with the parent/guardian(s). Additionally, I understand that with every activity, there is the inherent possibility of risk, and I do not hold St. Matthew’s Episcopal Church, its leaders, employees or volunteers liable for damages, losses, diseases, or injuries incurred by the subject on this form.

I give my permission and consent for the use of photography or video that includes my child’s image. I further give my permission and consent that any such photographs may be used by St. Matthew’s Episcopal Church to illustrate or promote the church’s programs.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Involvement

How long have you been attending St. Matthew’s Episcopal Church? _____

Are you a member? Yes No

Do you attend Church School? Yes No

How often do you attend? _____



Please indicate any special skills, talents, or service experience that you feel may be helpful on the trip? _____

Please list any previous mission experience: _____

Have you ever traveled without your parent/guardian? Yes No

Witness

Please share some about your own faith journey. Describe milestones or experiences that have led to this point in your life and faith.

What do you believe is the most significant way you sense God in your life right now?

Briefly explain what you hope to experience on this trip.



7 2017 Code of Conduct and Team Covenant

I support the mission statement of St. Matthew's Episcopal Church: Reaching out as Christ's Hands to the World.

I see this trip as an experience that fulfills the church's mission. I understand that all who participate in Youth OutREACH events are expected to follow Safeguarding God's Children guidelines, the policies of the Diocese of Kentucky, as well as these special guidelines for traveling with the church.

As a participant in an upcoming mission trip I understand and agree that:

1. I will pray for the team leaders and give them my undivided support. I will follow them without criticism or delay. A spirit of unity, care and concern for my teammates will guide my thoughts and actions throughout this event.
2. I will adhere to any dress code established for the event at all times. I understand that appropriate dress is often tied to local culture.
3. I will not leave the team or the vicinity of our work unless directed or allowed to do so by team leaders.
4. I agree that contact with other members of the team should exemplify self-control.
5. I will strive to serve and participate in a way that is consistent with my Baptismal Covenant.
6. I will refrain from using language that some deem inappropriate, even if in my own personal life I view it as acceptable.
7. I understand that tobacco products are prohibited, including e-cigarettes.
8. I will not possess, use, or distribute any drug or substance for which possession or distribution is unlawful either in Kentucky or at our destination.
9. I will abide by any additional guidelines which may be deemed necessary by the team leaders during the event.

Participant's Name

Signature

Legal Guardian(s) if Under 18

Signature

_____/_____/_____
Date