

St. Cletus Youth Ministry

**WEEK OF SERVICE**

July 15-20<sup>th</sup>, 2019

*Eligible Applicants – Current 8<sup>th</sup> Grade Students, through Current High School Seniors*

If you are interested in participating in our WEEK OF SERVICE, please complete this application and return it with your **\$75 fee** (checks payable to **St. Cletus Parish**) to the Parish Center Office by **June 12<sup>th</sup>**. Please keep in mind that our Week of Service can only take place if we find adult chaperones who can participate and drive to and from sites.

**Teen Information**

Teen Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Grade 8 9 10 11 12 School \_\_\_\_\_ Church \_\_\_\_\_

Teen Phone \_\_\_\_\_ Teen Email \_\_\_\_\_

Which days are you available to join us during our Week of Service?

Monday (8am-5pm)                      Tuesday (8am-5pm)                      Wednesday (8am-5pm)

Thursday (12-8:30pm)                      Friday (8am-5pm)                      Saturday (8am-5pm)

What kinds of service experiences have you participated in previously?

(Feed My Starving Children, St. Cletus Food Pantry, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Information**

Parent Name(s) \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Would you be available to chaperone one or multiple days during our Week of Service?    YES            NO

If so, which days?    Monday            Tuesday            Wednesday            Thursday            Friday            Saturday

If you are available to chaperone, are you VIRTUS trained through the Archdiocese?    YES            NO

(If not, we can make sure you are trained before our Week of Service!)

**Parent/Guardian Affidavit and Authorization**

I give permission for my teen \_\_\_\_\_, to participate in the **St. Cletus Youth Ministry WEEK OF SERVICE, during the dates of July 15<sup>th</sup> – July 20<sup>th</sup>, 2019**. I am aware that my teen will travel by car, driven by VIRTUS-trained adult chaperones, to and from our service sites.

I hereby release and indemnify the our service locations, their staff, the staff and volunteers of St. Cletus Parish, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child’s participation in this program. In the event that I, my spouse, or our authorized physician cannot be reached, and in the judgment of the adult leaders, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy/ Group Number \_\_\_\_\_

On the lines below, please advise us of any medical problems, medication, or dietary needs of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In case of an emergency, and I cannot be reached, please contact:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return this form and \$75 fee\*\* to:**

St. Cletus Parish  
Attn: Youth Ministry Office  
700 West 55<sup>th</sup> Street  
La Grange, IL 60525

*\*\*If the cost is keeping you from joining us, please contact **MaryClaire Zurowski** at [mzurowski@stcletusparish.com](mailto:mzurowski@stcletusparish.com) for scholarship information.*