



This is open to Teens

going into 9th Grade or older The cost of attending the Young Neighbors in Action July 26 through 31, 2020 to Brooklyn New York is \$1200.00. We hope that each missionary will pay \$600.00 and fundraise for at least \$600.00 more. This trip also requires a registration fee of \$100.00 in addition to the fee mentioned before. This is nonrefundable fee is to save your space. The registration fee is due on or before October 30, 2019

Family Payments are

November 1. \$100.00

January 1, \$100.00

February 1, \$100.00

March 1, \$100.00

April 1, \$100.00

May 1, \$100.00

If you join the group in November the family fee is \$600.00*

If you join the group in December the family fee is \$700.00*

If you join the group in January the family fee is \$800.00*

If you join the group in February the family fee is \$900.00*

If you join the group in March the family fee is \$1000.00*

If you join the group in April the family fee is 1100.00*

If you join the group in May the family fee is \$1200.00*

*and you will be expected to participate in the remaining fundraisers.

If we should collect more money than the trip costs these funds will become seed money for next year's fundraising efforts.

HOLY FAMILY MISSION TRIPS COVENANT FOR ADULTS AND TEENS GOING ON OUR MISSION TRIPS 2020

I commit to deepen my faith and grow in faith as I serve and learn about others.

I COMMIT TO:

- Glorifying God with my life
- Praying daily, in preparation for the mission trip. **Worship regularly with my mission family and my faith community**
- Living in a community that believes we are all beloved by our God
- Respect, honor, grow and show mercy with those in our mission community
- Participate in our mission socials and mission fundraisers
- Using the tools offered on the Holy Family website to keep informed of the various mission projects, socials, and fundraisers
- Committing to a business plan for the upcoming mission trips (pages following)
- Gathering monthly with the group for Mass, dinner and fellowship (usually the first Sunday of the month)
- Inviting family and friends to be a Mission Supporter, by employing our webpage, video, and online giving
- Participating in the fundraising making up the necessary funds for this mission trip. If there is a deficit, I will make of the difference between the monies I contributed to the mission trip and fundraising goal
- Not participating in illegal use of drugs, use of alcohol, promiscuity, bullying, nor, profanity at our socials, fundraisers, and on the mission trip, itself.
- (for the international mission) The understanding that the laws in other regions are different than here in the US. If I should be arrested for any reason during our mission trip, it will be my family's responsibility to handle legal issues as well, as transportation issues, and other maladies that may result of my illegal activity
- Sharing with the director my concerns and avoid gossiping

Candidate's Printed Name

Candidate's Signature

Date

As parent/guardian of this missionary, I commit to supporting my teen as well as the mission trip family by encouraging him/her to honor this covenant.

Parent/Guardian's Printed name

Parent/Guardian's Signature

Date

ARCHDIOCESE OF LOS ANGELES
BOUNDARY GUIDELINES AND CODE OF CONDUCT FOR MIDDLE
AND HIGH SCHOOL YOUTH WORKING OR VOLUNTEERING WITH CHILDREN OR YOUTH

GENERAL INSTRUCTIONS ON USE OF THIS FORM

To ensure the safety of the children and youth in the Archdiocese of Los Angeles, all youth volunteers – middle and high school students, including students who are already 18 – who work or volunteer with children/youth in co-curricular school programs or parish ministries must receive training on Boundary Guidelines before undertaking their ministry. The youth worker/volunteers must sign this Code of Conduct form to verify they understand their obligations.

The forms should be kept in the youth worker/volunteer file. It should be co-signed by a parent/guardian.

The person in charge is encouraged to provide the Boundary Guidelines training to all students and youth.

Code of Conduct for Youth Workers/Volunteers

I have agreed to work with or volunteer to help fellow students or other kids. I promise to behave as Jesus would want me to do – to treat others with respect and kindness. I understand that to help me guide my behavior, I must follow the rules in this Code of Conduct.

I understand that if I break the rules of this Code of Conduct, I may be removed from my volunteer or work assignment. My parent/guardian will be notified if I don't follow the guideline and I may be dismissed from my work or volunteer assignment. If I am dismissed, I will be sent home at the expense of my parent/guardian.

As Youth Worker/Volunteer, I will:

- Be a charitable, tolerant Christian.
- Behave according to the teachings of the Roman Catholic Church.
- Treat everyone with whom I interact with respect, patience, integrity, courtesy and dignity.
- Make sure that children or youth in my care are safe.
- Use positive reinforcement whenever possible.
- Report to an adult in charge of the program or ministry if I see, hear or suspect anything that makes me uncomfortable or that makes me think that another person is in danger or has been harmed.
- Inform the adult in charge if I sense that a younger kid is getting a crush on me.
- Dress appropriately and not wear any clothing with offensive messages or pictures.

As a Youth Worker/Volunteer, I will not:

- Do anything I know to be illegal or immoral.
- Smoke tobacco or pot.
- Use, have or share alcohol or illegal drugs.
- Verbally threaten, bully, tease or physically abuse anyone.
- Use profanity.
- Use discipline that frightens or humiliates a child/youth.
- Touch a child/youth in a sexual, overly- affectionately or other inappropriate manner.
- Sexually harass, request sexual favors from, or make sexually explicit statements to anyone.
- Participate in private visits, parties or other activities with the children/youth I am working with unless approved by the adult in charge of my program or ministry.
- Accept gifts from or give gifts to children/youth I am working with without approval from the adult in charge of my program or ministry
- Become inappropriately friendly with the children/youth I am working with through, social media (for example, Snapchat, Instagram, Facebook, Twitter) other forms of communication.

I have read and understand the Archdiocese of Los Angeles Boundary Guidelines and Code of Conduct for Middle and High School Youth Working or Volunteering with Children or Youth.

Print Name: _____ Position: Youth Ministry

Signature of Youth Volunteer: _____ Date: _____

I have read and understand the above Guidelines and agree to support my child in following them. I agree that I am ultimately responsible for my child's behavior, and agree to accept the consequences, which may include dismissal from the program or ministry, if my child does not follow the Guidelines.

Signature of Parent/Guardian: _____ Date: _____

MEDICATION AUTHORIZATION AND PERMISSION FORM
HOLY FAMILY CHURCH CONFIRMATION

1527 Fremont Avenue | South Pasadena, CA 91030

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at Holy Family Church and/or at a Holy Family Church's sponsored field trip, event or activity.

Teen's Last Name First Name Sex Birth Date

Name, Address and Phone Number of Physician

Name of Medication(s): _____

A. PHYSICIAN'S INSTRUCTIONS (Complete where applicable)

Purpose of Medication or Diagnosis

Dosage Prescribed Date/Time Schedule Dose Form (tablet, liquid, etc.)

Please notify this office if patient misses medication: Yes ____ No ____

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician Signature of Licensed Physician

Address Telephone Date

B. PERMISSION FOR ADMINISTRATION OF MEDICATION AND/OR TESTING AT HOLY FAMILY CHURCH AND/OR AT HOLY FAMILY CHURCH'S FIELD TRIP/EVENT/ACTIVITY:

I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at Holy Family Church identified above and/or at a Holy Family Church sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at Holy Family Church or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Holy Family Church staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor Holy Family Church shall be liable for any adverse consequences or injury. I hereby give Holy Family Church staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose.

For all other medications, my son/daughter and I will comply with Holy Family Church's policies and procedures and will provide Holy Family Church with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number: _____

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): Holy Family Church, South Pasadena

Place and Date of Event/Trip:

Activity: Mission Trip

Description of Activity: Top build the Reign of God, serving the poor and being disciples of Jesus Christ

Mode of Transportation: Van, Car, Bus, Airplane Total Field Trip Cost \$100.00 Registration and Teacher/Adult Leader: Dawn Kopitcke Ponnet Attire: work clothes, work shoes, and casual, swim wear etc.

Minor's Name: _____

Address: _____

Date of Birth: _____ Male _____ Female _____ Grade _____

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions _____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian _____ Date _____

Home phone _____

Work Phone _____

Cell Phone _____

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Business Plan

Mission trip fundraising efforts are used to cover costs for church members to go on a mission trip. With mission trip fundraising, donations raised will go towards travel costs, supplies, help offset some of the chaperon expenses, and funding missionary's needs while they are on their mission. All of the missionaries must be a part of our fundraising efforts, (even if the family plans to pay for the entire cost of the mission trip).

For the past two years we have fundraised for our mission trips here are some of the ways we made money and a few new ones.

- Continental Breakfasts (none scheduled, but as other groups drop out we'll fill in)
- Bowling event
 - Sell tickets,
 - Make food,
 - Come and have fun
- See's Candy online sales. March 15-31
 - Manage the sales (It's all on line and super easy)
 - Each missionary sells \$200.00 worth of sales
- Angel Bins January
 - Pass out club cards after one Mass
 - Collect clothes and shoes after Mass.
 - Bag up the shoes
- Rummage for Missionaries January 25
 - Help by donating gently used items
 - Set up Eden for the rummage sale
 - Be a sales person
 - Be the lunch crew
 - Help cleanup
- Flamingo flocking beginning in February
 - Each local missionary will be given a two days each month to unflock and reflock
- Simple soup dinner February 29
 - Each missionary will sell 20 tickets to the dinner.
 - Each missionary will be a part of set up, clean up, or serving.
 - Each missionary will donate soup sand something to the event, [soda, papergoods, desserts etc.)
- Make a powerful website for people to view and make donations.
 - Write the script,
 - Video tape missionaries
 - Get the word out to watch the video.

Business Covenant

Missionary's Name _____

Missionary's cell phone (_____)_____

Missionary's email contact
_____@_____

Today's Date _____

Parent email contact
_____@_____

I would like to attend the mission trip to_____

Attached is my \$100.00 deposit fee.

The total cost of the mission trip(s) I would like to attend is \$_____

My household can support this mission trip by contributing \$_____

We promise to support the fundraising efforts and make up the difference of
\$_____

It is assumed everyone will help with the fundraising efforts. Some of our college aged missionaries, will help when they are in town.

Each missionary will make up the difference between pledged amount and the monies collected in fundraising.

Missionary's Signature _____

Parent's Signature _____

Our Monthly Meetings and planning are on Sundays from 4:15 to 5:15pm

Sunday, November 10 Eden 4:15-5:15

Saturday, December 7 Missionaries social 6-7:30

Sunday, January 19, Eden 4:15-5:15

Sunday, February 9, Eden 4:15-5:15

Sunday, March 15, Eden 4:15-5:15

Sunday, April 19, Eden 4:15-5:15

Sunday, May 3, Eden 4:15-5:15