



CATHOLIC CHARITIES RESPITE CENTER

[Mcallen, Texas | July 22, 2023 - July 28, 2023]









CONTACT INFORMATION

SUMMER MISSION TRIP 2023 | PARTICIPANT APPLICATION FORM

■ PARTICIPANT CONTACT INFORMATION:

PARTICIPANT NAME		PA	PARTICIPANT PHONE NUMBER	
HOME ADDRESS			ZIP CODE	
HIGH SCHOOL		CURRENT GRADE	DATE OF BIRTH:(DD/MM/YY)	
PARTICIPANT E-MAIL ADDRESS		C	URRENT AGE	
EMERGENCY CO	NTACT INF	ORMATION:		
PRIMARY CONTACT NAME		SECONDARY CONTACT I	SECONDARY CONTACT NAME	
PRIMARY CONTACT CELL		SECONDARY CONTACT	SECONDARY CONTACT CELL	
RELATIONSHIP TO PARTICIPANT		RELATIONSHIP TO PART	RELATIONSHIP TO PARTICIPANT	
■ MEDICAL INFOR	MATION:			
1. DO YOU HAVE ANY ALLERGIES TO FOOD OR OTHERWISE?	Please list ALL ALLERGIES in detail:			
YES NO				
2. DO YOU TAKE MEDICATION?	YES NO	*Please Note: We will have a nurse or will be responsible for the dispensi		
Please list belov	v the name, time, dosag	e, and condition of the medications you take. Ple	ase provide sufficient details.	
3. PARENT NAME AND SIGNATURE	TO AUTHORIZE TH	E DISPENSE AND TAKING OF MEDICATIO	NS	
PARENT NAME PRINTED		PARENT SIGNATURE		



PERSONAL REFLECTIONS

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4. South TX is very hot in the summer, are you able to participate in activities in the heat and sun?



the trip or what to prepare for?

Personal Reflections

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5. Why would you like to be selected for this service trip?		
6. Have you	If ves, please describe in who	t ways you've worked with children in the past.
helped lead activities with children such as babysitting or summer camp helper?		
7。What gifts/tale		he experience of this mission trip?
•	v an instrument or lead in singing	OTHER
SPORTS — able to lead a game or training in a sport		OTHER
ARTISTIC—Able to show	v others how to create something artistically	OTHER
8. Do you have ANY questions for us we can answer to help you understand		



PERMISSIONS & COMPLIANCE

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PARENT PERMISSION [SIGNATURE REQUIRED] I have read and reviewed with my son/daughter this entire application packet including the questions and responses on this form. I am aware of the meeting dates, the parental financial/fundraising obligations, and the time commitments for this trip. I will be supportive of my son/daughter in the event he/she is selected to participate in this summer service trip experience. PARENT NAME PRINTED PARENT SIGNATURE PARENT CONTACT INFORMATION **EMAIL CELL PHONE HOME PHONE** MEDIA RELEASE [PARENTAL SIGNATURE REQUIRED] I give my permission for pictures and videos of my child participating on the mission trip to be taken. I give my permission for these images and captures to be used for the promotional and informational purposes of the parish. PARENT NAME PRINTED PARENT SIGNATURE ARCHDIOCESE OF NEWARK ENVIRONMENTAL SAFETY COMPLIANCE Any adult (person aged 18 or older) participating in this parish mission trip must be in compliance with our Archdiocese Protecting God's Children Program. 1. Do you already have your Protecting God's Children Certificate? YES NO 2. If yes, what year did you receive?

Our primary form of communication for trip details will be email. We will use the email you provided on this form. PLEASE LOOK FOR OUR EMAILS REGULARLY as we communicate information for our preparation and formation meetings, payment plans, fundraising, and travel details.

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ST TERESA OF CALCUTTA [MONTCLAIR]
ST TERESA OF AVILA [SUMMIT]
ST CATHERINE OF SIENA [CEDAR GROVE]