AMT 2020
Application Checklist

Teens:

- Application with $100 registration fee
- AMT Teen Information Form
- Code of Conduct
- Disciplinary Agreement
- AMT Permission Form
- Medical Information (2 sides) *Please include a copy of the front and back of insurance card.*

Adults/YALs:

- Application
- Medical Form-*Please include a copy of the front & back of your insurance card.*
- Compliance Packet
  - CANTS form (all adults/YALs)
  - Virtus Training (only new adults/YALs)
  - Code of Conduct (only new adults/YALs)
  - Online Background Check (only new adults/YALS)*
  - Mandated Reporter Training (only new adults/YALS)

* Returning Adults and YALs may be required to complete a background recheck if their last one is over three years old. Once your initial paperwork has been received, the parish office will determine if you need to do this.
St. Joseph Catholic Church
Appalachian Mission Trip 2020
Teen Application

(Due to St. Joseph Office by December 6, 2019)

I, __________________________, known as a St. Joseph AMT Teen, agree to enter into this contract with Parents/Guardians and the St. Joseph AMT Group Leaders. This agreement is set forth to identify minimum expectations of a St. Joseph AMT Teen for required activities and behavior prior to, and on the trip, which will take place July 18-25, 2020.

Prior to the trip, a "St. Joseph AMT Teen" is expected to:
1. Be an active member of St. Joseph Parish.
2. Participation in all group fundraising events is mandatory. These events include: bake sale, coffee sales, and Knights of Columbus 5K.
3. Raise or pay a minimum of $750, which is the cost of the trip per teen in 2020.
4. Attend monthly formation meetings at St. Joseph.
5. Attend a half-day skill building events where the St. Joseph AMT Teen will be an active participant in using a variety of power tools. Because safety is of utmost importance, the St. Joseph AMT Teen will be trained on the required safety procedures prior to power tool use.
6. Come to each event with a positive attitude, the willingness to participate, and ready to have fun.

On the trip, the St. Joseph AMT Teens are expected to:
1. Follow the direction of AMT team leaders, be respectful at all times and represent themselves, their parent/guardian and the St. Joseph community with pride.
2. Travel to and from any destination(s) during the trip in the same assigned vehicle.
3. Follow all safety procedures prior to and during operation of any power tool.
4. Follow all rules and procedures and call to the attention of a group leader any St. Joseph AMT Teen(s) or AMT team leader(s) witnessed not following such rules and procedures.
5. Be in bed and quiet at "lights out," which is 11pm each night. It is expected that all cell phones be turned off with absolutely no texting after 11pm.
6. Actively participate in assigned daily team chores.

7. Actively participate in the job site projects.

8. Actively participate in Mass and any evening AMT scheduled events.

If the St. Joseph AMT Teen fails to meet the contract expectations, the AMT Group Leaders will be forced to contact the parent/guardian to come and remove the St. Joseph AMT Teen from the trip at their own expense.

*If an AMT teen or AMT team leader experiences illness or injury of any sort before the trip, he/she will need a doctor’s note giving permission to do the work required on this trip. Refunds of 50% will only be given if an AMT teen cannot go because of serious illness or injury. Doctor’s documentation may be requested.*

It is typically very hot in the Appalachian area in the summer. Due to the heat and the work clothing requirements, this may create extreme work conditions, especially for those who don’t do well in the heat. Please consider this before committing to this trip.

*The AMT experience is life changing. The 2020 St. Joseph AMT Group Leaders look forward to working with all AMT Teens to teach, learn, and to prepare us to serve. Preparation for our 2020 AMT experience is filled with fun, cooperation, and plenty of hard work.*

*By signing below, the AMT Teen along with their Parent/Guardian, agrees to the terms of this contract.*

________________________________________  ________________________________________
St. Joseph AMT Teen                          Parent/Guardian
# AMT TEEN INFORMATION

(Complete all fields)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Current Grade</th>
<th>TShirt Size (adult sizes)</th>
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<td></td>
<td>S</td>
<td>M</td>
<td>L  XL  XXL</td>
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</table>

Address (including city, state and zipcode)

**Teen Email**

**TeenCell Phone**

**Home Phone**

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<thead>
<tr>
<th>Can we send text updates to your cell?</th>
<th>Prior AMT experience?</th>
<th>YES - # of Trips</th>
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<tr>
<td>Y</td>
<td>NO</td>
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<td>N</td>
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Please describe involvement with any other service ministry projects.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please describe any school clubs or organizations you participate with.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What are your hobbies?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

# Parent/Guardian Information

**Parent #1/Guardian Contact Information** (All communications will be send to this contact)

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<tr>
<th>Name</th>
<th>Cell Phone</th>
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| Email       |            |

**Parent #2/Guardian Information** (Check here _____ to also receive communications at this contact)

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<th>Name</th>
<th>Cell Phone</th>
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| Email       |            |

# Emergency Contact Information

| Name            |            |

| Phone Number    |            |

| Relationship to AMT Teen |            |
Teen Essay (Feel free to use the back of this sheet if you need more space)

For those who will be going on the trip for the first time:
Please write a paragraph about why you want to go on St. Joseph's AMT. What motivated you to sign up? What are you looking forward to most on the trip?

For those who went on AMT in 2019:
Please write a paragraph about why you want to return on our teen mission trip. Include what you learned last year that you can use to be a teen leader on this year's trip.
St. Joseph Catholic Church
Youth Ministry
Appalachian Mission Trip

Code of Conduct

1. I agree to treat other participants, leaders, staff, residents, and our hosts with respect and understand that all adult leaders have the authority to discipline me.

2. I will not leave my sleeping area after lights out, or before sunrise.

3. I will not leave the outlined or defined areas without an adult chaperone.

4. I will always follow the schedule and guidelines given to me.

5. I understand that alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs, and profane or abusive language are not allowed at any time during this mission trip. I further understand that all prescription drugs must be held and dispensed by an adult leader.

6. I understand that I represent St. Joseph Catholic Church, and agree to behave in a Catholic Christian and positive manner at all times. I further agree to dress appropriately during this activity. (Shorts must be no more than 2 inches above the knee, T-Shirts must have sleeves or covered shoulders.)

7. Public displays of affection (PDA’s) and sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.

8. No participant or young adult leader under the age of 21 is allowed to leave without an adult’s permission and supervision.

9. In the event of an emergency or other need to contact participants, the staff must know where I can be located; therefore I agree to stay with my assigned group at all times.

10. By attending this trip, I agree to stay until its conclusion, unless I have a medical emergency.

11. I understand that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles.

12. I understand that if I choose to violate any part of this Code of Conduct, my parents will be notified, and that I may be sent home on the first available flight or bus, at my parents’ expense. This determination will be left to the discretion of St. Joseph Catholic Church staff.

Initial _______
St. Joseph Catholic Church
Youth Ministry
Appalachian Mission Trip

Disciplinary Agreement

Participant’s Name ____________________________________________ Birth Date __________________

Address __________________________________________________________ Year of HS Graduation __________

City________________________ State ______ Zip________

I, ____________________________(parent’s name) have given permission for my above named
son/daughter to attend St. Joseph Catholic Church’s Appalachian Mission Trip. If my son or daughter does not
follow the Code of Conduct and other rules and regulations, either in writing or stated verbally, I give St. Joseph
Catholic Church’s employees the authority to send my son or daughter home at my own expense.

My son/daughter agrees to abide by all rules and regulations of the Appalachian Mission Trip, St. Joseph
Catholic Church Staff and volunteers, whether verbal or in written form. I understand that St. Joseph Catholic
Church staff and volunteers will not be liable if my son/daughter fails to abide by the regulations, and that any
infraction of the rules may result in immediate dismissal from this activity at my expense.

I hereby release and indemnify St. Joseph Catholic Church, the Youth Ministry program, its staff and
volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability that may arise as a
result of this action.

Parent/Guardian’s Signature: ____________________________________________ Date __________

Participant’s Signature: _______________________________________________ Date __________

Parent’s Primary Phone Number: ________________________________________

Parent’s Secondary Phone Number: ________________________________________
St. Joseph Catholic Church
Youth Ministry
Appalachian Mission Trip

Permission Form

I, ____________________________ , grant permission for my child, ____________________________ , to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and / or volunteers from the parish. A brief description of the activity follows:

Name of Activity: Appalachian Mission Trip

Destination: Holy Trinity Catholic Church, 2536 US-421, Harlan, Kentucky, 40831

Date and Time of Departure: Early morning, July 18, 2020

Date and Anticipated Time of Return: Evening of July 25, 2020

Method of Transportation: Rental Vans

Designated Supervisors of Activity: Tom and Brigid Dutton and trained volunteers

I understand that the activity will take place away from the parish premises and that my child will be under supervision. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby release and indemnify St. Joseph Catholic Church, the Youth Ministry program, its staff and its volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child’s participation in this event.

I / We hereby grant permission for publication of photos or videos, taken at youth events, which contain my child’s image.

Parent/Guardian Signature ___________________________________________________________

Date ______________________________
Authorization For Medical Treatment
Year 2020

Student Name: ___________________________ Date __________________

Email: ________________________________________________________________________________

Birth Date: _______________ Last Tetanus Immunization: _______________

Medical Allergies / Significant Medical History / Current Medications/Dietary restrictions:
_____________________________________________________________________________________
_____________________________________________________________________________________

Mother’s Name: ___________________________ Home #: __________________ Cell #: __________

Father’s Name: ___________________________ Home #: __________________ Cell #: __________

Name of Physician: ________________________ Phone #: __________________

Address: __________________________________________________________

Medical Insurance Company: ___________________________________________________________________

Insurance Number: ___________________________________________________________________________

Other Contact in Case of Emergency:
Name: ___________________________ Phone #: __________________

Relationship: ___________________________ 

MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of an authorized representative, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

_________________________________________ Date

Parent/Guardian Signature

_________________________________________ Date

Parent/Guardian Signature
Teens Name: __________________________ Birth Date: ________________

All medications will be held and dispensed by an adult leader. Please list below all medications you authorize your teen to take and instructions for dispensing each. Include the name of the drug, dosage, frequency and time(s) it should be dispensed, along with any special instructions.
ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER/PACKAGING WITH COMPLETE INSTRUCTIONS.

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<th>Dosage</th>
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<th>Other Instructions</th>
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Parent/Guardian Name (Print): __________________________

Parent/Guardian Phone Number: __________________________

Parent/Guardian Signature: __________________________ Date: __________________________