



Appalachian Experience



AGREEMENT & PERMISSION FORM

(Tentative commitment by Feb. 15th / to be submitted to organizer no later than May 15th)

Name _____ Grade in Fall _____

School / Occupation _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Parents' Names _____

Dietary Restrictions / Preferences _____

Housing Repair Work Experience / Skills _____

REQUIRED TO PARTICIPATE IN APPALACHIAN EXPERIENCE:

- Agreement & Permission Form Emergency Medical Form
- VIRTUS Safe Environment Training & Fingerprinting completed (adult volunteers)
- Participation in activities to help raise funds toward program's \$275.00 / person fee (non-members of St. Joseph Church are asked to pay or raise entire fee)
- Contribution of \$50 / person toward group's food expenses for the week (if applicable)

I / we have read, understand and agree to abide by the rules and expectations of St. Joseph Church's Appalachian Experience (Mantua, OH) and the McClure River Valley CDC Binns-Counts Community Ctr. Housing Repair Program (McClure, VA).

You may use photos of participant for publicity & website purposes Yes No

Participant's Signature _____ Date _____

Parent's / Guardian's Signature (minors) _____