



P.O. Box 192 – 781 Route 9D
Garrison, NY 10524
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Capuchin Appalachian Mission – CAM 2010

February 18, 2010

Dear Applicant for the 2010 Capuchin Appalachian Mission,

Greetings from Garrison! We pray that this letter finds you well. CAM Application time has arrived! Please read this entire letter carefully, as I am writing to share with you important details about this year's program as well as information about the application process.

**The dates of the program are:
Saturday, July 10 through Sunday, July 18, 2010.**

The interest in our Appalachian Mission continues to grow. Lots of generous people are looking for an experience of service in Christian community. *We are looking to have people join our mission community who are willing to give themselves to all aspects of the experience: the preparation, the fundraising, the prayer, the work, the reflection, and the community life.* Please read this letter carefully and consider everything as you discern whether or not you will apply.

1. **Applications:** All completed Applications, (see checklist for all elements of a completed application) and the correct non-refundable (once accepted for the mission) deposit of \$75.00 per application must be received in our office by the deadline of **Monday, April 26, 2010.** **Only fully complete applications will be accepted. Incomplete applications will be returned to the applicant for another chance at completion.** If the applicant has time to resubmit the completed application before the deadline, we will be happy to put him/her in the running.

2. **Selection** will be made with an eye toward forming the best community experience for all. We will select a mix of first timers, and those who have participated previously. We will select many returning applicants, considering in some measure, the quality of their participation in the past.

3. **Work Group:** We cannot guarantee your being assigned to your first or even second preference for your ministry choice. Participants will be selected for the mission, and then we will assign ministry placements, as much as we can by the preference listed. The four ministries will be: Outreach, Vacation Bible School, Manual Labor, and Kitchen and Home Base Care.

4. **Numbers:** There are approximately 50 spaces available for High School and College aged participants, 25 for adult participants and staff. If the number of applications exceeds the number of spaces available, a waiting list will be drawn up.

5. **Orientation:** ALL participants in the 2010 Capuchin Appalachian Mission MUST attend the MANDATORY orientation session on **Saturday, May 22, 2010** regardless of the number of times they have participated in the past. This is an important component of the program and is to be taken very seriously. The orientation session will begin at 10:00 AM sharp and ends at 3:00 PM.

All participants are also *expected to participate in at least one of the two preparation work days* in June, Tuesday 22, or Thursday 24 from 4:00 to 8:00 PM as we prepare tools, clothing for our outreach ministry, and VBS materials for our mission.

6. **Accommodations and Travel:** While in Kentucky, we will live at Holy Trinity Parish in Harlan. We sleep on the floors in the classrooms. The dining room and church are available to us all week. We will travel in 12 passenger vans, taking two days to make the trip in each direction, sleeping overnight at a church in Virginia.

7. **Finances:** For the seventh year in a row, the cost of the program is NOT increasing, remaining at **\$235.00 per participant**. The **actual cost of last year's program was \$475.12** per person (counting only direct expenses, accounting nothing for overhead). We estimate the cost of this year's program to be **close to \$490.00** per person.

***How do we make up the difference of more than \$255.00 per person?
We do it through various fundraising efforts.***

8. **Fundraising:** All participants are **required** to participate in our *Companions in Service* program by sending a minimum of 10 sponsor letters to family, friends, or organizations. These letters invite people to join us as Companions in Service by praying for us and making a financial contribution. A sample letter will be provided in the acceptance package. **Part of the application package is a list of ten people to whom you will commit to sending the letters. You will need to send the letter once accepted.**

We expect all participants to assist in the ministry of fund raising for this program. In the past parishes have helped as well by taking an extra collection for this mission. Participants have approached their pastor, made the request, and spoken at the masses. They have frequently been astounded and encouraged by the support and contributions they have received. Others have solicited donations directly for our tool needs, held bake sales, or car washes. **Again, all are required to make an effort to assist with our fund raising efforts.** Please understand my emphasis of this, as some in the past have not understood the importance of this part of our mission experience.

Please call us at the center or e-mail me at tom@cyfm.org if you have any questions.

If you receive this letter via e-mail the application is attached. You may also download the application and all forms from our website or contact our office and we will send an application to you via the US Postal Service.

May God's Blessings and Peace be with you,



Tom Brinkmann
Executive Director



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Capuchin
 Youth &
 Family
 Ministries

Capuchin Appalachian Mission – CAM 2010
Application - Please Print Clearly

Name: _____
Last First Middle Initial

Address: _____

City/State/Zip: _____ Parish: _____

Phone: _____ E-Mail: _____
(Area code) Number Please make zeros and the letter O distinguishable

Date of Birth: _____ Age: _____ Sex: Male Female

School: _____ High School Graduation Year: _____

Have you participated in the Capuchin Appalachian Program? Y N What year(s)? _____

Have you participated in the Capuchin Outreach Program (COP)? Y N What year(s)? _____

For those under eighteen (18) years of age, please fill out the following:

Parents/Guardians: _____ Emergency Phone#: _____

Parent/Guardian Signature: _____

Please return this application with a \$75.00 non-refundable deposit.
No application will be accepted without the deposit, completed Health Form, Copy of Insurance Card, CIS Form and Waiver & Release Form. Completed application must be received in our office by April 26, 2010.

Faxed applications will NOT be accepted.

PROGRAM FEE: \$235.00

If there is financial difficulty, please let us know. No one is turned away on the grounds of finance
To prepare for this mission it is required that all participants:

- Attend the orientation on Saturday, May 22, 2010 from 10:00 AM to 3:00 PM.
- All participants must likewise participate in the fundraising for the program.

Please do not write below this line

Date Received: _____ Deposit: _____ Second Payment: _____ Full Payment: _____

Health Form: _____ Orientation: _____

Processed by: _____ Acceptance letter sent: _____



Our mission program involves specific ministries. Please prioritize the ministries in the order of your interest, with 1 being your first choice, 2 your second, and 3 your third. Please note we attempt to place participants in their first choice. However, this cannot be guaranteed.

_____ **OUTREACH MINISTRY:** This ministry deals directly with supplying the local residents with basic necessities, such as clothing and food.

_____ **CHILDREN’S MINISTRY:** The ministry incorporates the gifts of each person by offering a Vacation Bible School for children in Harlan, KY.

_____ **MANUAL WORK:** This ministry allows us to go into the community to build and repair homes for people who do not have the means to do so on their own.

_____ **Kitchen and Home Base Ministry:** This ministry, open to adults, involves purchasing food, cooking, and cleaning for our mission community.

_____ **MUSIC MINISTRY** is a vital part of our program. Would you like to be part of it as a musician or singer? What instrument do you play? _____

My SHIRT SIZE is: Small ___ Medium ___ Large ___ X Large ___ XX Large ___

In the space below, explain why you would like to participate in this program and what goals, you have for participating in the Capuchin Appalachian Mission. Feel free to use another or extra paper.

Multiple horizontal lines for writing an explanation.

Please fill out **ALL** release and health forms and return with application, CIS form, copy of insurance card and \$75.00 deposit by the deadline of April 26, 2010.



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Capuchin
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Capuchin Appalachian Mission – CAM 2010 HEALTH FORM

Name: _____ Date _____

Address: _____

City/State/Zip: _____ Date of Birth: ___/___/___ Age: ____

Emergency Contacts (Please list two):

Name: _____ Phone Numbers h/c/w: _____ : h/c/w _____

Name: _____ Phone Numbers h/c/w: _____ : h/c/w _____

Health/Accident Insurance Company _____

Policy Number: _____ and/or Medical ID # _____

Check here if Family does not have Insurance

Have or are you subject to any of the following (Check if YES) Yes No

Asthma Fainting spells Convulsions Diabetes Heart trouble Bleeding disorder

Allergy to any medication, food, plant, animal or insect toxin. Please specify _____

Any condition that may require special care, medication, or diet. Please specify _____

Check here if none of the above applies.

Explain any restriction of activity for Medical Reasons? _____

Immunizations: MUST list dates of last inoculation: Tetanus toxoid: _____ Polio: _____

Mumps: _____ Diphtheria: _____ Measles: _____ Rubella: _____ Pertussis: _____

***Applicant Signature** _____ **Date:** _____

Parent Authorization for applicants under the age of 18 years: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my daughter/son.

Signature: _____ **Date:** _____
Parent/guardian

Home or Cell Number: _____ Business/Day Phone: _____



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WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully.

Clearly **PRINT** Participant’s Name: _____

I/We, recognize and acknowledge that there are certain risks of physical injury inherent in my activities while participating in the Capuchin Appalachian Mission Program in Harlan County, KY. I/We agree to assume the full risk of any injuries, including death, damages or loss which I/We may sustain as a result of participating in any and all activities connected with this program, which runs from Saturday, July 10 through Sunday, July 18, 2010, and preparatory events.

I agree to waive and relinquish all claims I may have against Capuchin Youth & Family Ministries/Province of St. Mary of the Capuchin Order and its officers, agents, servants, employees and volunteers as a result of my participation in this program.

I further agree to indemnify, hold harmless, and defend Capuchin Youth & Family Ministries Province of St. Mary of the Capuchin Order, its servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities during my participation in this program.

Transportation to and from Kentucky and during the mission will be in rented vans and private vehicles, driven by adults selected by CYFM.

I/We have read and fully understand this **WAIVER AND RELEASE OF ALL CLAIMS** form:

Signature of Participant Date

Parent/Guardian’s Signature (if participant is less than 18 years old)

Printed Name of Witness **Witness Signature**



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Capuchin Appalachian Mission - CAM 2010 MEDICAL RELEASE FORM

I, _____, an applicant for the Capuchin Appalachian Mission, hereby waive, renounce, and release on behalf of myself all claims of whatever nature against the Capuchin Youth & Family Ministries (CYFM) or any adult leader, for any injury, accident, or expense resulting from any cause whatsoever.

I hereby grant the adult leaders full authority to take whatever action they consider to be warranted under the circumstances regarding my health and safety and I fully release each of them for any liability for such actions taken on my behalf. This authority will permit the adult leaders, at their discretion, to place me at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment.

I agree that the adult leaders have the right to enforce rules of conduct, and I am willing to abide by them at all times.

Signature of applicant

Date

Parent’s authorization for applicants under the age of 18 years:

I hereby certify that I am the parent or guardian of the applicant named above; that I have read this release form; that I join in the release without reservation, granting my full consent to all actions provided for; and further agree to hold blameless CYFM, against any and all claims on behalf of the applicant.

Signature of parent or guardian

Date

Photo Release Form

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth & Family Ministries or anyone authorized by Capuchin Youth & Family Ministries, of any and all photographs of my child taken at any CYFM events for any publicity purpose, without compensation. CYFM reserves the right to use these photographs in any of its print or electronic publications. All images – electronic or negatives and positives, together with the prints – are owned by CYFM.

I hereby warrant that I have read and understood the terms of this release.

Applicant’s Name _____

Print Parent/Guardian Name _____
(for applicants under 18 years of age)

Signature _____
(applicants signature or parent/guardian if applicant is under 18 years of age)

Please fill out the release and health forms and return with application, CIS form, copy of Medical Insurance Card and \$75.00 deposit by Monday, April 26, 2010.

***Enclosed: (Your checklist)**

- 1) _____ Completed Application Form
- 2) _____ Completed Medical Release, Health and Photo Release forms (Signed by Applicant and Parents of Applicants under 18 years)
- 3) _____ Completed Waiver & Release Form (Signed by Applicant & Parents of Applicants under 18 years)
- 4) _____ Copy of your Medical Insurance Card (Both Sides)
- 5) _____ \$75.00 Non-Refundable Deposit (check payable to CYFM)
- 6) _____ Companions In Service Sponsor Form



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Capuchin Appalachian Mission Program – CAM 2010 Companions in Service List

Applicant's Name _____

Please list the names of at least 10 people whom you will commit to invite to prayerfully and financially support you as a Companion in Service during your week of service in the Capuchin Appalachian Mission. This list must be returned with your application materials.

Feel free to use the backside of this page if you go beyond 10 names. We encourage you to request support from as many as possible.

We will send with the acceptance package a copy of the letter that you can personalize and send out.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |