



Capuchin
Youth &
Family
Ministries

P.O. Box 192 – 781 Route 9D
Garrison, NY 10524
Phone: 845-424-3609 – Fax: 845-424-4403
E-mail: CYFM@cyfm.org
Website: www.CYFM.org

Capuchin Outreach Program - Summer COP 2010

Dear Summer COP 2010 Applicant,

Greetings from Garrison!! The Summer Capuchin Outreach Program (COP) is a gathering of young people and adults who reach out to the poor and sick of the Hudson Valley. It is an extraordinary opportunity to live in community, celebrate the Eucharist, share in theological reflection, experience Franciscan spirituality, and develop new friendships all while serving others.

Summer COP takes place from **6:30 pm Sunday June 27th, 2010 to 4:00pm Friday July 2nd 2010.** **Your completed Application, Health Form, copy of Medical Insurance card and Companions In Service (CIS) Form and NON-REFUNDABLE deposits of \$100.00 per applicant must be received in our office by Monday April 26th.** If an application is incomplete or not accompanied by the health form, 10 CIS names, and correct deposit amount, it will be returned to the applicants, thereby jeopardizing your possible acceptance. Resubmitted applications will still be accepted if received by the deadline.

We will be ministering to several different groups in the local community in many ways. From reconstructing a house at Habitat for Humanity to comforting the sick at Rosary Hill Cancer Home, from feeding the hungry at local soup kitchens to teaching young children, and ministering to the elderly, participation in COP is an opportunity to be Christ to others.

The cost is **\$195.00** per participant, to help cover food, lodging, transportation, and all necessary supplies. The registration fee does not cover all COP expenses. We chose not to increase the registration fee again this year. Rather, we are **requiring** that all participants participate in some form of fundraising and we propose a very simple way. Part of the application packet is a *Companion In Service* form. All participants are to send out at least 10 of these requests for sponsorship. Relatives, Godparents, Knights of Columbus or other service organizations all make good Companions In Service. You are giving a week of your time, so why not ask others to join you by their prayerful and financial support? You are to return the completed CIS Form with the names of ten or more people you will ask to sponsor you WITH your application. Do not send out your sponsor request letters until you have received your acceptance letter. A sample letter will be provided in the acceptance package.

***If a parish is assisting with covering the costs of the program, the correct deposit for each participant is still expected at the time of application. **If there is financial difficulty, please contact us directly. No one is ever turned away solely on the grounds of finances.**

The Gospels tells us that *love of our neighbor* is among the greatest of God's commandments. Summer COP will provide the opportunity for you to serve the community with your peers in order to help build God's Kingdom on earth. If you are interested, please fill out the enclosed materials. If you have any questions, please call me at 845-424-3609 X 225 or send an e-mail: Brolake@cyfm.org.

I look forward to hearing from you soon.

Bro. Lake Herman
Chaplain

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In order of preference please number the service sites. (This is no guarantee but just a guide to help us place you.) Please indicate if there is a site that you have done in the past with a "P".

- _____ Children's Ministry including Vacation Bible School or Summer Camp.
- _____ Soup Kitchen for lunch meal, and Day Shelter or the Poor along with other projects.
- _____ Visiting the elderly or patients in end stages of terminal cancer. (Must supply full immunization record.)
- _____ Manual construction, could be demolition to insulating, painting, or landscaping.

_____ **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
Please remember that shirts may shrink in wash.

In the space below, explain why you would like to participate in this program and what goals, if any, you have for participating in the Capuchin Outreach Program, Summer COP 2010.

Photo Release Form

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth & Family Ministry or anyone authorized by Capuchin Youth & Family Ministry, 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: _____

Signature: _____

Total Program Fee: \$195.00

Include the following for a complete application:

- 1) Completed Application Form
- 2) Completed Medical Release & Health Forms (Signed by Applicant & 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) \$100.00 Non-Refundable Deposit (Check payable to CYFM)
- 6) CIS Sponsor Form

Applicant's Name Printed: _____

Applicant's Signature: _____



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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 Outreach Program, Summer COP 2010 in Garrison, NY and the lower Hudson River Valley. 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 Sunday, June 27, 2010 through Friday, July 2, 2010 inclusive.

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.

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 Outreach Program - Summer COP 2010 HEALTH FORM

Name: _____

Address: _____

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

Emergency Contacts (Please list two):

Name: _____ Phone Numbers Day: _____ Night: _____

Name: _____ Phone Numbers Day: _____ Night: _____

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.

Have difficulty with (Check if YES): Yes No

Digestion Lungs Bed wetting Sleepwalking

Eyes, ears, nose throat. Specify _____

List any conditions now requiring regular medication: _____

Name of medication: _____

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.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone Number: _____ Business/Day Phone: _____



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MEDICAL RELEASE FORM

I, _____, an applicant for the Capuchin Outreach Program – COP 2010, 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

Parents' 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

Please fill out the Release and Health Forms and return with Application, Copy of Medical Insurance Card, CIS form and \$100.00 deposit by Monday, April 26th, 2010

Include the following for a complete application:

- _____ Completed Application Form
- _____ Completed Medical Release & Health Forms (Signed by Applicant & Parents of applicants under 18 years)
- _____ Completed Waiver & Release Form (Signed by Applicant & Parents of applicants under 18 years)
- _____ Copy of your Medical Insurance Card (Both Sides)
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Sponsor Invitation List

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

You must submit a minimum of 10 names at the time of your application. 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.

Applicant's Name _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____