

Back to Heartland ~ Youth Elect Service (Y.E.S.) Weekend

“What so ever you do to the least of my brothers & sisters...that you do unto me.”

"DO SOMETHING! Be the heart, hands and hope of Jesus"

Help make a difference: Everyone needs a little help once in a while and sometimes it takes a team of people to make a difference. At YES, we aren't just a nice group to visit; we are good neighbors who want to make a difference in our communities. We don't just sit in church; we get out and serve others. Want to come along? Be a part of something that positively affects the lives of real people in our communities. YOU can make a difference!!

Who: Incoming Freshman - Outgoing Seniors (I understand that if I am post high school I am considered team and will be expected to act like a team member which might mean being called on to lead groups, be a role model, logistics, etc.)

When: June 24, 25, 26, 2016 (We will meet Friday at 7:00 pm and end with 10:30 a.m. mass Sunday.)
You must be able to participate for the entire weekend.

Where: St. Francis Xavier Catholic Church

25 W Perry St., Willard - St. Francis will be our home for the weekend.

Bring: Casual clothes, old clothes (You WILL get dirty and possibly painted!!!), tennis shoes (**NO** flip flops at work sites), sleeping bag, pillow, toiletries, towels, appropriate clothes for Mass, swim suit (for showers), and snacks to share. **ALSO** shovels, cooler, rakes, sunscreen, hat, work gloves, digital camera, etc. (Well marked with your name.)

Skills: Cooperative Spirit, willingness to share talents and to serve.

Cost: \$20.00 per person (**Please make checks payable to YES.**)

If you have parish youth participating in the weekend you must have an Adult Parish Representative present.

- ☺ We will have the opportunity to help & serve others.
- ☺ We will clean, paint, and do repairs.
- ☺ We will make new friendships.
- ☺ We will renew old friendships.
- ☺ We will pray.
- ☺ We will play.
- ☺ We will walk in the steps of Jesus.

Y.E.S. is limited to the first 50 applicants.

Please return: Y.E.S Application, Emergency Medical and Authorization Form, Conduct Agreement and \$20.00 As Soon As Possible and no later than **June 1** to: **St. Francis Catholic Church, C/O Sheila Hershiser, 25 W Perry St. Willard, OH 44890.** Please keep this sheet so you have all the necessary information.

******T-shirt can't be guaranteed unless registration & payment is received by June 1.******

Back to Heartland - Y.E.S. Conduct Agreement

Because this weekend of Youth Elect Service is really that -- service to others -- it is necessary that everyone understand that it will not be party time, goof-off time, etc. It WILL be a weekend of hard work, great fun, real friendship, growth, experiencing God's love, and really knowing the feeling of having done a great thing very well. As Mother Teresa said, "Doing small deeds with great love." It is absolutely necessary for all of us to observe a level of conduct and behavior so that everyone involved can have a great experience. Following are a few points you must agree to.

1. I will observe all rules of safety at the work sites and will work to keep everyone else safe, too.
2. I will get to bed on time so that I can get up early for work the next day and be the best I can be.
3. I will be prompt for all work, meals, prayers, and activities.
4. I will cooperate with all my fellow volunteers and do my part in making the load easier for everyone else.
5. I will cheerfully accept the conditions of work, food and living quarters. (Knowing full well that it will not have the luxury of my home.)
6. I will not bring any contraband material or purchase them while here serving at the YES (e.g. alcohol, drugs, improper reading, improper listening material, etc.) We reserve the right to inspect luggage.
7. I will be a good example for the people whose homes I will be working and I will treat them all with the up-most respect.
8. I will stay with my group and will not leave the grounds or property without the explicit permission of one of the adult leaders.
9. I will not form cliques within the group or spend time on romance. (I understand that is not the purpose of the weekend.)
10. I will follow directions of the adult leaders, whatever the case and will treat them with the up-most respect.
11. I will use common sense at all times and if I don't understand something I will ask the adults in charge for clarification.
12. I will participate in the entire weekend.
13. I understand that if I am post high school I am considered team and will be expected to be a team member which might mean being called on to lead groups, be a role model, logistics, etc.
14. I will only be in the sleeping space to change clothes and to sleep. (One of the purposes of the weekend is to meet new people and I understand I can't do that in the sleeping space.)
15. I will not be in the sleeping space of the opposite sex.

I/Parent/Guardian understand that if I/my child chooses to break this code of conduct that parents will be called to pick me/my child up no matter what time of day it is. I understand the importance of this conduct for the success of this YES and I am willing to live by it.

Permission/Release

I give my permission for my child to participate in the YES weekend. I understand that there is travel to sites involved. I voluntarily and knowingly accept and assume the known risks involved in the program for myself and my child in consideration for Back to Heartland allowing us to participate in the program. I hereby fully release of myself, heirs, executors, administrators, and assigns, I hereby fully release and forever discharge the parties named above, along with heirs, officers, agents, employees, and volunteers.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby assume full responsibility. This release is knowingly and voluntarily signed with the intent to be legally bound.

I understand that by my child's participation in Parish and Diocesan youth activities his/her picture could be taken and used in press releases, brochures, video, CD/DVDs, websites, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at any time by submitting a written request. This agreement does not obligate the use of your child's picture.

If participant is under 18 year old, this must be signed by parent or guardian as well.

I grant permission

I do NOT grant permission

(Participant Signature)

(Parent/Guardian Signature)

Date: _____

Y.E.S Application

Youth Information:

Name: _____ Grade Just Completed: _____

High School Graduation Year: _____ Male Female

Email: _____ T-shirt Adult Size: Small Medium Large XL XXL

Phone: _____ Text Call Parish: _____

I would like to help with music for the retreat. I play: _____ I sing

I would like to participate in the 3rd annual Variety Show by _____ (singing, dancing, play an instrument, comedy, etc.)

Youth, please answer the following questions by checking the item that best describes how you feel.

1. Do you think you will be able to appreciate the opportunity to live and work in a Christian community, and to learn more about yourself and the needs of the people we serve by taking part in this program?

Yes **Maybe** **No**

2. Are you willing to deal with the inconveniences in your living and working conditions for the sake of those you are serving and living with? **Yes** **Maybe** **No**

3. Have you ever worked in a volunteer program(s) before? **Yes** **No**

If yes please describe what you did. _____

4. Are you willing to live and work in a close community, sharing the extra tasks for the benefit of the whole group even after a day of work? **Yes** **Maybe** **No**

5. Do you have your parent's approval for working on this YES? **Yes** **No**

6. Are you currently under the care of a doctor (for i.e. sprain, broken bone)? **Yes** **No**

If yes, what condition and how would this affect your working as a volunteer? _____

7. Do you have any special diet needs? **Yes** **No**

If yes, what kind of diet and how can we provide for your needs? _____

Permission to Administer Medications:

I give my permission for Tylenol/Acetaminophen to be administered to my youth at my youth's request or as deemed necessary by adult leaders. (Circle Dose and Sign)

1 tablet/325 mg 2 tablets/650 mg

Signature of Parent or Guardian: _____ Date: _____

Y.E.S Emergency Medical and Authorization Form

Youth Information:

Name: _____ Date of Birth: _____

Family Information:

Father's Name: _____ Mother's Name: _____

Preferred Phone: _____ Preferred Phone: _____

Home Cell Work Home Cell Work

Secondary Phone: _____ Secondary Phone: _____

Home Cell Work Home Cell Work

Custodial Parent(s): Both Father Mother

Medical Information:

Insurance Company: _____

Name of Policy Holder: _____

Group #: _____ Policy #: _____

Allergies: _____

Current Medications: _____ Date of Last Tetanus Shot: _____

Additional facts concerning the youth's medical history to which a physician should be alerted: _____

****PART ONE OR PART TWO MUST BE COMPLETED****

PART ONE: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the youth to any hospital reasonably accessible.

This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent or Guardian: _____ Date: _____

PART TWO: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want Back to Heartland authorities to take the following action:

Signature of Parent or Guardian: _____ Date: _____