



PARTICIPANT APPLICATION FORM



CATHOLIC CHARITIES RESPITE CENTER
[McALLEN, TEXAS | JULY 27, 2024- AUGUST 2, 2024]



ST TERESA OF CALCUTTA PARISH
[MONTCLAIR]





CONTACT INFORMATION

SUMMER MISSION TRIP 2024 | PARTICIPANT APPLICATION FORM

■ PARTICIPANT CONTACT INFORMATION:

PARTICIPANT NAME

PARTICIPANT PHONE NUMBER

HOME ADDRESS

ZIP CODE

HIGH SCHOOL

CURRENT GRADE

DATE OF BIRTH:(DD/MM/YY)

PARTICIPANT E-MAIL ADDRESS

CURRENT AGE

■ EMERGENCY CONTACT INFORMATION:

PRIMARY CONTACT NAME

SECONDARY CONTACT NAME

PRIMARY CONTACT CELL

SECONDARY CONTACT CELL

RELATIONSHIP TO PARTICIPANT

RELATIONSHIP TO PARTICIPANT

■ MEDICAL INFORMATION:

1. DO YOU HAVE ANY ALLERGIES
TO FOOD OR OTHERWISE?

YES NO

Please list ALL ALLERGIES in detail:

2. DO YOU TAKE MEDICATION?

YES

NO

**Please Note: We will have a nurse on the mission team who
will be responsible for the dispensing of all medications.*

Please list below the name, time, dosage, and condition of the medications you take. Please provide sufficient details.

3. PARENT NAME AND SIGNATURE TO AUTHORIZE THE DISPENSE AND TAKING OF MEDICATIONS

PARENT NAME PRINTED

PARENT SIGNATURE



PERSONAL REFLECTIONS

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1. Why do you want to take part in this experience?

2. How do you hope to contribute to your mission team and the people that we are going to help?

3. What prior experiences have you had with mission work, service projects, and/or other outreach programs?

4. South TX is very hot in the summer, are you able to participate in activities in the heat and sun?

YES NO



PERSONAL REFLECTIONS

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5. Why would you like to be selected for this service trip?

6. Have you helped lead activities with children such as babysitting or summer camp helper?

YES NO

If yes, please describe in what ways you've worked with children in the past.

7. What gifts/talents do you have to help add to the experience of this mission trip?
[CHECK ALL THAT APPLY]

MUSICAL — able to play an instrument or lead in singing

OTHER

SPORTS — able to lead a game or training in a sport

OTHER

ARTISTIC — able to show others how to create something artistically

OTHER

LECTORING AT MASS

8. Do you have ANY questions for us we can answer to help you understand the trip or what to prepare for?



PERMISSIONS & COMPLIANCE

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■ PARENT PERMISSION [SIGNATURE REQUIRED]

I have read and reviewed with my son/daughter this entire application packet including the questions and responses on this form. I am aware of the meeting dates, the parental financial/fundraising obligations, and the time commitments for this trip. I will be supportive of my son/daughter in the event he/she is selected to participate in this summer service trip experience.

PARENT NAME PRINTED

PARENT SIGNATURE

■ PARENT CONTACT INFORMATION

EMAIL

CELL PHONE

HOME PHONE

■ MEDIA RELEASE [PARENTAL SIGNATURE REQUIRED]

I give my permission for pictures and videos of my child participating on the mission trip to be taken. I give my permission for these images and captures to be used for the promotional and informational purposes of the parish.

PARENT NAME PRINTED

PARENT SIGNATURE

■ ARCHDIOCESE OF NEWARK ENVIRONMENTAL SAFETY COMPLIANCE

Any adult (person aged 18 or older) participating in this parish mission trip must be in compliance with our Archdiocese Protecting God's Children Program.

1. Do you already have your Protecting God's Children Certificate? YES NO

2. If yes, what year did you receive? _____

Our primary form of communication for trip details will be email. We will use the email you provided on this form. **PLEASE LOOK FOR OUR EMAILS REGULARLY** as we communicate information for our preparation and formation meetings, payment plans, fundraising, and travel details.

SPONSORED BY:
ST TERESA OF CALCUTTA [MONTCLAIR]

THANK YOU FOR APPLYING!