

St. Marcelline ASP2018

Teen Application

Application and Commitment Fee due no later than August 13th, 2017

Your Information:

Name: _____

Preferred Name: _____

Address: _____

High School: _____ Year of graduation: _____

What unique talents or gifts will you bring to this ministry? _____

Methods of Communication:

Your cell phone number: _____

Do you allow texting? _____ Is it alright with your parents if ASP Adults text you? _____

What is your email address? _____

What is your Facebook name? _____

We will be communicating with you by any or all of the ways mentioned above. It is imperative that you respond in a timely manner.

Tee Shirt Size: _____ (Adult Sizes)

Parent Information:

Father's Name: _____ Cell phone number: _____

Email Address: _____

Mother's Name: _____ Cell phone number: _____

Email Address: _____

Your Commitment:

We, the ASP Teen and parent(s), understand that being a member of ASP 2018 is making a commitment of time and money to the ministry and its other members. After reviewing the ASP2018 Schedule on the St. Marcelline ASP website and the payment schedule, we agree that our son/daughter is able to make a commitment to this ministry, and will attend all the meetings, activities, retreat and "Labor Day."

Parent Signature

Date

Participant's Signature

Date

Please read the following:

Like any high school sport, club, or activity, participants are required to attend practices or meetings. That way, the participants will get the most out of their sport, club, or activity. In a very real way, St. Marcelline ASP is just like that! St. Marcelline ASP Group Members need to be present to support one another. We are building a team that will work together to make homes warmer, safer and drier.

We need you on the team! **To be on the team, you need to attend and participate in all the meetings, activities, retreat and "Labor Day."**

I understand the above statement and I'm making a commitment to ASP2018.

Participant

Date

St. Marcelline ASP 2018
Things You Need To Know

- ✦ Space for new teens is limited. The sooner you turn in your completed application and **\$200.00 Commitment fee**, the better your chances of becoming a member of the group. **(Applications will not be accepted without the commitment fee.)**
- ✦ The expense of this ministry is shared equally by all the members participating, both teens and adults. Your share of that cost is \$1,300.00; \$800.00 paid in accordance with the Fees and Payments Schedule, and \$500.00 by the sale of fifty \$10.00 raffle tickets.
- ✦ Good communication between participants of the ASP Group is essential. If you do not answer calls, text messages or respond to emails in a timely fashion, you may not be able to continue with this ministry. Everyone is busy. Effective communication will ease the burden on all of us. It is your responsibility to make sure that your contact information is correct on the “Members Only” page of the website.
- ✦ Meetings are an important time for participants to get to know one another, to learn about the culture of Appalachia, to learn about poverty and to reflect upon how this experience is transforming your life. All meetings, events, retreat and “labor day” are already scheduled. Please refer to the St. Marcelline ASP 2018 Schedule. **The meetings, activities, retreat and “Labor Day” are mandatory.** Missing any portion of these events may jeopardize your participation in this ministry. ASP is a relationship ministry; if you are not present, people are missing out on an opportunity to develop a relationship with you, which is necessary for the success of ASP2018.
- ✦ If you are unable to continue with this ministry, money paid by you or your immediate family will be refunded less the amount spent by the St. Marcelline ASP Group on your behalf. Money donated to the St. Marcelline ASP Group on your behalf by other parties will not be refunded.
- ✦ The adults involved in this ministry are not doing it to be disciplinarians. Teens are expected to conduct themselves responsibly and appropriately at all times, realizing their behavior not only reflects upon them and their family but also reflects upon the St. Marcelline ASP Group and the rest of the Appalachia Service Project. It takes a mature and responsible person to do ASP to maximize their experience.
- ✦ While St. Marcelline ASP is a Catholic ministry, membership is not limited to parishioners of St. Marcelline or members of the Catholic faith. The only requirement is who believe that “safe, sanitary housing is a basic human right.”

Please sign this form to acknowledge your understanding of commitment you are making to participate in St. Marcelline ASP 2018.

Participant’s Signature

Date

Parent’s Signature

Date

St. Marcelline ASP Group 2018 **Fees and Payment Schedule**

The St. Marcelline ASP Group is a self-funded ministry. It is necessary for each participant to pay their share of the group's expense. It is understood that things come up from time to time and it may not be possible to make a payment on time. If that is the case, please let Howard know. Otherwise please make your payments on time.

The total cost for an individual to participate in ASP is \$1,300.00. Therefore to cover the individual cost of the trip all members are required to pay \$800.00 and sell fifty \$10.00 raffle tickets.

The fee of \$800.00 needs to be paid in accordance with the following payment plan:

- \$200.00 upon commitment with the completed application.
- \$75.00 September 10, 2017
- \$75.00 October 1, 2017
- \$75.00 November 5, 2017
- \$75.00 December 3, 2017
- \$75.00 January 14, 2018
- \$75.00 February 4, 2018
- \$75.00 March 4, 2018
- \$75.00 May 6, 2018

The sale of raffle tickets:

Raffle tickets will be available at the October 1st meeting. Participants are encouraged to sell them on their own and not rely totally on selling them at St. Marcelline. Participants *may* have the opportunity to sell tickets after weekend masses in February and March of 2018. This opportunity is meant to be a help, not a solution.

Each participant is required to pay \$1,300.00; \$800.00 in fees and \$500.00 from the sale of raffle tickets. If an individual sells more than fifty raffle tickets, the value of each additional ticket sold will be deducted from the \$800.00 fee.

EXAMPLE: If a participant sells a total of 60 tickets, the amount sold over fifty will be credited to the participant's fees. Since ten additional tickets were sold, the participant can reduce the amount of their fee to \$700.00. For every \$10.00 in fees you pay, a ticket will be put into the drawing for you.

By not fulfilling your obligation to pay your share of the group's expense, you are creating a financial burden for the rest of the group. If you want to participate with ASP but need a different payment schedule, please contact Howard Grossman, Youth Minister, who will make satisfactory arrangements with you.

If a participant cannot continue with this ministry, the money paid will be refunded less the amount already spent on behalf of the individual. Money paid only refers to money paid by the individual or the individuals' immediate family. Money donated to ASP on behalf of the individual will stay within the ministry.

Participants Signature

Date

Parents Signature

Date

(Revised June 5, 2017)

The Catholic Bishop of Chicago, a Corporation Sole,
And
St. Marcelline Catholic Church ASP2018 Group
Child/Minor Acknowledgement Form

Name of Child: _____

Name of Parent or Guardian: _____

Address: _____

Home Telephone: _____ Alternative Telephone: _____

Activity: _____ Activity Date/ Time: _____

The Catholic Bishop of Chicago (CBC) and St. Marcelline Catholic Church are committed to conducting programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and St. Marcelline insists the participants follow safety rules and instruction designed to protect the safety of the participants and attendees.

Please recognize that the CBC and St. Marcelline does not carry medical insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or St. Marcelline responsible for payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child may sustain as a result of participating in activities connected with this program. If I am responsible for the transportation of my child to and from the event, the use of my personal automobile to transport participants or attendees is not sanctioned by the CBC or St. Marcelline and is my voluntary undertaking. If an Adult Volunteer Driver transports my child to and from an event, it is my understanding that the adult driver has submitted to a background check and has taken Virtus Training. In either case, it is understood and acknowledged by the adult driver that their automobile insurance is primary; the driver will understand and comply with the rules and regulations of the Illinois Motor Vehicle Code; the driver understands and will comply with Federal, State and local laws. During the event(s) and to and from the event(s) the driver will not engage in any inappropriate behavior or activity.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and St. Marcelline Catholic Church from claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or St. Marcelline Catholic Church officials to secure from a hospital, physician, and/or medical personnel any treatment deemed necessary for minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

Parent/Guardian Signature

Date

Medical Insurance Company: _____

Address: _____

Telephone Number: _____

Policy Number: _____

Doctor's Name: _____

Telephone Number: _____

Is your child/minor allergic to anything? If so, please list them: _____

Is your child/minor taking any medications? If so, please list them:

Other relative or responsible person:

Name and relationship: _____

Address: _____

Telephone Numbers: _____

Day time

Evening

Child's Email Address: _____

Parents' or Guardians' Email Address: _____