



Capuchin Youth & Family Ministries

P.O. Box 192 – 781 Route 9D – Garrison, NY 10524

Phone: 845-424-3609 – E-mail: CYFM@cyfm.org

Web-site: www.CYFM.org

CYFM, a ministry of the Capuchin Province of St. Mary, offers retreats and programs through the financial support of the Province and its donors! Become one today!



Capuchin Appalachian Mission – CAM 2017

February 2017

Dear Applicant for the 2017 Capuchin Appalachian Mission,

Greetings from Garrison! We pray that this letter finds you well. Capuchin Appalachian Mission Application time has arrived. Please read this entire letter carefully, as it contains important details about this year's program as well as information about the application process.

The dates of the Mission are Saturday, July 8 to Sunday, July 16, 2017

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

1. Applications: All completed Applications and deposit of \$100.00 must be *received* in our office by the deadline of **Monday, April 24, 2017**. **Only fully completed applications will be accepted. Incomplete applications will be returned to the applicant for another chance at completion.** Applications that are resubmitted will be considered as long as the second submission is complete.

2. Selection of applicants will be prayerfully made with the goal of establishing a well-balanced Christian community. We will select a mix of first timers and those who have previously participated in the Capuchin Appalachian Mission.

3. Work Group: When you are indicating your ministry preferences, please carefully consider your gifts and talents. We will certainly try to assign you to one of your preferred ministries, but please realize that the focus of this week is to provide the best possible service to our brothers and sisters of Harlan County and to our God. Ministry assignments will be made accordingly. The five ministries will be Outreach, Vacation Bible School, Manual Labor, Senior Ministry, and Kitchen/Home Base Care.

4. Numbers: There are approximately 56 spaces available for High School and College aged participants, and 29 spaces for adult participants and staff. If the number of applications exceeds the number of spaces available, a waiting list will be established.

5. Orientation: ALL participants MUST attend the MANDATORY orientation session which will be held on **Saturday, June 3, 2017**. Even if you have previously participated in one or more Capuchin Appalachian Mission trips, your presence at the Orientation is required. This is an important component of the program as it point at which our CAM community starts to form. And what better way to begin that formation than with Mass. The Orientation begins with Mass at 9:00 AM sharp in the chapel and ends at 3:00 PM (for high school and college-aged participants) or 4:00PM (for adults).

6. Pre-trip Work Sessions: All participants are required to participate in **at least one** of the two preparation work days in June. The work days are scheduled for Tuesday, June 20th and Thursday, June 22nd from 4:00 to 8:00 PM. We will be inventorying and organizing tools, sorting and boxing clothing for our outreach ministry, and preparing materials for our VBS program. In addition to these physical preparations we will be sharing a meal together

and continuing the important work of building our community. Please be prompt and plan to stay for the entire work session.

7. **Accommodations and Travel:** While in Kentucky, we will live at Holy Trinity Parish in Harlan. We will sleep on the floors in the classrooms. We will have our meals in the parish dining hall and celebrate our liturgies in the parish church. We will travel in 12 passenger vans, taking two days to make the trip in each direction. On the Saturday nights of both travel weekends we will stay at the Mennonite church in Harrisonburg, Virginia.

8. **Finances:** The registration fee is **\$275.00 per participant**. The **cost of last year's program was \$492.50** per person. We estimate the cost of this year's program to be close to the same.

***How do we make up the difference of \$218.00 per person?
We do it through various fundraising efforts.***


9. **Fundraising:** All participants are **required** to participate in our *Companions in Service* program. This program requires participants to reach out to family members, friends, neighbors, community members and/or local businesses for financial and prayerful support. Each participant is required to send out a **minimum of twelve** letters. 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 twelve people to whom you will commit to sending the letters.** Please wait to send the letters until **after** you have been accepted. **Once accepted, letters should be sent out as soon as possible. Our mission trip is funded largely through donations.**

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 that this is a very important part of this mission experience for **everyone**. The blessings are many! You will grow in your excitement as you write and talk about the mission. You will be encouraged by the positive responses you will receive and your *Companions in Service* will be thrilled to hear that you are participating in such a wonderful program of Gosepl service.

Prayerfully consider applying for this mission experience. It is a powerful experience of Gospel community and service. It requires the **full** commitment from every participant. It promises tremendous rewards as you participate in all aspects of this mission service retreat. If you are accepted, you can expect to work hard. At times you will be drawn out of your comfort zone. Likewise, expect that you will learn about the richness of our faith and be drawn more deeply into the mystery of God's love. It is truly a gift to be a part of a Capuchin Appalachian Mission community.

Please call us at the center or email Tom Brinkman, Executive Director of CYFM, (tom@cyfm.org) if you have any questions. If you received this letter via e-mail the application is attached. You may also download the application and all forms from our website www.cyfm.org or contact our office and we will send an application via the US Postal Service.

May God's Blessings and Peace be with you,



Tom Mazzearella
Co-Director
Capuchin Appalachian Mission



Tom Brinkmann
Executive Director



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Capuchin Appalachian Mission 2017 Application - Please Print Clearly

Name: _____
Last First Name tag name

Address: _____

City/State/Zip: _____ Parish: _____

Phone: _____ E-Mail: _____

(Area code) Number E-mail address; you will receive an acceptance letter with details, please ck your e-mail. **Print Clearly:** zero:Ø, I, i L, l, O, o

Check here if you want to receive e-mail updates about CYFM programs/events:

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 \$100.00 non-refundable (once accepted) deposit. Program fee is \$275.00. If there is financial difficulty, please let us know. No one is turned away on the grounds of finance.

No application will be accepted without the (1) Completed application form, (2) Deposit, (3) Completed Health Form, (3) Copy of Insurance Card, (4) CIS Form and (5) Waiver & Release Form. Completed application must be received in our office by Monday, April 24, 2017

Faxed applications will NOT be accepted.

Please do not write below this line

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

Health Form: _____ Orientation: _____

Processed by: _____ Acceptance letter sent: _____

CAM Application 2017, Page 2

Our mission involves specific ministries. Please prioritize the ministries in the order of your interest and talent, with 1 being your first choice, through 4, your last choice. 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 clothing, cleaning supplies, and children's books.

_____ **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.

_____ **SENIOR MINISTRY:** Each day we will visit residents at the Harlan Nursing home and participate in and lead activities.

_____ **KITCHEN AND HOME BASED MINISTRY:** This ministry, open to adults, involves purchasing food, cooking, and cleaning for our mission community.

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

In the space below, explain what motivates you to participate in the Capuchin Appalachian Mission. Additionally, please share your goals for your participation and what you will bring to the Community. Feel free to use another or extra paper.

Please fill out **ALL** release and health forms and return with application, CIS form, copy of insurance card and \$100.00 deposit by the **deadline of April 24, 2017.**

_____ **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? _____



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**Capuchin Appalachian Mission 2017
 HEALTH FORM**

Name: _____ Date _____

Address: _____

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

Emergency Contacts (Please list two, one MUST be parent or guardian for participants under 18 yrs):

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 INNOCULATIONS for all shots:

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/mobile phone: _____ Business/Day Phone: _____ (If not given above)



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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 professional for treatment.

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

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

By signing below, 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.

WAIVER & RELEASE OF ALL CLAIMS

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 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 8 through Sunday, July 16, 2017 and preparatory events in June.

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 the **MEDICAL RELEASE AND WAIVER AND RELEASE OF ALL CLAIMS forms:**

Signature of Participant Date

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

Printed Name of Witness Witness Signature Date



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Video/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 video & photographs of myself/my child taken at any CYFM events for any publicity purpose, without compensation. CYFM reserves the right to use these videos & photographs in any of its print or electronic publications. All videos & 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 _____

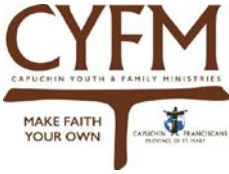
Print Parent/Guardian Name _____
(for applicants under 18 years of age)

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

Please fill out the releases and health forms and return with application, CIS form, copy of Medical Insurance Card and \$100.00 deposit by Monday, April 24, 2017.

***Enclosed: (Your checklist)**

- 1) ___ *Completed Application Form*
- 2) ___ *Completed Health Form (Signed by Applicant and Parents of Applicants under 18 years)*
- 3) ___ *Completed Waiver & Release Form and Medical Release (Signed by Applicant & Parents of Applicants under 18 years)*
- 4) ___ *Photo Release forms (Signed by Applicant and Parents of Applicants under 18 years)*
- 5) ___ *Copy of your Medical Insurance Card (Both Sides)*
- 6) ___ *\$100.00 Non-Refundable Deposit (check payable to CYFM)*
- 7) ___ *Companions In Service Sponsor Form*



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Companions in Service List

Applicant's Name _____

Please list the names of at least 12 people whom you will commit to invite as a Companion in Service to prayerfully and financially support you during your week of service through 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 12 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. _____ |
| 11. _____ | 12. _____ |