



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 Outreach Program – Summer COP 2017

Dear Summer COP 2017 Applicant,

Greetings from Garrison!! The Summer Capuchin Outreach Program (COP) gathers young people and adults to reach out to the poor and sick in 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 **Sun, June 25, 2017, 4pm – Fri, June 30, 2017, 5pm.** Your completed Application, with Health Form (listing dates of immunizations), copy of Medical Insurance card and Companions In Service (CIS) Form and NON-REFUNDABLE deposit of \$125.00 per applicant must be received in our office by Monday April 24, 2017. If incomplete it will be returned to you and may jeopardize your possible acceptance. Resubmitted and complete applications will 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 **\$225.00** fee per participant helps to help cover food, lodging, transportation, and all necessary supplies but does not cover all COP expenses. Rather, you are required to take part in fundraising in a very historically successful way through the *Companion In Service* form included in this packet. Simply send out at least 12 requests for sponsorship; relatives, Godparents, Knights of Columbus or other service organizations all make good Companions In Service. Talk with your pastor directly. You are giving a week of your time, so why not ask the community to join you by their prayerful and financial support? Return (with your application) your completed CIS Form containing the names of twelve or more people whom you will ask to sponsor you once you are accepted. 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 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.**

Pope Francis explained at World Youth Day that Jesus did not say: “one of you go.” No, Jesus said, “all of you go!” We are sent together, as companions, as a Church, as a communion of saints. When we rely on each other, God surprises us by revealing the resources we did not know we had. 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 God is calling you, please fill out the enclosed materials and return them. If you have any questions, please call me at 845-424-3609 X 225 or send an e-mail: frtom@cyfm.org.

I look forward to hearing from you soon.

Fr. Tomás McNamara, OFM Cap.
Chaplain



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Capuchin Outreach Program - Summer COP 2017 APPLICATION



Please Print Clearly or Type – Thank You

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 check 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: _____

Former Participation: CAM Program? _____ What year(s)? _____ COP _____ Year(s) _____
y/n y/n

For those under eighteen (18) years of age, must fill out the following:

Parents/Guardians: _____ Emergency Phone #: _____

Parent/Guardian Signature: _____

Please return this application with a \$125.00 non-refundable deposit. No application will be accepted without the deposit, completed Health form (with immunization dates), Copy of Medical Insurance Card, CIS Form and Waiver & Release Forms and must be received in our office by Monday, April 24, 2017. Faxed applications will NOT be accepted.

PROGRAM FEE: \$225.00 If there is financial difficulty, please let us know. No one is ever turned away solely on the grounds of finances.

Total Program Fee: \$225.00

- o Include the following for a complete application:
- o Completed Application Form
- o Completed Medical Release & Health Forms (with immunization dates), (Signed by Applicant & Parents of applicants under 18 years)
- o Completed Waiver & Release Form (Signed by Applicant & Parents of applicants under 18 years)
- o Copy of your Medical Insurance Card (Both Sides)
- o \$125.00 Non-Refundable Deposit (Check payable to CYFM)
- o CIS Sponsor Form

Applicant's Name Printed: _____

Applicant's Signature: _____

Please do not write below this line

Date Received: _____ Deposit: _____ Full Payment: _____ Health Form: _____

Orientation: _____ Processed by: _____ Acceptance letter sent: _____



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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.
- ___ Working with children with disabilities at an equine summer camp (Equine Therapy)
- ___ Soup Kitchen for lunch meal, and Day Shelter or the Poor along with other projects.
- ___ Visiting the elderly in nursing home. (Must supply full immunization record.)
- ___ Visiting patients in end stages of terminal cancer.
- ___ Manual labor: could be demolition, insulating, painting, or landscaping. **(Must be over 16 years old)**
- ___ Manual labor at CYFM (no age requirement)
- ___ Place me where ever needed.

___ **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 you have for participating in the Capuchin Outreach Program, Summer COP 2017.

Video/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 videos & photographs of 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: _____

Signature: _____



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Capuchin Outreach Program - Summer COP 2017 HEALTH FORM

Name: _____

Address: _____

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

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

Name: _____ Phone # Day: _____ Night: _____

Name: _____ Phone # 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 INNOCULATIONS (dates 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.

Parent/Guardian Signature: _____ Date: _____

Home Phone # _____ Business/Day Phone: _____



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Capuchin Outreach Program - Summer COP 2017 MEDICAL RELEASE FORM

I, _____, an applicant for the Capuchin Outreach Program – COP 2017, 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:

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 Outreach Program, Summer COP 2017 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 25 through Friday, June 25, 2017 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 **MEDICAL RELEASE AND WAIVER AND RELEASE OF ALL CLAIMS** form:

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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Companions in Service List

Please list the names of at least 12 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. Many speak directly to their pastors and find them quite helpful. You must return this list with your application.

You must submit a minimum of 12 names at the time of your application. 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.

Applicant's Name _____

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

Please fill out the Release and Health Forms and return with Application, Copy of Medical Insurance Card, CIS form and \$125.00 deposit by Monday, April 24, 2017.

Include the following for a complete application:

- Completed Application Form
- Health Forms (with immunization dates) (Signed by Applicant & Parents of applicants under 18 years)
- Completed Medical Release Form and Waiver & Release Form (Signed by Applicant & Parents of applicants under 18 years)
- Copy of your Medical Insurance Card (Both Sides)
- \$125.00 Non-Refundable Deposit (Check payable to CYFM)
- Completed CIS Sponsor Form