

HNOJ~NPH MISSION TRIP 2018
Holy Name of Jesus

Nuestros Pequeños Hermanos
Dominican Republic

July 29th – August 5th

Thank you for your interest in the HNOJ~NPH Mission Trip to Nuestros Pequeños Hermanos in the Dominican Republic. The packet you are holding in your hand is all you need to apply to this powerful mission experience. Below is the due date for applications and a list of required documents that must be turned in when you apply. Also included in this packet is a sheet outlining the goals of the trip and participant requirements. If you have any questions please contact Chris Kostelc at 764.745.3489 or ckostelc@hnoj.org.

Applications are due by **Wednesday February 21st** and can be turned into HNOJ either at the front desk or directly to Chris Kostelc. All applicants will be contacted no later than February 28th.

The following documents are required for an application to be considered complete:

1. Participant Application (p. 4&5)
2. Parent/Guardian Consent Form/Liability Waiver, Medical Matters Form, & Medicine Authorization Form. (p. 6-8)
3. Contract of Conduct (Code of Conduct read with Parent/Guardian) (p. 9)
4. Photo Copy of Passport (or note Passport will be acquired)
5. IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER – Travel Permission Form with **Notary stamp and signatures of both parents. Both signers must sign in presence of Notary Public.** (p. 10)
6. RETURNERS – In addition to this application, please print and fill out the separate “Returner’s Application.” (separate sheet) Both this app and the “Returner’s Application” are required for returning participants.

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Goals and Participation Requirements

Goal 1: Teens will be drawn closer to God and their faith community. Teens will grow deeper in their relationship with God and experience a conversion experience.

Goal 2: Teens will gain some new understandings of themselves, others, and the world in which they live.

Goal 3: Teens will practice direct and indirect service. Teens will learn that service and social justice are important to Christian discipleship. Teens will have an experience that encourages them to participate more often in service and social justice experiences.

Application Requirements and Info:

1. Participants must be members of Holy Name of Jesus Catholic Community.
2. Youth must be a present Sophomore, Junior or Senior in High School as of 1-1-18.
3. All participants will be responsible for their entire portion of the airfare. Scholarships may be available.
4. Every applicant will be looked at VERY carefully for participation and involvement in activities at Holy Name i.e. CREW, VBS, Sunday School, Lectoring, Eucharistic Ministry, Ushering, Christpower, Steubenville, etc.
5. A knowledge of the Spanish language is a plus, but not required.
6. All Application forms must be completed in full. **This includes getting a notary stamp on the travel permission form for all teens 17 years old and younger. This notary can be obtained at banks or at HNOJ during business hours. Both parents/guardians must be present and sign at the same time.**
 - a. The following forms must be completed for a complete registration
 - i. Application
 - ii. Consent form
 - iii. Contract of Conduct
 - iv. Notarized travel permission form
 - v. Copy of a passport (or assurance of getting one)

Three Pillars of Preparation Participation

Pillar I: Prep Meetings

We will have 5-6 all group preparation meetings. These gatherings are vital to the success of the trip and are required. A majority of small group prep work will occur at these meetings as well.

Pillar II: Fundraising

The greatest need of the orphanage (even more than our visit) is for funds to continue to feed and educate these children. To that end we do extensive fundraising for the children. We hold between 10-12 fundraising events. It is expected that you attend a majority of them. If you cannot commit to MOST of these events, please give your spot to someone who can and will. Each participant is expected to be at 75% of the events.

Pillar III: Prayer

Starting the moment you decide to apply through the end of our trip, we will make a commitment to pray for the trip, each other, and the children of NPH. If we, as a people, really believe that prayer matters, than we need to begin to pray now.

Application Information

- Applications are due at Holy Name by the end of the day, (7:00 p.m.) Wednesday February 21st, 2018. All applicants will be notified by phone as to the trip roster no later than February 28th, 2018.

- Applications received after the due date will be placed immediately on the waiting list, but will be considered as spots are open.

Important Mindsets for a Successful Prep Process

- **The preparation for this mission trip is extremely important.** The trip is much more than one week this summer. We will have 5 or 6 large group meetings. Each participant is also a member of a smaller project group, such as the Craft Group, the Fundraising Group, the Reflections Group, or the Skit Group, all of which require several meetings to prepare for the trip. Better we prepare now than while we are at the house and with the children.
- **This mission trip is a six month commitment** to meetings and fundraising. Before you apply, make sure that you are ready to commit to the entire process.
- **Meetings are mandatory.** No joke. If these meetings interfere with your work or activity schedule, you must work your schedule around NPH meetings. Meeting dates are scheduled at the very first meeting. Code of Conduct #1 states that you will participate in ALL meetings. Some circumstances cannot be helped and acceptable absences will only be given after talking to Chris Kostelc. Consistently missed meetings put a participant's spot on the trip in jeopardy.
- **Fundraising isn't an optional aspect of preparation.** Every participant is expected to play a critical role, devoting time and talents, to raising funds for NPH. The house needs our financial help more than ever and we are in a position to support them in this way.

A typical day at NPH

This is HNOJ's first trip to the Dominican Republic NPH House. Some details of the how our trip will look are still being worked out with the visitor coordinator and the adult leadership of the home in the DR. By the time we have our first informational meeting, we hope to have more details about the daily work.

NPH Mission Trip 2018
PARTICIPANT APPLICATION

Student Name: _____ Gender: M F

Parent/Guardian Name: _____

Parent Cell Phone 1: _____ Parent Cell Phone 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____

Student Email: _____

Please check if you would like parent email added to HNOJ YM Email List

Cell Phone Number for Participant: (_____) _____ Text? Y N

School: _____ Grade: _____ T-Shirt Size: _____

Spanish Skills: non-existent poor average good fluent

For your information: We have found that having taken Spanish in school for years only helps if you feel you can actually converse on a basic level.

Ministries involved in at Holy Name. Please list and give dates.

List previous mission trips, service work, either local or international.

Your primary reason for applying for this Mission trip. Why do you want to go?

What would you have to offer the trip and the children of Casa San Salvador if you were chosen for this mission trip?

Name 1-3 goals you would have for yourself for this experience if you were to be chosen.

Describe your faith life? How do you practice your faith?

How do you plan to grow closer to God and deeper your faith in the next year?

The individuals who attend this trip are only one part of the community from HNOJ who support NPH. How would you support the trip/NPH if you are not selected this year?

Being completely honest about who you are and how you react to situations, how would you respond to the situation presented below?

It is the third day of Vacation Bible School at NPH and things have totally fallen apart. The kids aren't paying attention, you don't think your Spanish is good enough to get their attention, the boys are running off, three girls are picking on another girl and worst of all you are getting no help. The other two HNOJ teen leaders from your group are just sitting there talking to each other.

2018 HNOJ~NPH Mission Trip Registration

HOLY NAME OF JESUS
155 County Road 24
Wayzata, MN 55391

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____
Birth Date: _____ Male Female Grade: _____ School: _____
Parent/Guardian Name(s): _____
Home Address: _____ City: _____ Zipcode: _____
Telephone: (H) _____ Business/Cell: _____
Parent E-mail: _____ Teen E-mail: _____
T-Shirt Size (Please circle size): XS S M L XL XXL

Type/Date of event: NPH Mission Trip – July-Aug 2018
Individual(s) in charge: Chris Kostelc - (763) 745-3489; ckostelc@hnoj.org
Transportation: Plane and Bus
Drop Off: July 29th, 2018
Pick Up: August 5th, 2018
Cost of Event: \$1000
All Registrations Due: Application is due Feb. 21st, 2018 (Payment Due April 25th)

I, _____, grant permission for _____
(Parent or Guardian's Name) (Participant's Name)

To participate in the above name activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Holy Name of Jesus and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

*Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

**If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

_____ at _____
(Name) (Phone Number)

MEDICAL INFORMATION:

Medication my child is taking at present: _____
Allergies: _____
Family Health Plan Carrier Number: _____
Family Doctor: _____ Phone Number: _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

For Office Use Only:		
CH/CK/CG Paid: _____ Date: _____	CH/CK/CG Paid: _____ Date: _____	CH/CK/CG Paid: _____ Date: _____
CH/CK/CG Paid: _____ Date: _____	CH/CK/CG Paid: _____ Date: _____	CH/CK/CG Paid: _____ Date: _____
CH/CK/CG Paid: _____ Date: _____	CH/CK/CG Paid: _____ Date: _____	CH/CK/CG Paid: _____ Date: _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, > sign only those that are applicable.)**

> **Medical Treatment:** In the event it comes to the attention of *Holy Name of Jesus* or its officers, directors and agents, and the Archdiocese of St Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

> **Medication:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are **indicated on attached Prescription Drug & Medical Authorization Form.**

Signature: _____ Date: _____

> **No Medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

> **Non-Prescription Medication:** I hereby grant permission for **non-prescription medication** (such as non-asprin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

****Specific Medical Information:** *Holy Name of Jesus* will take reasonable care to see that the following information will be held in confidence:

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions? (such as mumps, measles, chickenpox, etc?) **IF SO**, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

HOLY NAME OF JESUS CHURCH

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN BY CHAPERONS DURING THE EVENT)

Any prescription or over-the-counter medicine must be in the original, labeled container.

THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE MEDICINE IS GIVEN.

Student Name: _____

Name of Prescription/Medicine: _____

Prescribing Dosage: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize the Adult Chaperones to dispense
Parent/Guardian

medicine to _____ as directed above.
Student

Signature of Parent/Guardian

Date

HNOJ~NPH MISSION TRIP 2018

NUESTROS PEQUENOS HERMANOS Dominican Republic

Holy Name of Jesus ~ Code of Conduct

1. Participant agrees to take part in all training meetings, prayer activities, and fundraising activities of the NPH Mission Trip group.
2. Participant may not use or possess alcoholic beverages, tobacco products and/or any illegal drugs or substance.
3. Participant may not engage in sexual activity.
4. Participant is not allowed in sleeping areas of the opposite gender at any time.
5. Participant must inform their team leaders of their whereabouts at all times.
6. Participant is to respect and keep clean property and environment. Restitution will be made by the participant for any damage they cause to buildings, grounds and/or the environment and wildlife in the environment.
7. Participant will respect others and the personal property of others.
8. Participants agree to abide by all guidelines established by NPH Mission Team and Nuestros Pequeños Hermanos Orphanage leaders including, but not limited to: lights-out time, quiet time in sleeping area, food guidelines for eating, and staying within designated areas.
9. Participants will IMMEDIATELY report all injuries, illnesses and emergencies to an adult leader.
10. Participant agrees to respect the authority of adult leaders in promoting and administering the above Code of Conduct.
11. Participant is further accountable to additional guidelines established by group leaders depending on the situation.
12. Participant will agree to this Code of Conduct by signing a Contract of Conduct.

Anyone who violates this Code of Conduct will be subject to disciplinary action which may include a collect phone call to parents of participants and director of HNOJ Faith Formation, and which may include immediately being sent home at his/her own expense or his/her parent's/guardian's expense. Disciplinary action will be at the discretion of designated group leaders.

HOLY NAME OF JESUS CONTRACT OF CONDUCT

I, _____ (Participant), have read
the Code of Conduct Sheet and agree to abide by the rules set forth therein.

Signed: _____
NPH Mission Participant Date

Signed: _____
NPH Mission Participant's parent/guardian Date

HNOJ~NPH MISSION TRIP 2018

NUESTROS PEQUENOS HERMANOS DOMINICAN REPUBLIC

July 29th – August 5th

Travel Permission Form

This form must be signed by *both parents or guardians in the presence of a Notary Public and have a valid notary stamp.*

To: **Whom It May Concern**

Our child, _____, has permission to
(full legal name)

travel to the Dominican Republic with the Holy Name of Jesus group. The group is headed by HNOJ Staff and will be in the Dominican Republic from July 29th- Aug. 5th.

Father: _____
(Please Print)

(Signature)

Mother: _____
(Please Print)

(Signature)

Notary Stamp: