**St. Paul’s Episcopal Church**

**Mission Trip Registration**

*Come and receive the kingdom which has been prepared for you ever since the creation of the world. I was hungry and you fed me, thirsty and you gave me drink; I was a stranger and you received me in your home, naked and you clothed me, in prison and you visited me.”*

*Matthew 25:34-36*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(office)

**Parent (for work camper under 18):** I have read the information on the Mission Trip to Highland Educational Project sponsored by St. Paul’s Episcopal Church and give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend.

\_\_\_\_ I do not give permission to use my child’s photograph in parish or diocesan publications, on the parish website and social media sites, or in news releases in regard to any parish-sponsored activity.

(Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Priest:** I have read this application and understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

will be attending this EDP MT to HEP. I will endeavor to support him/her and upon return in putting this experience to practical use in the life of the parish and the community.

(Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the questions on this form and return your application, signed covenant and medical form by May 1st:**

**St. Paul’s Episcopal Church,**

**℅ MissionTrip**

**1066 Washington Rd.**

**Pittsburgh, PA 15228**

**Phone: 412-531-7153**

**FAX: 412-531-9820**

**Email: episcopalappministries@gmail.com**

**The work camp fee of $250.00 (covers food, lodging and a portion of the materials used) can be paid on-line or by sending a check to the address above. Fees should be paid 2 weeks in advance or of the work camp.**

**Mission Trip Experience Questionnaire:**

1. Have you had experience in housing construction work?  (Please be specific)

1. What special carpentry or repair skills do you have?

1. Are you trained in First Aid or CPR?  If so, is your training up to date?

**St. Paul’s Episcopal Church Mission Trip**

**INFORMATION AND MEDICAL RELEASE FORM**

**\*This form must be kept in the vehicle in which you are traveling at all times.\***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

(Last)            (First)                (Mid.Initial)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)                    (City)     (State)  (Zip Code)             (Phone Number)

Blood type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Sec.#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In case of emergency contact:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone (\_\_\_\_\_) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Parent, Spouse, or Legal Guardian)

      Evening Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)                                (City)     (State)  (Zip Code)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone (\_\_\_\_\_)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Parent, Spouse, or Legal Guardian)

     Evening Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)                                (City)     (State)  (Zip Code)

Other relative or responsible person:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone (\_\_\_\_\_)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

        Evening Phone (\_\_\_\_\_)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)                                (City)     (State)  (Zip Code)

Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s) you cannot take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/special health problems or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone **(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)                                (City)     (State)  (Zip Code)

Policy **#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder’s Identification **# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone **(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)                                (City)     (State)  (Zip Code)

I certify that this health history is correct and complete as far as I know. I understand that the mission trip program may include driving motor vehicles, carpentry (including possible use of power tools), painting, lifting heavy objects, and work with animals. There are also opportunities for recreation, including swimming. By signing below I give my permission for the work camper named below to engage in all these activities except as noted below.

I do NOT give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I also hereby give permission for emergency treatment for the work camper named below as may be necessary including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the appropriate representatives of St. Paul’s be treated as “personal representatives” for the purpose of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree to the disclosure to St. Paul’s representatives of the protected health information of the work camper as necessary to provide relevant information to the St. Paul’s representatives related to the work camper’s ability to participate in activities.

I give permission for the individual named below to be transported to and from the Highland Educational Project site in Welch, West Virginia, to work sites,  for emergencies and to approved off-campus activities.

In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by St. Paul’s and Highland Educational Project personnel to secure and administer treatment, including hospitalization, for the work camper named below.

**Work Camper  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mission Trip Covenant**

St. Paul’s Mission Trip is grounded on three questions from our Baptismal Covenant*:  “Will you proclaim by word and example the Good News of God in Christ?…Will you seek and serve Christ in all persons, loving your neighbor as yourself?…Will you strive for justice and peace among all people, and respect the dignity of every human being?”*

The relationships formed here are as important as the work done here.

Therefore, we ask all participants to enter into a three-way covenant between St. Paul’s Episcopal Church Mission Trip, Highland Educational Project host site and all mission trip team members.

**Responsibilities of St. Paul’s Episcopal Church:**

Provide staff for the mission trip.

Oversee all logistical matters, including the safety and well-being of all participants

Serve as a liaison with the work camp host site.

Supply additional work materials as needed.

**Responsibilities of Highland Educational Project work camp host site:**

Serve as host for the work camp, providing accommodations, local contacts, maps and other support as needed

Arrange for suitable work sites, including work to be done and supply as many materials needed as possible.

**Responsibilities of Individual Work Campers and Staff Members:**

Foster community by being respectful of the feelings, rights and property of others

Participate in all community gatherings

Exercise caution in the use of tools and obey all safety guidelines

Listen to and follow all appropriate instructions of staff members

Remember that we are guests in the homes of the families we work with

Adhere to the following norms:

Smoke only in designated area (and only if legally permitted to do so)

Help conserve water (no longer than 5 minutes in the shower)

Notify a staff member when leaving the property (two or more people together when leaving work camp host site)

Be respectful of the host facilities by cleaning up after yourself and not leaving trash or things untidy.

No alcohol, illegal or recreational drugs, or weapons (Anyone in possession of any of these items will be sent home immediately)

No men in the women’s areas; no women in the men’s areas.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_  ­­­

For St. Paul’s Episcopal Church                                                  Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For work camp Host Site                                       Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Camper                               Date