

SERVANTS 4 CHRIST 2017

June 26- 29, 2017

A 3-Day Service Program To Help Our Neighbors

WHAT IS SERVANTS 4 CHRIST?

A half-week of service – helping our own community members in need followed each evening by a dynamic retreat experience and sleepover. Adult group leaders will be teamed together to guide a group of 4-6 teen participants.

WHO:

- All students who will be in grades 9-12 during the upcoming school year.
- Parents and adults may volunteer as leaders

WHEN:

- Servants 4 Christ begins with dinner at 6:30 p.m. on Monday, June 26. We ask everyone to come between 6pm-6:30 to register. Students need to bring a mattress as they will sleep in designated spaces in the school building on Monday, Tuesday and Wednesday nights.
- Each morning will begin with Mass and breakfast. Teens will get daily bagged lunches and snacks.
- Tuesday- Thursday are days of service. Teens will have a chance to shower at the Solon Rec Center each day after their day of service.
- Dinner/evening programming will be at St. Rita's. Our program concludes with a dinner for families of the participants and those we helped in the community. Guests will begin arriving at 5:30pm on Thursday. Dinner will be served at 6:00.

WHERE:

- Servants 4 Christ work teams will be serving a variety of locations within a 30-45 minute drive time.
- Service projects are diverse in who we serve and how we serve. Past teams have worked with children, the elderly, at food pantries, at parishioner homes, painting, yard work, etc.

Can I participate for only part of the week?

No. All teens participating in the retreat must commit to the entire week. This commitment will not only benefit yourself, but those we are serving.

What is the cost?

The cost to participate is \$90 (non-refundable unless you are placed on a wait list) This cost includes: food, t-shirt, transportation, housing, and some supplies related to the various service projects. Also, each participant is requested to bring snacks to share.

Servants 4 Christ Mission Statement: Teens and adult group leaders of St. Rita parish, Our Lady of Perpetual Help, Cosmas and Damian, Holy Angels and St. Joan of Arc, and Divine Word will offer services to members of local communities. Our goal is to provide an inspiring experience for the work groups, involving direct contact with the people they are serving. We seek to enlighten teens to the real needs of our community, increase awareness of the necessity for service, to promote Gospel values and discipleship, to understand solidarity, and to realize the Church's call to serve. The focus is always Christ-centered.

Servants 4 Christ

General Application and Information

Name: _____
D.O.B.: _____
Grade: _____ School: _____
Address: _____
City: _____ ZIP: _____
Home Phone: _____
Teen Cell Phone: _____
Teen E--Mail Address: _____

T--Shirt Size:
Small Medium Large X--Large XX--Large

Father's Name _____

Mother's name _____

Parent's Cell Phone:
(Dad): _____ (Mom): _____

Parent's email address: _____

My parent(s) can help with:
_____planning _____worksite leader _____cooking _____driving _____other

Please list any medical conditions or food allergies that may need special accommodations.

In what types of service have you been involved previously?

Please complete the following consent and medical forms at return them to the Resource Center or mail them to:

Melissa Olenik
St. Joan of Arc Church
496 E. Washington St.
Chagrin Falls, OH 44022

Or

Scan and e-mail to stjoanofarcym@gmail.com

Questions? Contact: Melissa Olenik @ 440-247-4316 or stjoanofarcym@gmail.com

SERVANTS 4 CHRIST VOLUNTEER RELEASES and INFORMATION

Participant Name _____

Address _____
(street) (city) (zip)

PARENTS: WE MUST HAVE A NUMBER WHERE YOU CAN BE REACHED *AT ANY TIME*

Home phone _____ Cell Phone _____

Work phone _____ Other _____

PHOTO RELEASE

As a participant in the Servants 4 Christ program, I hereby give St. Rita Parish, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmas & Damian, Holy Angels, and Divine Word, my permission to use my likeness in photo or video form and my name in publicity, both within internal communication of the above-mentioned parishes for use in communication pieces, and to area news media in all forms without limit as to time. I further release them from liability for what I might deem a misrepresentation of me by virtue of alterations, optical illusions, or faulty mechanical reproduction.

PARTICIPANT SIGNATURE _____

DATE _____

PARENT OR
LEGAL GUARDIAN SIGNATURE _____
(If participant is under age 18)

DATE _____

SERVANTS 4 CHRIST MINOR VOLUNTEER RELEASE

In exchange for and in consideration of the agreement by St. Rita Parish, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmas & Damian, Holy Angels, and Divine Word parishes, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, together with their respective clergy, employees, agents, representatives, sponsors, volunteers, contractors, service agencies and suppliers (collectively, "S4C"), to permit _____ (Print name of minor child), a minor, to be a volunteer participant in "Servants 4 Christ" and to perform home improvement projects, painting, cleaning, yard work, repairs and other related tasks, or other community services as required (collectively, the "Work and Services"), and as a condition to such agreement by S4C, without which S4C would not allow said child to participate and perform any Work and Services, I, the father / mother/ custodial parent / legal guardian (check as applicable) of, said child, agree as follows:

- I understand that St. Rita, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmos & Damian, Holy Angels and Divine Word parishes are acting only as facilitators for Servants 4 Christ, a charitable endeavor.
- I recognize the possibility of injury to said child associated with said child's participation as a volunteer in Servants 4 Christ, and I assume all risks in connection with such participation and performance of the Work and Services and related activities.
- I release, discharge, hold harmless and indemnify S4C from and against all claims, liability, damages, loss, cost, expense, actions, proceedings, and injuries to persons and damage to property (of any nature or extent) which in any way arise out of or relate to the Work and Services and said child's attendance and/or participation in Servants 4 Christ and related activities, whether foreseen or unforeseen.
- I acknowledge that S4C does not carry liability, property damage or medical insurance that is applicable to the Work and Services and related activities, and that it is my sole responsibility to provide adequate insurance for myself and said child, as well as to pay for any medical expenses arising out of or necessitated by said child's attendance and/or or participation in Servants 4 Christ and related activities.
- I covenant and agree to look solely to insurance carried by the undersigned for satisfaction of all claims of any nature arising out of or related to the Work and Services and/or said child's attendance and/or participation in Servants 4 Christ and related activities.
- I covenant and agree not to sue or otherwise seek to hold S4C liable or in any way responsible for any personal or bodily injury, property damage, or loss or theft of property arising out of and/or related to the Work and Services and/or said child's attendance and/or participation in Servants 4 Christ and related activities. By signing below I covenant, warrant and acknowledge that I have read and understand the foregoing, that I understand what is involved in Servants 4 Christ and related activities, and that I have had an opportunity to speak with an S4C representative regarding Servants 4 Christ and related activities.

_____ Date: _____
(Signature of parent or guardian)

Print Name: _____

SERVANTS 4 CHRIST

ADULT/ YOUNG ADULT VOLUNTEER RELEASE

In exchange for and in consideration of the agreement by St. Rita, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmas & Damian, Holy Angels and Divine Word parishes, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, together with their respective clergy, employees, agents, representatives, sponsors, volunteers, contractors and suppliers (collectively, "S4C"), to permit the undersigned to be a volunteer participant in "Servants 4 Christ" and to coordinate, supervise, and perform home improvement projects, painting, cleaning, yard work, repairs and other related tasks, or other community services as required (collectively, the "Work and Services"), and as a condition to such agreement by S4C, without which S4C would not allow the undersigned to participate and perform any Work and Services, the undersigned agrees as follows:

- I understand that St. Rita, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmas & Damian, Holy Angels and Divine Word parishes are acting only as facilitators for Servants 4 Christ, a charitable endeavor.
- I am solely responsible for my own transportation of to and from the project sites or St. Rita Church (Solon, Ohio).
- I recognize the possibility of injury associated with my participation as a volunteer in Servants 4 Christ, and I assume all risks in connection with such participation and performance of the Work and Services and related activities.
- I release, discharge, hold harmless and indemnify S4C from and against all claims, liability, damages, loss, cost, expense, actions, proceedings, and injuries to persons and damage to property (of any nature or extent) which in any way arise out of or relate to the Work and Services and my attendance and/or participation in Servants 4 Christ and related activities, whether foreseen or unforeseen.
- I acknowledge that S4C does not carry liability, property damage or medical insurance that is applicable to the Work and Services and related activities, and that it is my sole responsibility to provide adequate insurance for myself, as well as to pay for any medical expenses arising out of or necessitated by my attendance and/or or participation in Servants 4 Christ and related activities.
- I covenant and agree to look solely to insurance carried by me for satisfaction of all claims of any nature arising out of or related to the Work and Services and/or my attendance and/or participation in Servants 4 Christ and related activities.
- I covenant and agree not to sue or otherwise seek to hold S4C liable or in any way responsible for any personal or bodily injury, property damage, or loss or theft of property arising out of and/or related to the Work and Services and/or my attendance and/or participation in Servants 4 Christ and related activities.

By signing below I covenant, warrant and acknowledge that I have read and understand the foregoing, that I understand what is involved in Servants 4 Christ and related activities, and that I have had an opportunity to speak with an S4C representative regarding Servants 4 Christ and related activities.

_____ Date: _____
(Signature or adult participant)

Print Name: _____

VOLUNTEER PARTICIPANT MEDICAL RELEASE

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Servants 4 Christ, every reasonable effort will be made to contact the persons listed on the Health Information Form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteers to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). I understand that St. Rita, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmas & Damian, Holy Angels and Divine Word parishes and the Diocese of Cleveland, do not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that the medical provider for any medical treatment expenses not covered by my insurance may bill me. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills. I understand that St. Rita, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmos & Damian, Holy Angels, and Divine Word parishes are acting only as facilitators for Servants 4 Christ, a charitable endeavor. In consideration for the agreement by St. Rita, Our Lady of Perpetual Help, St. Joan of Arc, Ss. Cosmas & Damian, Holy Angels, and Divine Word parishes, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland (collectively, "S4C") to allow the undersigned to participate in Servants 4 Christ, the undersigned (a) covenant and agree not to sue or otherwise seek to hold S4C and its clergy, agents, employees, volunteers and contractors liable or in any way responsible for any personal or bodily injury or property damage arising out of and/or related to the undersigned's participation in Servants 4 Christ and related activities, and (b) release and discharge S4C and its clergy, agents, employees, volunteers and contractors from all claims, liability, loss, cost, expense, actions and proceedings arising out of an/or related to the undersigned's participation in Servants 4 Christ and related activities.

Signature (Parent/Guardian if participant is under 18 years of age.) Date

Printed Name (Parent/Guardian, if participant is under 18 years of age)

Relationship to Volunteers under age 18 (Indicate Parent or Guardian)

Signature (**Minor Participant**)

Date

Printed Name of Minor Participant

HEALTH INFORMATION

Participant's Name _____

Participant's Phone: _____ Date of Birth _____ / _____ / _____

Parent/Guardian Address (minor participant)

_____ (street) _____ (city) _____ (state) _____ (zip)

Address (Adult/YoungAdult participant)

_____ (street) _____ (city) _____ (state) _____ (zip)

Parent/Guardian phone (minor participant) _____ cell phone _____

Emergency

Contact _____ Phone _____

Family

Physician _____ Phone _____

Family

Dentist _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONCERNS:

ANY MEDICATIONS –PLEASE, LIST NAME AND DOSAGE (PACK ONLY THE MEDS NEEDED FOR THE DAYS OF S4C)

****Parents: Are there any medications that your child normally takes but will not be taking while on S4C? Please list those here. This information will not be shared but can help the staff.****