



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

Capuchin Outreach Program –COP 2018

Dear Summer COP 2018 Applicant,

Peace and good! The Summer Capuchin Outreach Program (COP) gathers young people and adults to serve the poor and sick in the Hudson Valley. COP is an extraordinary opportunity to live in community, celebrate the Eucharist, share in theological reflection, develop new friendships, and experience Franciscan spirituality and ministry. Summer COP takes place from **Sun, June 24, 6pm –Fri, June 29 3:30**. Your completed Application must be received in our office by Monday April 23, 2018. A completed application will include:

- 1) Health Form (listing dates of immunizations)
- 2) A copy of Medical Insurance card
- 3) Companions In Mission (CIM) Form
- 4) Non-refundable deposit of \$125.00 per applicant

Incomplete applications will be returned to you and may jeopardize your possible acceptance. Complete or resubmitted applications will be accepted if received by the deadline.

We will be ministering to several different groups in the local community including:

- Manual labor with Habitat for Humanity
- Comforting the sick at Rosary Hill Cancer Home
- Feeding the hungry at local soup kitchens
- Teaching children at vacation Bible school
- Ministering to the elderly at Wingate Nursing

The **\$225.00** fee per participant helps cover food, lodging, transportation, and supplies but does not cover the entire COP expenses. Each COP participant is required to take part in fundraising by completing the *Companions In Mission* form included in this packet. Simply send out at least 12 requests for sponsorship to relatives, Godparents, Knights of Columbus or other service organizations. Talk with your pastor directly. As a priest, I can tell you that the parish needs to hear about the good work that young people are doing. You are giving a week of your time, so why not ask the community to join you by their prayerful and financial support? You're not asking for money for yourself, but on behalf of the homeless, cancer patients, those in nursing homes, children at VBS, and the hungry who visit soup kitchens. 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. We need everyone's full participation to keep this program alive and affordable.

Your desire to serve others who are experiencing economic or some other hardship will inspire others. Please keep COP in your prayers, asking God to open our hearts to all that He wants to do in and through us. Invite your *CIM* to do the same!

As Bl. Solanus Casey often said, "Thank God ahead of time!"

Fr. Erik Lenhart, O.F.M., Cap

***If there is financial difficulty, please contact us directly. No one is ever turned away for financial hardship.**



Capuchin Outreach Program - *Print Clearly*

Name: _____

Last

First

Name tag name

Address: _____

City/State/Zip: _____ Parish (home & College) _____

Phone: _____ E-Mail: _____

(Area code) Number/Indicate cell "C" or home "H" You will receive an acceptance letter with details, please ck your e-mail.

Print Clearly: zero:Ø, I, i L, l, O, o/Check to receive e-mail updates about CYFM programs/events:

Date of Birth: _____ Age: _____ Sex: Male Female

College: _____ Graduation Year: _____ Major _____

Past CYFM program experience: COP, CAM CCOP/and year _____

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

Name: _____ Phone Numbers h/c/w: _____ : h/c/w _____

Name: _____ Phone Numbers h/c/w: _____ : h/c/w _____

Please return this application with a \$125.00 non-refundable (once accepted) deposit. Program fee is \$225.00. 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) CIM Form and (5) Waiver & Release Form. Completed application must be received in our office by Monday, April 23, 2018**

Faxed applications will NOT be accepted.

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

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

Our mission involves specific ministries. On the next page 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.

-----Please do not write below this line-----

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

Health Form: _____ Orientation: _____

Processed by: _____ Acceptance letter sent: _____

In order of preference please number the service sites (1 most desirable, 6 least). (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".*

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|--|--|
| _____ Soup Kitchen and/or Drop in Center | _____ Working with children with disabilities at an equine summer camp (Equine Therapy) |
| _____ Nursing Home | _____ Place Me Wherever Needed |
| _____ Rosary Hill - Visiting People Living with Cancer. | |
| _____ Manual Labor | |
| _____ Vacation Bible School | |

_____ **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? _____

Health/Accident Insurance Company _____

Policy Number: _____ and/or Medical ID _____

Check here if Family does not have Insurance

Allergies/restrictions/treatments _____

Specify any condition that may require restrictions, special care, medication, or diet: _____

Check here if none of the above applies. **LIST DATES OF LAST INNOCULATIONS** Tetanus _____

Polio: _____ Mumps: _____ Diphtheria: _____ Measles: _____ Rubella: _____ Pertussis: _____

I _____, an applicant for the Capuchin Outreach Program 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.

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'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. I/We, recognize and acknowledge that there are certain risks of physical injury inherent in my activities while participating in the Capuchin Outreach Program. 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 24 through Thursday, June 29, 2018. 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 worksites during the program will be in CYFM and private owned vehicles, driven by adults selected by CYFM.

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/We have read and fully understand this **MEDICAL RELEASE AND WAIVER AND RELEASE OF ALL CLAIMS and video/photo release 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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Capuchin Outreach Program 2018
Checklist and Companions In Mission List

***Enclosed: (Your checklist)**

- 1) ___ *Completed Application Form, including Health Form (Completed Waiver & Release Form, Medical Release and Photo Release forms (Signed by Applicant and Parents of Applicants under 18 years)*
- 2) ___ *Copy of your Medical Insurance Card (Both Sides)*
- 3) ___ *\$125.00 Non-Refundable Deposit (check payable to CYFM)*
- 4) ___ *Companions In Mission Sponsor Form*

Applicant's Name _____

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