

Parish WorkCamp Application
(Due no later than February crew meeting)

PLEASE PRINT

Name: _____ Age _____ Birthdate _____

Phone: H _____ Parent cell _____

Address: _____ City, Zip Code _____

Teen Email _____ parent email _____

Teen Cell _____

Information will be sent via email. Make sure you check yours.

Grade (this school year) _____ School _____

Number of WorkCamps previously attended _____ T-Shirt Size S M L XL XXL

Please answer these questions thoughtfully and prayerfully in a short paragraph. Answers to the following questions may be used for a WorkCamp information poster.

Why do you want to attend WorkCamp? If you are returning, tell why you are coming back.

What do you think will challenge you at WorkCamp?

What are your interests, activities, hobbies, etc.?

WorkCamp is a combination of intense prayer, hard manual labor, sharing living space, and meeting new people. How do you think this experience will help you in the future?

WorkCamp 2021 Declaration of Commitment

(Due by February 8, 2021 with a deposit of \$100 and Parish Application)

Drop off or mail to the Youth Ministry Office, 14160 Ferndale Road, Dale City VA 22193

I, _____, am making a commitment to the WorkCamp 2020 team. I promise to make WorkCamp a priority and understand that failure to fulfill the following requirements will result in my inability to attend WorkCamp. I also understand that any monies paid toward or fundraised for WorkCamp will not be refunded if I am unable to attend. I understand that WorkCamp requires a level of maturity and if I do not demonstrate this, I may be asked to not attend this year.

 print name of participant

 signature of participant

 date

(READ and initial each of the following commitments)

1. I will complete and return all paperwork and fees by the listed dates. _____
2. If I fail to return completed forms by the deadline, I assume responsibility for any fees incurred by my lateness (including the higher fee of \$100 imposed by the diocese) _____
3. I will attend and participate in all preparation meetings, fundraisers and (if planned) the Overnight WorkCamp Retreat. _____
4. I will arrive **on time** for meetings and WorkCamp events. _____
5. I will actively participate in prayer and service in order to build the parish WorkCamp team. _____
6. I will obtain all necessary tools and supplies (including footwear, clothing, etc.) needed for the week. _____
7. I will cooperate with all the guidelines for WorkCamp and be mindful that at all times I am a representative of the Diocese of Arlington, Holy Family, and the Catholic faith. _____
8. I can attend the entire week of WorkCamp. _____
9. I will attend Masses the weekend we return from WorkCamp and share my experience with the Holy Family Parish. _____
10. I will follow ALL rules **to include not having a cell phone** or headphones/music players at events or at WorkCamp. _____

For Parents:

I understand that my teen is committing to the entire preparation process for WorkCamp, which includes monthly meetings, an overnight retreat, fundraising as a group and on our own, being at WorkCamp for the entire week and **not having a cell phone** at WorkCamp events. I understand that their failure to attend meetings or other events associated with WorkCamp could result in them not being eligible to attend and that all monies given toward WorkCamp will not be refunded. I agree to support my teen in their endeavor to serve Christ through the service of WorkCamp.

 (print parent name)

 (parent signature)

We need your assistance to make our WC experience successful. You must volunteer to help with two areas.

(#'s indicate how many people are needed)

_____ fundraising/Nail Sale (6)

_____ contacting security volunteers (1)

_____ sorting/inventorying tools and supplies(3)

_____ coordinating/assisting lunch-making team(5)

_____ shopping for supplies (2)

_____ security detail - 1 day, 2-7 PM (must complete diocesan background check & Virtus class) (8)

___ Safety training coordinator (1)

_____ Safety training assistance (3)

___ Contractor help (4)

_____ Adult Crew Leader (entire week)

WorkCamp PERMISSION SLIP

Participant's Name (Please print)	Home Phone	
Address	City/State/Zip	
Parent's Name	Mobile Phone	Work Phone

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

Signature of participant **Date**

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully **in all the activities associated with WorkCamp 2021 including monthly parish meetings, fundraisers, an overnight retreat and the week of WorkCamp.** I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

Emergency Contact: Name _____ Relationship: _____
Phone Number: (H) _____ (W) _____ (C) _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event?

Are there any known allergies including any allergies to medicine? _____

Physician and Medical Insurance: Primary Healthcare Provider _____ Phone _____

Insurance Company _____ Policy Number: _____

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian Date