

Summer Mission 2016

Racine, WI June 19-25, 2016

**MAKE AN (EXTRA)ORDINARY
IMPACT**



**“We can do no great things, only small things with great love.”
~Mother Teresa**

SPONSORED *WAY* Ministry
BY

St. Joseph, Waukesha—Juana Avila-Palacios 262-542-2589 X110
St. Mary, Waukesha—Heather Warner 262-547-6555 X1346
St. John Neumann—Joann Nelson 262-549-0223 X119
St. William, Waukesha—Julie Dennert 262-547-2763 X220

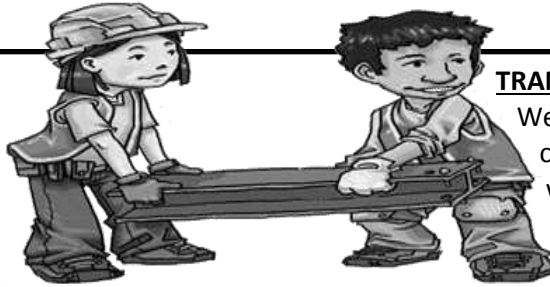
Teens must be at least 14 years old or entering the 9th grade in the fall of 2016 to participate.

INFORMATION ABOUT THE SUMMER MISSION TRIP

This summer, we will be working with Group Mission Trips to coordinate our Mission trip to Racine, WI. Group Mission Trips gives youth groups a chance to serve people in need through home repair, basic construction, and painting—but students also build strong relationships with their friends and youth leaders. Sometimes more than 450 teenagers participate in a camp, which fuels the enthusiasm and excitement throughout the entire week!

Strolling along the sandy beach, lazily watching the boats heading out of the harbor for a day of cruising Lake Michigan makes Racine seem like the ideal location for anyone. But the community's struggles are just a few blocks away. When you come to Racine, you'll work hard (and there's plenty of work—don't worry!). At the same time, you'll enjoy a beautiful, roomy school facility—and the opportunity to visit a fascinating zoo.

Your registration fees include lodging during the week, all meals, except for dinner on the free night, supplies and project materials, t-shirt, faith-building programs, and more. Gear up for a high-energy, home-repair mission trip during which you will work hard to improve the living situations of people in need, while also building strong relationships with friends and youth leaders.



WHO CAN GO?

Teens who are **at least 14 or entering the 9th grade in the fall of 2016 (high school and college students)**.

QUALITIES OF THE PARTICIPANTS

- Able to live simply and in community
- Willing to serve
- Committed to justice
- Openness to learning about others
- Ability to go with the flow

WHAT WILL WE DO?

At the Racine, WI Workcamp, your group will demonstrate Jesus' love and compassion in tangible ways, serving real people in need while working on projects like...

- Building wheelchair ramps and handrails
- Fixing leaky roofs
- Weatherizing homes and trailers
- Reconstructing sagging porches
- Significant painting projects
- Interior and exterior carpentry
- Other home repair projects that the homeowner cannot otherwise complete

COST

\$575 per person and is each person's responsibility. There will be fundraising opportunities available to reduce the cost. Payments will be due as follows:

\$125 non-refundable deposit is due when turning in your permission/application form, no later than October 15, 2015.

\$150 due December 15

\$150 due February 15

\$150 due April 15

Registrations are taken on a first come basis.

ADULT CHAPERONES

We will need adult chaperones (age 21 or older) for this trip. Cost for chaperones is \$250.

TRANSPORTATION

We will travel to and from Racine via bus or chaperone vehicles. Throughout the week, transportation to and from worksites will be provided by certified bus drivers.

HOUSING and MEALS

Facilities at local high schools will be used for lodging, showers and food service. All meals are provided except for Wednesday dinner. Meals are prepared at the school site.

PREPARATION SESSIONS

Mission trip participants and a parent/guardian are required to attend all preparation meetings. The first meeting for registered participants will be November 8, 2015 at 5:30 at St. William. Subsequent meeting dates and times will be determined at that meeting.

MONEY TO BRING

The Mission group will have a half day for recreation on Wednesday. Money will be needed for this activity and dinner that evening. Teens may want to bring extra money to purchase items from the Group store which will be onsite.

MEDICAL INFORMATION

It is recommended that you make sure you have an updated tetanus booster. Further medical questions should be discussed with your doctor.

FORMS

Once you have made your decision to participate, you will be asked to fill out medical/insurance forms and various forms from Group Mission Trips and the parish.

PACKING LIST

A packing list will be provided for all participants at a later date.

WAY MISSION APPLICATION

JUNE 19-25, 2016

Anyone who would like to participate needs to submit this form to the **St. William Youth Ministry Office** (forms can be dropped off in person or mailed to 440 N. Moreland Blvd., Waukesha, WI, 53188). Submit applications with a \$125 non-refundable deposit no later than October 15, 2015. Please use this form as a tool to reflect on your readiness for this mission experience. These questions are intended to give you an indication of what is involved in your commitment for this service experience.

Participant Information:			
_____	_____	_____	_____
Student Name	Age	Parish	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Student's Cell Phone # and carrier	Student's Email	
Parent/Guardian Information:			
_____	_____	_____	_____
Parent Name 1	Parent Name 2		
_____	_____	_____	_____
Home Phone	Parent 1 Cell Phone # and carrier	Parent 1 Email	
	_____	_____	_____
	Parent 2 Cell Phone # and carrier	Parent 2 Email	

Short Answer Questions

1. Why does participating in a Mission Trip appeal to you? What do you want to gain from attending this Mission Trip?
2. Have you ever been a part of a mission trip like this before? Where?
3. What fears do you have about going on Mission?
4. List five adjectives that best describe you.
5. What would you find most difficult about living in community with people you don't know?

By signing below, I am indicating that I agree to the following statements:

- A parent/guardian and I must attend all Mission meetings.**
- Mission deposits and payments are not refundable. If I am unable to attend this trip for any reason, I am responsible for the full cost of the trip if my spot cannot be filled.**

Signature of Applicant _____

Signature of Parent/Guardian (If under 21) _____

Parent / Legal Guardian Permission Slip And Indemnity Agreement

PLEASE RETURN TO: St. William Youth Ministry Office (440 N. Moreland Blvd., Waukesha, WI, 53188)

Child / Ward: _____

Parish / School: **W.A.Y. Ministry: St. Joseph, St. Mary, St. John Neumann & St. William**

Designated Supervisor of Activity: Adult Chaperones and Staff Members

Activity: Summer Mission Trip - Racine, WI

Dates and time of activity: June 19-25, 2016

Method of transportation: Chaperone vehicles

Student cost: **\$575 total - \$125 deposit due with this form.** *I understand there will be fundraising and I can raise money to put towards my trip. How much I raise will depend on my hard work.*

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guardian Signature

Date

Address

Home phone / Work or Cell phone

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 the hospital or doctor. In the event of an emergency, *if you are unable to reach me at the above numbers, contact:*

Emergency Contact Name: _____

Phone Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity:

PLEASE RETURN TO: the St. William Youth Ministry Office.

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.