

YOUTH MIGRANT PROJECT (YMP)

2019 INFO SHEET

JULY 14-19 * BURLINGTON, WA

ONE WEEK OF SERVICE: A LIFE CHANGING EXPERIENCE



The Youth Migrant Project: is a 6-day local mission trip to Burlington Washington.

This experience provides junior high youth a unique and challenging opportunity to live in community and be of service to migrant families in the Skagit Valley. We have the privilege to serve our brothers and sisters in Christ through direct service as well as through play, working together, and conversations throughout the week.

Who: Current 6th – 8th graders! All parish families are welcome to come up for evening programming any day of the week! *see draft schedule or Cathleen to plan a visit!*

When: July 14-29 (third week of July)

- We will meet at HFK around 2:30pm on Sunday 7/14 (exact time TBD)
- We will arrive back at HFK around 3pm depending on traffic on Friday 7/19

Where:

- St. Charles Parish, Burlington Washington
 - o Where we gather each morning for morning prayer with Jose, and to learn about the migrant farm worker population through guest speakers
- Immaculate Heart of Mary church, Sedro Wooley, Washington
 - o This is where we are housed for the week
- Community farms, surrounding farm worker housing, and migrant farm worker camps in the Skagit Valley

Contact Cathleen with any questions at cathleeni@hfkparish.org or call 425-822-0295 x 107

Highlights of the week:

- Running the 'Tri-Parish Food Bank' on Wednesday
- Summer Lunch Program: making lunches and delivering them to kids
- Working in the community gardens harvesting food for the food bank
- Sorting donations in preparation for the food bank
- Mass with the migrant farm worker community said in Spanish and English at their farmworker housing camp
- Evening "fiestas" - where we play with kids at local farmworker housing
- Prayer experiences as a community to develop personal faith as well as process and share experiences each day
- Recreation each day: games/bowling/crafts/etc.
- Serving others directly – seeing Christ in everyone we encounter.

The Cost Stuff:

*Cost should never be a barrier in participation on ANY 12:2 ministries event, but ESPECIALLY not on a mission trip! However, we do owe a substantial participation fee as well as have many costs associated with our week on mission. That being said: payment plans and scholarships are available through the 12:2 Ministries scholarship fund, contact Cathleen to work out what the options are for YMP!

Initial Deposit:	\$100	Due with Application
Additional Payments:	\$175	(Can be made in installments)
Total Cost per youth:	\$275	

Actual Costs for the week up at YMP is more than this participation fee. I am able to keep costs to you at this level due to a number of factors:

- # of adult chaperones
 - o Which effects # of vans we need to rent
- Donations provided by parish
- Subsidy from our Jr. High Mission trip fund
- Parents provide dinners/breakfasts

Thank you to all of you that make this mission trip possible. I am doing my best to keep the cost of YMP as low as possible so that as many kids as possible can join us for this life changing week. This does mean that all of us are benefiting from the generosity of parishioners that have donated specifically to our Mission Trip fund!

MIDDLE SCHOOL YOUTH MIGRANT PROJECT (YMP) APPLICATION 2019



July 14 - 19, 2019 * Skagit Valley, WA

Please return application to Cathleen, along with a \$100 deposit.
We will accept the first 22 applicants, and then will start a wait list and
accept people as space allows.

Name: _____

Date of Birth: ____/____/____

Address: _____

Parent Names/Emails: _____

Home Phone: _____ Cell Phones: _____

Grade/School: _____ Adult T-Shirt Size: _____

***Please pray, reflect on and honestly answer the following questions on a
separate sheet of paper.**

Youth Questions:

1. What is something that you have learned about your faith this year? (or one way in which you have grown in your faith this year!)
2. Describe a time when you helped improve the moral of a group?
3. Why do you want to go on this mission trip?
4. What do you think you can contribute to this mission trip?

I support my child's participation in this project: _____
(Parent Signature)

Total Family Contribution Amount is **\$275** for food, lodging, t-shirt, transportation, fun and an incredible-never-will-forget-life-changing experience! See financial contract page for more details. We do not want finances to be an obstacle! Talk to Cathleen to see what scholarships are available!

Contact Cathleen with any questions at cathleeni@hfkparish.org or call 425-822-0295 x 107

YMP: PARENT VOLUNTEER OPPORTUNITIES!

This is truly a family project, we need every family to help in some way, please indicate below what you would be able to help with and return to Cathleen.

Parent Name(s): _____

Email(s): _____

- Driver:** Drive kids (or gear/donations) to or from St. Charles on either:
_____ **Sunday afternoon** help drive us up to YMP with donations and gear, and either drop off around 4pm, or drop off and then come eat dinner with us at 5pm.
_____ **Friday afternoon** (pick up in Sedro Wooley at 1:30pm, drop off at HFK by 3pm)

Meal Prep Teams: Parents providing dinners, and some of our breakfasts is a blessing for our adults (that are already doing so much on our mission trek week) but also one of the ways that you as families are able support your youth on this mission trip. I will assign you to a meal team. If you have a preference of day, or would like to request to be on a certain meal: let me know!

Drive up and prepare dinner for us up there:

- _____Monday
- _____Tuesday
- _____Wednesday
- _____Thursday

*if you are not able to come up, I will assign you to a team that is sending the meal up for us to prep there, or to a team that does have someone coming up to prepare the meal!

2019 YMP MEDICAL FORM

Parental Health/Permission Form

I _____ give my permission for my child _____ to participate in this event: **Youth Migrant Project (YMP)** that requires transportation away from the parish site. This event will take place under the guidance and direction of parish employees and/or volunteers from Holy Family Kirkland, between: **July 14-19, 2019**. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend Holy Family Kirkland, its officers, directors, employees and agents, and the Archdiocese of Seattle, its employees and agents, chaperones or representatives associated with this event, and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of Seattle from any claim arising from or in connection with my child attending the event or in association with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Seattle, its employees and agents, chaperones or representatives associated with this event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature of Parent (and youth if 18 or older) _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 a parent at the provided numbers, contact:**

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy#: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of Seattle, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that my child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Please Sign ONE:

- No medications of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

- I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, sunscreen, allergy medicine, etc.) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take responsible care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to any of the following: chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, please explain: _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc. ? If so, list date and disease or condition: _____

Photo Release:

Holy Family would like to use photographs, videos/sounds and images of work for flyers, parish and diocesan publications, and the parish website. Written consent by the parent/guardian is required. If names are used, youths will only be identified by first names. I, the parent/guardian of _____ (name of youth) authorize and give full consent, without limitation or reservation, to Holy Family Kirkland to publish any photograph, video/sound or image of work in which the above named youth appears while participating in any program associated with Holy Family Kirkland There will be no compensation for use of any photograph, video/sound or image of work at the time of publication or in the future. If the youth and/or parent/guardian wish to rescind this agreement they may do so at any time with written notice.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

You should be aware of these special medical conditions of my child:

Medical Card Copy: A copy (front and back) of medical card is required. Scans/pictures/photocopies are all acceptable, as long as they are readable, and the participants name is on the card.

Copy is attached to this application: _____

Copy will be emailed to Cathleen at: cathleeni@hfkparish.org: _____

Plan-holders full name: _____
(they ask at urgent care)

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