

# Youth Migrant Project (YMP)

2020 Info Sheet

July 13-17 \* Burlington, WA

One Week of Service: a life changing experience



**The Youth Migrant Project:** is a 5-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 6<sup>th</sup> – 8<sup>th</sup> 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 13-17 (third week of July)

- We will meet at HFK around 9am on Monday 7/13 (exact time TBD)
- We will arrive back at HFK around 3pm depending on traffic on Friday 7/17

**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 [cathleen@hfkparish.org](mailto:cathleen@hfkparish.org) or call 425-822-0295 x 107

### Highlights of the week:

- Running the 'Tri-Parish Food Bank' on **Tuesday (note the change)**
- 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 St. Charles Parish in Burlington on Wednesday Evening.
- 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 Youth Ministry event at Holy Family, 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 youth ministry scholarship fund, contact Cathleen to work out what the options are for YMP!

Initial Deposit:	\$100	Due with Application
Additional Payments:	\$200	(Can be made in installments)
<b>Total Cost per youth:</b>	<b>\$300</b>	

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 2020



**July 13 - 17, 2020 \* Skagit Valley, WA**

Please return application to Cathleen, along with a \$100 deposit.  
We will accept the first 18 applicants, and then will start a wait list and  
accept people as space allows.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 **\$300** 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!

## YMP: PARENT / FAMILY VOLUNTEER OPPORTUNITIES!

**This is truly a family project! We need every family to help support us while we are up there in some way! Please use indicate below where your family would be able to help out!**

**Kid Name(s):** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Driver:** Drive kids (or gear/donations) to or from St. Charles on either:

\_\_\_\_\_ **Monday Morning:** Help drive us up to YMP with donations, gear, and food! – we take up a lot more space going up, than we do coming home – so we will need some extra help to get up there!

\_\_\_\_\_ **Friday afternoon:** There is a chance that we will need help getting home with all of our gear. We sometimes need extra help to get home as well

**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 each family to a meal team:** and you will send up your meal with us on Monday (or coordinate with a parent coming up to visit). If you have a preference of day, or would like to request to be on a certain meal: let me know. Below is a short description of each day. I will have more specific information for you at the parent meeting.

Monday	Arrival day/bowling	Dinner at 5
Tuesday	Food Bank Day	Late dinner/ kids eat while others shower
Wednesday	Mass at 6pm	Early dinner to accommodate Mass fast
Thursday	Fiesta at Camps	Dinner at 5

# 2020 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 13-17, 2020**. 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.  
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/dietary 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 and birthdate: \_\_\_\_\_  
(they ask at urgent care)