

Instructions

We invite you to complete an application to join the **Joliet Diocesan Missions on a short-term pilgrimage** in mission. All applicants should follow the directions below. Upon completion all the necessary requirements & documents are mailed to the address below. Completed application form can be sent prior to completed medical form.

FIRST TIME APPLICANTS (Construction/ Medical/ Pastoral/University)

1. Complete entire application (including picture). Application includes application form (page 1-2), Medical form (page H-1 to H-4); ASSUMPTION OF RISK FORM, **signed and witnessed**; a brief statement giving your reason(s) for wanting to join our mission and your expectations for this mission.
2. Letters of recommendation addressed to Selection Committee and sent directly under separate cover from: your pastor, minister, or priest, and your current supervisor or colleague (on letterhead please). University applicants give recommendations to campus ministers.
3. A \$10 application fee made out to Diocese of Joliet must accompany the application. University applicants \$150 deposit is required.

ALUMNI APPLICANTS (who have served on a mission within the last year)

1. Update any changed personal information on current application.
2. For Health Care Professionals only (see below).

ALUMNI APPLICANTS (applications that are over a year old)

Follow the instructions given to the First Time Applicants with the exception of submitting a statement for reasons on joining the Joliet Diocesan Missions.

FOR ALL INTERNATIONAL MISSION APPLICANTS (Construction/Medical/Pastoral/University)

You will need a current passport. (i.e. not expiring within 6 months of your return to the U.S.) Send two legible color copies of your passport to the office. You can get an application for a passport through your local post office or on-line at www.travel.state.gov/download_application.

For Health Care Professionals Only: MUST BE INCLUDED WITH APPLICATION
(*not applicable to University Mission applicants*)

COPY OF YOUR CURRENT UNITED STATES PROFESSIONAL LICENSE TO PRACTICE
COPY OF YOUR DIPLOMA
CURRENT RESUME OR CURRICULUM VITAE
CURRENT COPY OF YOUR CPR CARD AND ANY OTHER CERTIFICATIONS YOU HOLD
PHYSICIANS ALSO INCLUDE:
COPY OF MALPRACTICE INSURANCE COVER SHEET
COPY OF LETTER OF APPOINTMENT TO HOSPITAL STAFF



Joliet Diocesan Missions
402 South Independence Boulevard Romeoville, Illinois 60446

Revised 7/11/07

Financial Information

The Joliet Diocesan Missions are a Faith Ministry. This means that there are no budgeted funds from the diocese to underwrite our expenses. We rely solely upon the generosity of our participants. Each team member is responsible to raise the funds for his or her participation in the program. While being responsible for one's own funds may seem daunting, it is overwhelmingly more so an opportunity to grow in prayer and faith. It becomes an exercise in learning how to depend on God for provision. There is a saying that "God never sends where he does not also provide." Many who have been involved with the Mission can testify to the miraculous ways God opened up the floodgates of heaven in financial blessing. We also hear testimonies of surprise and delight as team members report how friends, family, and colleagues became the channels for God's provision. People do want to be a part of the Mission by way of supporting a team member. Some team members may be hesitant about letting their needs be known. They may feel as though they are asking for money for themselves. But in truth people are being asked to support the work of God in missions by way of support of the mission team member. It is not the team member to whom they give. It is to God. Allowing others to know of the need for financial support gives them the opportunity to share in the mission's fruit and blessings.

Members are responsible to provide funds as part of his or her own participation in the program and need to be deposited with the Diocese of Joliet Missions prior to securing any flight reservations. In cases where an individual needs assistance, we will work with them through such means as contacting home parishes, helping with "friends and family luncheons," and other such endeavors to help raise the amount necessary for the trip. Team members who need such assistance should contact our office. We will be happy to work with them to raise the needed finances.

The trip participation contribution includes all orientation expense, airfare, housing, and meals. The balance, if any, after paying these expenses, goes toward aiding the communities in medical follow-up, special projects, the work of the Catholic Construction Corps, as well as other mission expansion projects. The Diocese of Joliet exercises complete charitable control over contributions in accordance with IRS tax codes.

Often team members will receive donations on their behalf. These will be "credited" to their individual account. When receiving donations from others, checks should *not* be made out to the team member personally. All checks must be written to "Diocese of Joliet" and the team member's name should be noted on the check.

The trip donation may be sent in 3 installments. *The first contribution of one third (1/3) of the donation is expected upon acceptance to the team, with the final contributions of two-third donation at the first two formation meetings. A Schedule will be sent with Acceptance Letters.*

Membership on the team is not considered final until the first contribution is received. If a team member has special circumstances that make these deadlines difficult, they need simply to call the office and discuss possible arrangements.

Participation contributions are in fact donations to the Diocese of Joliet Missions and as such are *not refundable*. If a team member must withdraw due to a medical or family emergency, any participation contributions they have forwarded to the Mission that can be retrieved can be applied to participation in a future mission trip for which they would qualify.

"Test Me now in this," says the Lord of hosts, "if I will not open for you the windows of heaven, and pour out for you a blessing until there is no more need." Malachi 3:10

**ADDENDUM TO
UNIVERSITY APPLICATIONS ONLY**

1. List any past mission experience

2. Give a brief statement describing your Faith

Application – Page 1

<p>PRELIMINARY BACKGROUND INFORMATION FOR VOLUNTARY SHORT-TERM MISSIONARY SERVICE WITH THE JOLIET DIOCESAN MISSIONS</p>	<p>Please attach photo here.</p> <p>(Do not bend photo in mailing.)</p>
<p>Application for trip to: _____ Dates: _____</p>	
<p>PERSONAL (Please type or print clearly):</p>	
<p>Name _____</p>	
<p>Street, Apt., etc. (PERMANENT HOME ADDRESS) _____</p>	
<p>City _____ State _____ Zip _____</p>	
<p>Home Phone _____ Cell Phone _____</p>	
<p>Work Phone _____ Occupation _____</p>	
<p>E-mail address _____ Citizenship _____</p>	
<p>Marital Status: Single Married Widowed Divorced</p>	
<p>Name of Spouse (if applicable) _____</p>	
<p>Your Birth Date _____ City and State of Birth _____</p>	
<p>Have you ever traveled outside the U.S. and Canada? Yes No</p>	
<p>Have you previously been on a mission trip? Yes No</p>	
<p>If so, when? _____ Where? _____</p>	
<p>How did you hear about the Joliet Diocesan Missions?</p>	
<p>ONLY FOR INTERNATIONAL APPLICANTS:</p>	
<p>Do you have a valid passport? Yes No What country? _____</p>	
<p>Where was it issued? _____ Expiration Date _____ Number _____</p>	
<p>In addition to English, what language(s) do you speak?</p> <p>How well do you speak them?</p>	
<p>PLEASE CONTINUE ON PAGE 2</p>	

Application – Page 2

EMERGENCY CONTACT (Also needed for last minute schedule changes.)		
Name	Relationship	
Daytime Phone	Evening Phone	
Street	Email Address	
City	State	Zip
REFERENCES: Two (pastor and present employer) with names, addresses and telephone numbers.		
1.		
2.		
Are you a church member?	Yes	No
Name of Church		
Church Address	City/State/Zip	Denomination
NAME OF LOCAL NEWSPAPER		
PHONE OR E-MAIL		

The Joliet Diocesan Missions are an outreach of the Peace & Social Justice Ministry of
the Diocese of Joliet.

I understand and appreciate the evangelizing and faith thrust of the Mission and concur
with the following:

“I am open to the faith orientation of the Missions and I affirm the goals of the Missions.”

SIGNATURE

DATE

Revised 7/11/07

ASSUMPTION OF RISK AGREEMENT

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

(Name)

(Address)

In consideration of the Roman Catholic Diocese of Joliet, and its agencies and personnel, in arranging and providing all the logistics of travel, housing, a specific mission assignment, etc., and for providing the opportunity for me to volunteer my services for a planned mission trip to:

(Mission Site)

from _____ through _____
(Date) (Date)

I hereby state the following:

- a) That I am physically fit and have no medical condition that would prevent me from performing the volunteer services for which I am applying;
- b) That I take full responsibility for obtaining all my immunizations and personally paying the costs;
- c) That I am aware that there are hazards and risks to my person and property associated with the short term missions activities for which I am applying. Such hazards and risks include, but are not limited to: death, disability, loss of ability to maintain earnings, loss of property, illness, disease, inadequate and/or unavailable medical services, weather conditions, trip delays, unlawful detention, terrorist acts, war, criminal acts, and wild animals.
- d) That I agree to be solely responsible to provide and care for my own personal health, as well as my belongings.

NOW THEREFORE

I HEREBY ASSUME ALL OF THE RISKS set forth above, as well as any risks related thereto, which may result in injury, death, property damage, property confiscation, etc., and I agree to volunteer my services on behalf of the above mission, despite the hazards and risks set forth above,

I HEREBY RELEASE FROM ALL LIABILITY the Roman Catholic Diocese of Joliet, (and its Bishops, agencies, employees, agents, and any affiliate organizations) for any and all claims for damages for personal injuries to myself and to my property or any damages resulting from a delay in a mission teams return to the point of origin.

I HEREBY AGREE TO HOLD HARMLESS and to indemnify and reimburse the Roman Catholic Diocese of Joliet, (and its Bishops, agencies, agents, employees and affiliated organizations) for any and all claims that are brought against the Diocese and its Bishops and agents, and for all expenses, (including attorney's fees) that the Diocese may incur as a result of any claims presented against them, for any of my injuries and losses, or for any of my conduct related to said mission trip.

Date

Signature

Witness

Revised 6/6/06

JOLIET DIOCESAN MISSIONS
402 South Independence Boulevard
Romeoville, Illinois 60446
815-834-4028
Health Form for Short-Term Mission

To participate in Joliet Diocesan Missions, you are required to complete and sign this form and have it reviewed and signed where indicated by your physician. You will not be fully accepted for the mission until this completed form is returned, reviewed and approved by the Mission Selection Committee. Thank you for providing us with this information. To avoid delay and intention of making it known that you're applying for the mission, this can be sent after the mailing of your application (page 1-2).

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Mission _____ Dates _____

Emergency Contact _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Primary Physician _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____ E-mail _____

Health Insurance Company _____ Policy # _____

Phone _____ FAX _____

Name: _____

Date of Birth _____ Height _____ Weight _____

Allergies (Include all drug, food, other.)	Reaction
_____	_____
_____	_____
_____	_____

Do you smoke? _____ If yes, how much? _____
Do you consume alcohol? _____ If yes, how many drinks per week? _____
Do you have any dietary restrictions? Please specify. _____

Current Medications (Please list all prescription and over the counter drugs.)

Drug	Dose & Frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical History

Have you ever had or do you currently have problems related to any of the following conditions?
Please check all that apply and use the space provided below or additional paper to elaborate.
Please include any relevant dates and current status of the problem.

- | | | |
|------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Immune system problems | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Cancer | <input type="checkbox"/> Endocrine problems |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Head injury | <input type="checkbox"/> Diabetes/hypoglycemia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Seizures | <input type="checkbox"/> Heatstroke |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Neurological problems | <input type="checkbox"/> Heat/cold sensitivity |
| <input type="checkbox"/> Chronic lung problems | <input type="checkbox"/> Vision problems | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intestinal problems | <input type="checkbox"/> Knee/ankle problems |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Ligament sprain |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Muscle sprain | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Other injury | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Psychiatric problems |

Name: _____

Surgical History (Please list all surgeries.)

Dates

_____	_____
_____	_____
_____	_____
_____	_____

Are you pregnant? _____

Blood Type (if known) _____

Current Level of Physical Activity

Activity	Terrain	Frequency	Time/Distance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stamina	Easily	Some Difficulty	Not at all
I can walk 1 mile before tiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can walk 3 miles before tiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can walk 5 miles before tiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any physical limitation not otherwise described above.

Immunizations:

You are responsible for your own immunizations. While it is not required, it is **STRONGLY recommended** that you have an up-to-date tetanus immunization. We also recommend Hepatitis A & B.

For travel to Africa you will need specific immunizations. This information will accompany your letter of acceptance.

Medications:

Please ask your physician for prescriptions for Ciprofloxacin or alternate appropriate antibiotic for treatment of traveler's diarrhea and for Lomotil or alternate appropriate drug for control of diarrhea. Have them filled and carry these medicines with you.

Please pack a two to three week supply of all prescription and over the counter medicines that you will need. Keep these in your carry-on bag. Since brand names of drugs differ in other countries it is recommended that you have the generic names of drugs listed on the bottles.

Name: _____

I have reviewed the description of this mission and I understand the physical demands of the project. I have reviewed this form with my physician and have answered all the questions truthfully. Joliet Diocesan Missions has the right to disqualify me from any mission activity, if in their judgment I am incapable of that activity and/or if my participation in the activity will endanger me and or the safety of the group. I acknowledge that it is incumbent on me to fully disclose the full extent of any medical or physical illness, disability or limitation to Joliet Diocesan Missions that might harm me or render me unable to safely perform the activity or may endanger other members of the mission team.

Signature _____ Date _____

To The Physician:

Your patient has volunteered to join the Joliet Diocesan Missions to _____ from _____ to _____. This may require walking or hiking, carrying a backpack, and rigorous work in relatively rough or hilly terrain. The altitude in the region of most of our mission is over 7,500 ft & can be as high as 10,000 ft. This can precipitate mild altitude adjustment problems for the first several days at least. Travel by air will require a full day going and returning. Your patient will provide you further information regarding the mission and the nature of the work he/she will be performing. It is critical for us to know of any potential constraints that would prevent this individual from traveling and participating in the mission and/or that would be of any danger to the individual.

I have reviewed this health form and examined _____ on this date _____. I have discussed the physical demands of the mission with my patient and I feel that he/she **IS** **IS NOT** in satisfactory health to participate in the mission.

Additional comments _____

Immunizations

_____	Date _____
_____	Date _____
_____	Date _____

Physician Name (Please Print) _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____

Signature _____ Date _____

Form is incomplete without physician or nurse practitioner's signature.