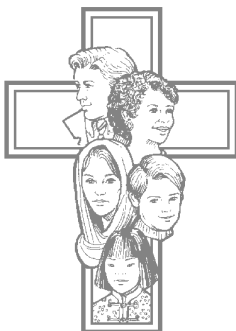


High School SWIM

Summer Witness in Mission (S.W.I.M.) offers you an opportunity to participate in Christian service from August 4 to 9, 2008. The Joliet Diocesan Peace & Social Justice Ministry sponsors S.W.I.M. This mission trip is centered in the Joliet Diocese, and you will travel by van throughout the different regions, engaging in such service activities as painting, child care, yard work, farm work, visiting senior citizens and challenged adults, and helping at a food pantry. Each day will include work at a designated site, prayer, reflection, recreation and 3 meals. S.W.I.M is a 6-day, 5-night experience for 9th-10th-11th- and 12th- graders (minimum of 15 years of age) from the 2007-2008 school year. An orientation session is required for all participants and their parent(s) on Tuesday, June 24th, at 7:00-9:00 p. m. at the St. Charles Pastoral Center in Romeoville. The cost for each participant is \$250.00. A deposit of \$50.00 is due by June 13, 2008 along with the completed application.

"What does the Lord require of you
but to do justice, and to love with
kindness and to walk humbly with
your God." Micah 6:8



High School Summer Witness in Mission Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parish: _____

Please circle your grade during the 2007-2008 school year: 9th 10th 11th 12th

Previous S.W.I.M. experience? YES _____ NO _____

Why are you interested in S.W.I.M.?

Have you been involved in Christian Service? YES _____ NO _____
(If yes, please share a little about it.)

How do you like to spend your leisure time?

Please describe any medical condition we should know about.

Parent/Guardian Information:

Name _____ Relationship to Applicant _____

Address _____
Street City State Zip

Day Phone _____ Evening Phone _____

Signature _____ Date _____

GENERAL AUTHORIZATION FORM
Diocese of Joliet

General Permission:

I request that my child _____ be allowed to participate in the **High School Summer Witness In Mission Program from August 4 to 9, 2008.**

I hereby release and indemnify _____
(Fill in your parish, city and state above)

its staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping & Still Photographs: Videotaping and still photos will be taken during this event. Event registration constitutes permission for possible participation in the videotape and/or still photographs. These may be used for future promotional efforts.

Code of Behavior: You are representing Youth Ministry in our Diocese during this event, and we expect you will represent us well. We expect you to display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from the S.W.I.M. team for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medical Permission

I grant permission for the administration of First Aid to _____
(Fill in name of child)

by the people in charge of the High School Summer Witness In Mission Program, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Print Name _____ Birth Date _____
(youth) (youth)

Allergic to medication/other? NO _____ YES _____ What: _____

Medication(s) presently taking:

Insurance Information:

Policy in the name of: _____

Insurance Company: _____ Policy Number: _____

Identification Number and/or Social Security Number : _____

Authorized Physician: _____ Phone: _____

Parent/Guardian Information:

Name _____ Date _____

Address _____
Street City State Zip

Day Phone _____ Evening Phone _____

Cell Phone _____