

SAINT FRANCIS XAVIER MISSION TRIP

APPLICATION INSTRUCTIONS

Send all the items listed below to:
SFX Mission Trips, P.O. Box 152, Diamond Springs, CA 95619

Please send in the following items attached together:

1. A fully completed, signed, and initialed Application Form (pages 1-2)
2. Your Application Essay (see page 2 for instructions)
3. A fully completed and signed Health Questionnaire (page 3)
4. A signed and initialed Release and Consent Form (page 4)
5. A recent Photograph of Yourself
6. A photocopy of Both Sides of your Health Insurance Card
(you may send this in separately if you have yet to acquire health insurance)
7. A photocopy of the Photo Page of your Passport
(you may send this in separately if you do not have one yet.)
8. A Deposit Check for \$200.00 made out to "Mission Tradition" with "SFX Mission Deposit" on the memo line.

We must also receive a Letter of Recommendation (see page 5), either:

- One letter from a priest of the Priestly Fraternity of St. Peter, **OR**
- One letter from your parish priest **AND** one letter from another adult (not a family member)

Once we have received all the items listed above ***we will schedule an interview via Skype or phone*** with the applicant. No applicants are approved until this interview has been completed.

Please carefully note the following:

- All of the above listed items must be received by January 15, 2017 (For all 2017 Trips)
- Your application is not complete until we have received ALL the items listed above and completed your Skype/phone interview.
- Remember to sign and initial everywhere indicated. Especially your own signature and/or the signature of your parent(s)/guardian(s) on the Release and Consent Form (page 4).
- All letters of recommendation must be in writing and must be signed by the person writing the recommendation. Letters of recommendation should contain an email and contact number in case we have questions regarding their recommendation.
- If your application is incomplete, you will not be accepted for the trip and your spot will be given to someone else.
- St. Francis Xavier Mission Trip reserves the right to make all decisions regarding participation in the trip without further explanation. The trip directors have as their primary interest to ensure that all participants have a positive and safe experience.
- Please note that your signature on the application certifies that the information contained in the application is true and complete to the best of your knowledge.
- By applying for the Saint Francis Xavier Mission Trip you are agreeing to pay the full amount of the trip and fundraise whatever you are not able to pay on your own. If you are approved for a mission trip but unable to raise the necessary funds in a timely manner, your spot will be given to another.
- It is expected that you have read and are familiar with the 2017 Fundraising Packet (get from: www.sfxmission.com /apply/)
- All checks both for payment and donation should be made out to "Mission Tradition" with "SFX Mission" on the memo line. To ensure funds are credited in a timely manner, please ensure all checks are accurately filled out before they are sent in.

ST. FRANCIS XAVIER MISSION TRIP APPLICATION FORM

Please indicate which trip you are applying for:

- GUADALAJARA, MEXICO: APRIL 7 - APRIL 19, 2017 ...Open to Families (any age) and Individuals ages 16 and up.... Cost: \$950.00 (HOLY WEEK AND EASTER WEEK)
- GUADALAJARA, MEXICO: JULY 19 - AUGUST 1, 2017..Open to Families (any age) and Individuals ages 16 and up....Cost: \$950.00
- PIURA, PERU: JULY 21 - AUGUST 3, 2017Open to Youth only ages 16-21 Cost: \$2350.00
- PIURA, PERU: AUGUST 5 - AUGUST 18, 2017Open to Youth only ages 16-21 Cost: \$2350.00

Please complete the following information:

FULL NAME (as appears on passport) _____

DATE OF BIRTH: _____ SSN: _____ PASSPORT #: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE home _____ <----

work _____ <---- Please check the box next to which phone #

cell _____ <---- is your primary contact number.

Emergency Contact Information (if under 18, these must be persons other than your parents)

Emergency Contact #1: _____ TELEPHONE: _____

Emergency Contact #2: _____ TELEPHONE: _____

If you are under the age of 18, please complete this section

*FATHER'S FULL NAME _____

*MOTHER'S FULL NAME _____

*MAILING ADDRESS (if different from above)

*PARENT'S EMAIL: _____

*Applicant lives with: both parents _____ father _____ mother/guardian _____

QUICK CHECKLIST BEFORE SENDING IN THIS APPLICATION

Before sending in your application please ensure you have completed ALL of the following:

- Application Form (pages 1-2)
- Application Essay (instructions on page 2)
- Health Questionnaire (page 3)
- Release and Consent Form (page 4)
- Letter(s) of Recommendation (see page 5)
- Recent Photo of Yourself
- Photocopy front and back of your Health Insurance Card
- Photocopy of the photo page of your Passport
- Deposit Check for \$200.00 (see instructions on page 2)

ST. FRANCIS XAVIER MISSION TRIP APPLICATION FORM

NAME OF PARISH YOU ATTEND: _____

PASTOR: _____ PHONE NUMBER: _____

How did you hear about St. Francis Xavier Mission Trips? _____

What is your T-Shirt Size (*circle one*): ADULT / CHILD S M L XL Other ____ Two T-shirts are provided in the price of the trip. Please indicate if you wish to order more at an addl cost of \$10/ea. "Yes, I want (qty) _____ extra T-shirts."

Is there any other information (non-medical) we should know about or any other contact information you wish to provide:

Application Essay Instructions:

On a separate sheet of paper, please write an essay answering ALL the following questions: (*Essay should be 500-750 words in total.*)

1. Tell us a little bit about yourself. (*e.g. family, interests, activities, etc.*)
2. If you have been a part of a trip like this before, what did you gain from that experience?
3. What do you hope to gain from this experience?
4. What do you hope to give or contribute to the mission?
5. After reading the 2017 Fundraising Packet, what specific plans do you have for Fundraising?

Please read and acknowledge ALL the following statements (initial each statement next to the asterisk *):

- * _____ I understand that I must have all of the items listed on the first page of the application completed and sent in to be received no later than January 15, 2017.
- * _____ I understand that I must send in along with this application a \$200.00 deposit check made out to "Mission Tradition" with "SFX Mission Deposit" on the memo line, and that this deposit is refundable only until February 15, 2017
- * _____ I understand that after sending in my application I will be expected to complete an oral interview via phone or Skype and that my application process is not considered complete until I have done this interview.
- * _____ I understand that if I do not send in all the items listed on the first page of this application or fail to complete the oral interview my application will be considered incomplete and I may not be accepted for the mission trip.
- * _____ I understand that even after I have completed the application process, St. Francis Xavier Mission Trip reserves the right to make the decision regarding whether or not I am accepted and that no explanation need be given if I am turned down.
- * _____ I understand that if after completing my application process I should choose to withdraw from the trip, I may receive a refund of my initial \$200.00 deposit only if withdrawing before February 15, 2017. After that I will not receive any refunds.
- * _____ I understand that in applying for the Saint Francis Xavier Mission Trip I am agreeing to pay the full amount of the trip and that I will fundraise whatever I am not able to pay on my own.
- * _____ I certify that I have received and read the 2017 Fundraising Packet and will do my best to raise the necessary funds.
- * _____ I understand that if I am approved for a mission trip but unable to raise the necessary funds in a timely manner, my place on the trip will be forfeit and may be given to another.
- * _____ I understand that all donor checks should be made out to "Mission Tradition" with "SFX Mission" on the memo line.
- * _____ I understand that any funds donated to the St. Francis Xavier Mission Trip by benefactors/donors are non-refundable even if I should choose to withdraw from the mission trip.
- * _____ I understand that I must have Health Insurance and/or Traveler's Insurance in order to go on a mission trip and that any medical costs incurred by me that are not covered by my insurance provider will be my own responsibility.

I acknowledge that I have read and agree to the above statements and that my signature here and elsewhere on the application certifies that the information I have provided is true and accurate to the best of my knowledge:

Signature: _____ Date: _____

(Parent/Guardian if under 18)

ST. FRANCIS XAVIER MISSION TRIP HEALTH QUESTIONNAIRE

NAME OF APPLICANT: _____

We are aware of and respect the private nature of the following questions. Accurate and full answers are important to ensure our ability to provide for the well-being of all attending. The back of this sheet may be used if necessary.

Do you or any members of your family have a history of:

- heart disease..... Yes No
- diabetes Yes No
- convulsions Yes No
- emotional disorders Yes No
- any other health conditions Yes No

Do you have, or have ever had, or been told you have:

- Allergies Yes No
- Any childhood diseases Yes No
- Frequent colds or sore throats Yes No
- Frequent earaches Yes No
- Heart murmur or heart abnormality Yes No
- Reaction to insect sting or medications Yes No
- Shortness of breath Yes No
- Frequent stomach or digestive problems Yes No
- Asthma Yes No
- Convulsions Yes No
- Depression Yes No
- Suicidal Thoughts Yes No
- Frequent or severe headaches Yes No
- High blood pressure Yes No
- “Passed out” or “knocked out” Yes No
- Skin problems Yes No

Have you ever been hospitalized:

- for physical illness Yes No
- for psychological illness Yes No
- undergone surgery Yes No

Do you have any:

- present illness Yes No
- physical disabilities Yes No
- mental disabilities Yes No

Please explain all 'yes' answers (attach separate sheet if needed): _____

Please list any medications you are currently taking: _____

Please list/explain any food or diet restrictions you may have: _____

Date of most recent Tetanus Booster: _____ Do you wear Glasses/Contact lenses? _____ Hearing Aid? _____

Name of Family Physician: _____ Phone Number: _____

Do you have Health Insurance? _____ Under whose name? _____ Policy #: _____

Name and Address of Health Insurance Provider: _____

Does your health insurance policy cover you internationally? Yes No

Do you have Traveler’s Insurance? Yes No (Traveler’s Insurance is highly recommended)

Traveler’s Insurance Information: _____

I am aware that the US Centers for Disease Control (CDC) recommends certain vaccination and malaria pills for persons traveling to Peru/Mexico as a precautionary measure. I attest that I have read the recommendations listed on the CDC's website: <http://wwwnc.cdc.gov/travel/destinations/>

Please check one: I (or my child) have/has received the recommended vaccinations.

I am aware of the recommendations but have opted not to get these vaccinations

I/my child may be given Aspirin: Yes No Tylenol: Yes No Benadryl: Yes No

I/my child carries (if yes, must carry with you/him/her) Inhaler: Yes No Epi-Pen: Yes No

I testify that the information contained above is true and accurate to the best of my knowledge:

Signature: _____ Date: _____

(Parent/Guardian if under 18)

ST. FRANCIS XAVIER MISSION TRIP RELEASE AND CONSENT FORM

For missionaries over the age of 18:

I _____ do hereby consent to participate in the St. Francis Xavier Mission Trip to **MEXICO / PERU** (please circle destination, hereinafter referred to as "the Mission Location")....

For parents of missionaries under the age 18:

I/we the parent(s)/guardian(s) of _____ do hereby give my/our consent for my/our son/daughter/guardianship (hereinafter referred to as "Child") to participate in the St. Francis Xavier Mission Trip to **MEXICO / PERU** (please circle destination, hereinafter referred to as "the Mission Location")....

....I/We acknowledge that participation in the St. Francis Xavier Mission Trip will involve traveling to the Mission Location and working among the local population. It will include activities which, by their nature, involve an element of risk. While in the Mission Location, participants will be staying in accommodations provided by the local parish and eating meals prepared by members of the parish. The group may also travel to and spend short amounts of time, including possible overnight stays, in other cities near to the Mission Location.

I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify, and agree to hold harmless any and all adults who chaperone this event, all other participants, Our Lady of Guadalupe Seminary, The Priestly Fraternity of Saint Peter and the members and employees thereof, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the above mentioned trip provided that the said injuries are not the result of negligence. _____ ***(initial)**

I/We also give permission to seek any emergency care should I/my Child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the Emergency Contacts listed on page 1 of this application (or parent/guardian if under 18). In the event that the Emergency Contacts/parent(s)/guardian(s) cannot be reached, I/we hereby give permission to the attending physician to hospitalize if necessary, and secure the necessary treatment for me/my Child. I understand that any medical expenses incurred in the course of such treatment are my/our responsibility in the event I/we do not have sufficient medical insurance/coverage. _____ ***(initial)**

I also agree that I am legally responsible for all/any personal action taken by me/my Child during this trip, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of my/my Child's actions or behavior. _____ ***(initial)**

I/We further agree by signing this form that I/my Child will follow all the rules of this trip and the directions of the priests, seminarians, and chaperones. I agree that if I/my Child refuse to abide by the rules, there will be consequences, including the possibility of being removed from the trip and sent home at my/our own expense. _____ ***(initial)**

Signature: _____ Date: _____
(Parent/Guardian if under 18)

Printed Name: _____

For missionaries under the age of 18:

In signing below, I agree to abide by any/all policies and rules established for this trip. Should I not be able to maintain the guidelines and expectations for this trip as given by the priests, seminarians, and chaperones, I understand that there will be consequences for my actions, including the possibility of being removed from the trip and sent home at my parent(s)/guardian(s) expense.

Participant Signature: _____ Date: _____

Printed Name: _____

ST. FRANCIS XAVIER MISSION TRIP

LETTER OF RECOMMENDATION

All applicants are required to provide a Letter of Recommendation. Two options are available for providing a Letter of Recommendation:

Option 1: One Letter of Recommendation from a priest of the Priestly Fraternity of St. Peter... **OR**

Option 2: One Letter of Recommendation from your parish priest **AND**

One Letter of Recommendation from an adult who knows you well but is not a family member.

Please provide the information below to those who will write your recommendation letters:

Dear Father, Sir, Madam,

NAME OF APPLICANT: _____

The person listed above has applied to participate in the St. Francis Xavier Mission Trip of the Priestly Fraternity of St. Peter. Your recommendation is greatly appreciated in order to help us become acquainted with the applicant and determine whether he or she would be a suitable candidate for a missionary trip.

Please address any or all of the following in your letter:

- How long you have known the applicant and in what capacity
- Maturity
- Moral character
- Work ethic
- Ability to work well in a group
- Motivations for wanting to take this trip
- Strengths and weaknesses
- Any other pertinent information

You may either give your letter to the applicant to return with his application or you may send it directly to:

St. Francis Xavier Mission Trip
P.O. Box 152
Diamond Springs CA 95619.

You may also email your letter directly to us: sfxmission@gmail.com

When sending us your letter, including a return address or contact phone number for yourself would be greatly appreciated so that we may contact you if we have any further questions.

Your assistance is greatly appreciated.

God reward you,

The St. Francis Xavier Mission Team