

Join the C.R.E.W.! Catholics, Ready, Eager, & Willing
A mini- service camp for Visitation Parish students **currently in 6th & 7th grade**. C.R.E.W. is an overnight service experience for you to discover how much fun it is to help others while living out God's command to love one another.

When: Wed. June 6 (5:30 p.m.) – Thurs. June 7 (9:00 p.m.)

What will we do? On **Wednesday** evening we will begin our time together with an orientation and dinner. Next, we will be going to Feed My Starving Children and then come back to Visitation for some large group fun, and prayer time before bed. **Yes, we get to stay overnight in the parish center!**

On **Thursday** you will have breakfast and then be sent out into the community in small groups to help with various service projects. After our day of service we will return to

Visitation and have a chance to “chill” before dinner and our final service event, which is a neighborhood scavenger hunt for food items to help stock the local food pantry's shelves. We conclude our time together with a teen focused celebration of the Mass with our families and sharing our experiences of “faith in action” with parents. We end approximately 9:00 pm on Thursday.

Participation in this mini-mission experience is limited to **50 students**. If more than 50 students sign up then participants will be chosen by lottery. Students will be notified in early April as to whether or not they have been chosen. If you are interested in participating, ***please complete the C.R.E.W. Application and submit payment in full by March 23.*** Your application will not be accepted unless **all forms** (youth and parent forms) are completed and **payment is attached**. Checks should be made payable to Visitation. **No applications will be accepted after March 23. Applications should be dropped off at the Religious Ed office.**

PARENTS, your help with this event is critical. Due to the nature of working with minors, transportation, and “sleeping over,” we are required by Diocesan Policy to have a youth/chaperone ratio of 5:1. We will need parents to drive (minivans best) and chaperone at service sites, help serve meals or sleep over, and chaperone in the evening. Since this is a co-ed event **it is also critical that we have male chaperones**. Please check your calendars now and determine how you can serve the youth of our parish. **All parents are required to volunteer for this event in order for your child to participate.**

YOU MUST HAVE TAKEN OR SIGN UP TO TAKE PROTECTING GOD'S CHILDREN BY MAY 11.

Protecting God's Children is being offered here at Visitation in the Hospitality room at the Parish Center. You must register online!

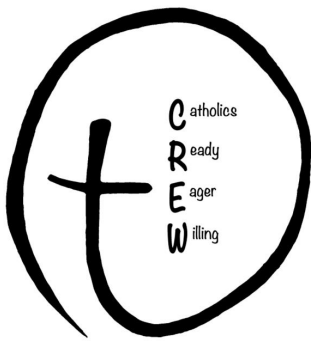
❖ **Tues. March 20, 2018** 6:30 PM 2 hrs 30 min

Use this link to register for Protecting God's Children:

https://www.virtusonline.org/virtus/reg_list2.cfm?theOrgID=17156&theme=0

All participants and a parent are REQUIRED to attend the C.R.E.W. Information Meeting which will be Tues. May 29th at 7:00 p.m.

If you have any questions regarding this event, please contact Sheila Knopf at 630-279-7058 X503 or via email at sheila.knopf@visitationcc.org



For office use only
Received on:
Check #:

C.R.E.W. June 6-7, 2018 Application

Please print clearly

Application Deadline: Fri. March 23, 2018

NO applications will be accepted after March 23, 2018

The following items must be submitted together, to the Religious Education office, for your application to be considered complete.

- ___ C.R.E.W. Applicant Information Sheet (this page)
- ___ C.R.E.W. Applicant Questionnaire (must be completed by applicant only)
- ___ C.R.E.W. Permission & Medical Form **All information is required!**
- ___ C.R.E.W. Parent Volunteer Form (all parents are expected to volunteer in some capacity)
- ___ Adult Chaperone Form
- ___ \$50 check made payable to Visitation (write C.R.E.W. in memo line)

Final placement into C.R.E.W. is at the discretion of the R.E. middle school coordinator and the C.R.E.W. Core Team. Notifications on placement will be announced by mid-April.

Student Name: _____

Did you participate in C.R.E.W. last year? Y N

Grade in school for the 2018-19 school year: 7th 8th

Student t-shirt size is S M L XL (*adult sizes*)

Home Phone: _____

Parent Cell (mom or dad): _____
Circle one

Parent Name _____

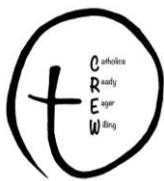
Parent E-Mail (that is checked regularly):

C.R.E.W. Covenant

*Since C.R.E.W. is a very popular event, I understand that if I am admitted I will be expected to be in attendance the entire time Wed. through Thurs. night mass. If something comes up prior to June 7th and I cannot attend the entire event I will notify the RE office and this will result in the loss of my spot on the C.R.E.W. roster and also the forfeiture of my payment. I also understand that the scheduling of service sites and transportation is extremely complicated and time consuming for the C.R.E.W. Staff. By submitting this application for participation in C.R.E.W., I understand that if accepted, I am not permitted to leave early from any Thursday morning or afternoon service site unless it is a family emergency and only with the full knowledge and approval of the C.R.E.W. Staff. All other late arrivals or early departures are permitted only with the approval of the C.R.E.W. Staff. Additionally, **participants, and a parent are required to be in attendance at the C.R.E.W. Information Meeting to be held the week prior.***

Youth Signature Date

Parent Signature Date



C.R.E.W. ADULT VOLUNTEER FORM

In order to make this event a success, **parents are REQUIRED TO VOLUNTEER**. Listed below are several areas where we will need adult participation. Please check off **at least two (2) volunteer options** where you can help. **You will only be assigned 1** unless you indicate your willingness to help both days and we need the extra help.

This form **MUST BE FILLED OUT AND SUBMITTED** with your child's application and check, to the Religious Education office by **Friday, March 23, 2018**

Please print clearly

Parent Name: _____

Parent e-mail: _____

Cell Phone # _____

_____ **YES! I have attended Protecting God's Children**

_____ **I have signed up to take Protecting God's Children.**

Location _____

I would love to help in the following areas. (*Please check a minimum of two (2) options.*)

_____ I am willing to do 1 shift on **both** days. **Please check off 2 choices for each day.**

_____ I would love to attend the **entire experience** as an adult volunteer.

(Wed., June 6, 5:30pm until Thurs., June 8, 9:00pm)

How many passengers besides yourself? _____ (important)

WED

_____ I can stay and help with dinner and stay for clean-up (**Wed.** June 6, 5:45-7:30pm).

_____ I can drive & chaperone for Feed My Starving Children (Wed June 6, 7:00pm -10:00pm)

How many passengers besides yourself? _____ (important)

_____ I am able to help with evening activities and stay overnight to chaperone our youth

(June 6, 10:00pm-June 8, 7:30am) ***We really need male chaperones for the boys!***

THURS

_____ I will be available **all day** (Thurs June 7, 8am -5pm) to drive a group and stay with them at their work sites. **How many passengers besides yourself? _____ (important)**

_____ I will be able **in the morning** (Thurs June 7, 8am-1pm) to drive a group and stay with them at their work site. **How many passengers besides yourself? _____ (important)**

_____ I will be able **in the afternoon** (Thurs June 7, 1-5pm) to drive a group and stay with them at a work site. **How many passengers besides yourself? _____ (important)**

_____ I would be available to chaperone/drive for the after dinner scavenger hunt.

(Th. June 7, 5:45pm-9:00pm) **How many passengers besides yourself? _____ (important)**

_____ I can help set-up breakfast and clean-up afterwards (Thurs., June 7, 7:00-8:30am)

_____ I can help with dinner and stay for clean-up (**Thurs.**, June 7, 4:15pm – 6:30pm)

_____ I am available and experienced to compile photos into a slide show. (Thurs. 1-4 pm)



Thank you for your willingness to further the message of Christ to youth through your participation as an Adult Chaperone. Youth Ministry cannot happen without adult involvement. Your presence, encouragement, and empowerment of youth are critical to the success of Youth Ministry at your parish in the diocese. The following Adult Chaperone Guidelines have been developed to help you in your role as Adult Chaperone:

General Chaperone Conduct

Adult chaperones should reflect mature and responsible behavior. As models of appropriate Christian behavior, Chaperones are asked to follow the Code of Behavior as well. In addition to leading youth by modeling a positive attitude and involvement, we ask that all adults refrain from consuming drugs and alcohol and from smoking. It is important for the youth to realize that the chaperones from their parish are there to walk the journey with them.

Supervision of Youth

All adult chaperones are responsible for the supervision of the youth participants from their parish. This extends to all youth at diocesan events when inappropriate behavior is observed. Please be familiar with the Code of Behavior. It is imperative that all adults are willing to confront behavior code violations. Serious behavior code violations are to be brought to the attention of the parish leader. If it is a diocesan sponsored event, parish leaders are expected to disclose inappropriate behaviors to the people in charge of the diocesan event.

Visibility Among the Youth

Please be intentionally visible and interactive with the youth participants from your parish. Your presence among the young people is very important. Please be consciously aware of the youth from your parish as well. Make frequent head counts, monitor time away from the group for bathroom breaks and other reasons, and communicate firm check-in times to youth participants. Being attentive to their needs can help you anticipate situations that might require your attention.

Responding to Accidents

If there is an emergency that requires immediate medical attention, contact emergency services immediately. In the US, dial 911.

Responsibility to Report Adult chaperones have the responsibility to report the following information concerning youth:

Type of Information to Report	Timeframe to Report It	Who to Report it To
Serious behavior code violations (at the event)	As soon as possible	Parish leader & diocesan staff person in charge of event
Accident or injury (at the event)	<ul style="list-style-type: none"> ▪ Immediately if emergency treatment is required ▪ As soon as possible if not an emergency situation 	<ul style="list-style-type: none"> ▪ Emergency services first, then parish leader, parents, and diocesan staff in charge of the event ▪ Parish leader, diocesan staff in charge of the event, and/or parents
Suicide thoughts or threat If a person is an immediate danger to themselves or others	Immediately	Parish leader, diocesan staff in charge of the event, and parents.
Disclosure of physical or sexual abuse	Immediately	Parish leader, diocesan staff in charge of the event, and/or parents. This also needs to be reported to the appropriate authorities (government agency).

Videotaping and Still Photographs: Videotaping and still photographs may occur during this event. These may be used for marketing future events of this nature. Registration for this event constitutes permission for possible participation in videotaping and/or still photographs

As an adult chaperone for a parish attending this event, I understand my responsibilities and agree to abide by these guidelines.

Signature: _____ **Date:** _____

Print Name: _____

Please inform your parish leader (and if at a diocesan event, the diocesan staff person responsible for the event) as soon as possible of any accident. If medical attention is required, but not an emergency basis, make the participant as comfortable as possible within the boundaries provided by the Youth Medical Form. Then, contact the participant's parents as soon as possible. (This is normally the responsibility of the parish leader or diocesan staff person in charge of the event.) Please be sure to stay in communication with the parish leader and/or the diocesan staff person in charge of the event. It is important to use the Accident/Incident Form for Youth Events to document what happened to cause the accident and the steps taken to provide attention or treatment following the accident. This should be turned in to the parish and diocesan leader.

Providing Guidance and Encouragement to Youth

There may be times when young people have difficulty focusing, following directions, or cooperating for many reasons. Speak to the person privately in a gentle and direct manner. You may have to remove the individual from the group setting (which is highly recommended) in order to have that conversation. See the guidelines below for Safety of Youth and Adult Participants. It is important that you not publicly humiliate another person. If needed, please do not hesitate to ask other adult chaperones or your parish leader for help, especially if the cause of these behaviors is beyond your ability to respond.

For the Safety of the Youth Participants & Adult Chaperones

No adult should be alone in an enclosed area with a youth participant. Conversations with youth should take place in a public location. If you are speaking to youth in a room, make sure the door to that room remains open. When responding to situations in opposite-sex housing, make sure another adult is present and announces your presence prior to entering the area. See "Protecting God's Children" below.

Requirements for the Protection of Young People

Adult chaperones are required to have a criminal background check performed and attend Protecting God's Children (VIRTUS) training prior to chaperoning an event with minors.



Visitation Parish

779 York Rd. Elmhurst, IL 60126
Religious Education Office 630-279-7058

Diocese of Joliet



PERMISSION & MEDICAL FORM

GENERAL PERMISSION FORM

I request that my child, _____,
be allowed to participate in the _____
event, located at/in _____ on the following
day(s): _____.

I hereby release and indemnify my parish, Visitation, 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 and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behaviour

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behaviour, 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 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 your parish 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 Behaviour. 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.

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the _____ event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the 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 the case of a 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 hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Parent's Cell Phone: _____

Allergic to medication / other? NO YES (circle one)

If YES, please describe:

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

MUST BE FILLED OUT

If parent(s) can't be reached

In case of Emergency, contact:

Phone #: _____

Youth Signature: _____ Date _____

Parent Signature: _____ Date _____

All information is required