



Mission Office International Trip Youth Application

International Trip for minors (under 18) for (name of mission): _____
 From (dates of mission) _____

Form required for individuals under 18 years of age, and for individuals aged 18 or older and in high school. Form must be completed by a parent/guardian.

When submitting this application, please include the following: Application, including notarized Volunteer Participation Agreement, the Parental/Guardian Consent Form & Liability Waiver, Parental/Guardian Medical Info & Consent Form, Image Release Form, deposit of \$150, and legible copies of: personal health insurance card, passport, traveler's insurance (if applicable), and medical licenses (if applicable).

Please mail to cgenovesi@orlandodiocese.org or mail to: Mission Office, P.O. Box 1800, Orlando, FL 32802.

| Applicant Information | | | | |
|---|----------------------------|---|--|--|
| Name (as it appears on passport): | | | Nickname | |
| Date of birth: | Birthplace (city & state): | Gender (circle) M F | Traveled with us before? Y N | |
| Home Address: | | | | |
| City: | State: | Zip: | Last 4 digits of SS number: | |
| Passport No. and Country Issuing: | | | Date expires: | |
| Guardian's Name & Phone: | | Youth's Phone: | | |
| Guardian's E-mail Address: | | Youth's E-mail Address: | | |
| T-Shirt Size: S M L XL XXL | | Spanish (circle): None Beginner Conversational Fluent | | |
| Religious Affiliation: | | Parish/Church: | | |

| Emergency Contact | | |
|-------------------|-------------|---------------|
| Name: | | Relationship: |
| Home Phone: | Work Phone: | Cell Phone: |
| E-mail: | | |

| Health Information |
|--|
| Do you have supplemental International Travel Insurance? Y N (if yes, please attach copy). |

| Additional Information | | | |
|------------------------------|-------------------|-------------------------|------------------|
| Construction Trip | | | |
| Construction Experience: Y N | | Construction Specialty: | |
| Medical Trip | | | |
| Medical Title: | | Specialty: | |
| CPR Certified: Y N | Medical License # | State: | Expiration Date: |
| Education Trip | | | |
| Subject Area Taught: | | Grades Taught | |

| For Office Use Only |
|---|
| <input type="checkbox"/> Completed Application |
| <input type="checkbox"/> Notarized Volunteer Participation Agreement |
| <input type="checkbox"/> Parental/Guardian Consent Form & Liability Waiver |
| <input type="checkbox"/> Parental/Guardian Medical Information & Consent Form |
| <input type="checkbox"/> Image Release Form |
| <input type="checkbox"/> Legible Copy of Passport |
| <input type="checkbox"/> Legible Copy of Insurance Card |
| <input type="checkbox"/> Deposit of \$150.00 |
| <input type="checkbox"/> Additional Payment |
| <input type="checkbox"/> Airline Ticket Confirmation # |
| <input type="checkbox"/> Copy of Traveler's Insurance (if applicable) |
| <input type="checkbox"/> Background Check Clearance |

Volunteer Participation Agreement and Release and Waiver– Needs to be Notarized

I, _____ (your name), as the parent or guardian of _____ (“Youth”) am granting permission for Youth to participate in a international trip with the Diocese of Orlando on _____ (dates). I understand that the planned activity/itinerary may change during the trip. I recognize that Youth’s participation in this international trip may be hazardous and dangerous, and I willingly assume all risks to Youth and I associated with this trip.

I acknowledge that I have been advised to seek consult from a medical professional to understand the potential for Youth contracting a disease or suffering other adverse health consequences during Youth’s participation in this trip. I understand that such health conditions may be fatal. I also realize that Youth will be in a country which may be less developed than the United States, one that may report cases of disease more frequently than the United States. I am aware that the Diocese of Orlando strongly advises me to speak with Youth’s doctor about this international trip, and for Youth to obtain any vaccinations recommended by the Center for Disease Control. After careful consideration of these risks, Youth has either received all recommended vaccinations, inoculations, or immunizations from medical professionals, or I have declined the option for Youth to receive them. I understand that my decision to decline Youth’s receipt of any or all of the recommended precautionary measures increases Youth’s risk of contracting disease and suffering other potential adverse consequences. I acknowledge and assume the risk to myself and Youth that participating in this trip may result in severe health consequences, which could be fatal, even if Youth receives all recommended vaccinations, inoculations and immunizations.

I acknowledge that Youth will be in a country where the options for medical treatment and the quality of that treatment are limited in relation to the options for and quality of medical treatment in the United States. In accordance with the Medical Information and Consent Form, I authorized the Diocese of Orlando to seek treatment on behalf of Youth. Even so, due to the limited medical treatment options available, I acknowledge and assume the risk to myself and Youth that this treatment may pose a risk to Youth’s health including death.

In addition to health risks, I understand that Youth will be in a country that has a less stable government than the United States and a criminal justice system that does not offer the same protections and due process as the United States. I acknowledge and understand that the Diocese of Orlando has no power to protect my rights or the rights of Youth, or to intervene in any interaction Youth or I may have with the country’s government or judicial system. I acknowledge and assume the risk that I will have to rely on my own resources and the assistance of the United States consulate in the event Youth is detained or arrested, the victim of a crime, or injured by a third party during the international trip.

Therefore, in consideration of the privilege of Youth’s participation extended to me by the Diocese of Orlando, and on behalf of Youth, myself, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge the Diocese of Orlando, and any of its religious, employees, agents and volunteers from any and all actions, omissions, causes, claims and/or damages arising from, relating to, or resulting from Youth’s participation in the international trip, including but not limited to: injury, expense, cost, damage, loss, illness or death. I acknowledge that I will not receive monetary compensation for labor and/or services provided while participating as a volunteer for the Diocese of Orlando, a corporation sole (“the Diocese”), and all of its subsidiaries and affiliates, including each and all of their religious, officers, directors, employees, agents, attorneys, volunteers. I acknowledge that I have been advised to seek good council before signing this waiver and release. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives. If any of this waiver release is held invalid, it is agreed that the balance shall continue in legal force and effect.

I, _____, the parent/legal guardian of _____ (“Youth”), approve and authorize Youth’s participation in the international trip. I hereby agree to the terms set forth in the waiver and release the Diocese of Orlando on behalf of Youth.

Signature Date

Printed Name

Notary Required

Notary Public: State of: _____, County of: _____.

Sworn to and subscribed before me this _____ day of _____, 20____ by _____,

who is personally known to me or who has produced _____ as identification.

My commission expires: _____ Notary Public Commission Number: _____

Signature: _____

Typed, Printed or Stamped Name of Notary Above