

American Special Children's Pilgrimage Group

PO Box 633, Bergenfield NJ 07621

www.ascpg-lourdes.org

YOUTH GROUP VOLUNTEER APPLICATION

2020 Pilgrimage

Applicants must be entering grades 9 through 12 in the fall of 2019.

All applications are due by Wednesday, August 20th, 2019, and should be scanned and e-mailed to ascpgyouthgroup@gmail.com. If unable to scan, please mail to ASCPG at PO Box 633, Bergenfield NJ 07621, with attention to the ASCPG Youth Group.

Questions? Send us an e-mail at ascpgyouthgroup@gmail.com!

Please check that these items are attached to your completed application:

- ☐ Supplemental essays
- ☐ Copy of valid passport, if you have one
- ☐ Copy of current medical insurance card, front and back
- ☐ Copy of Universal Health form or School Physical Form
- ☐ Copy of a Doctor's Note giving permission to:
 - Travel overseas for 7 days
 - Lift a minimum of 50 lbs
 - Is in good physical health to do active community service

☐ *Upon submitting your application, all applicants must set up a meeting with a Youth Group adult leader. Please e-mail ascpgyouthgroup@gmail.com with days and times you are available to meet.*

Full Name on Birth Certificate:		
Nickname:	Gender:	Date of Birth:
Are you a returning YG applicant? If so, what year(s) did you travel? [] NO [] YES <i>When?</i> _____		
Address:		
City:	State:	Zip:
E-Mail Address:		
Cell Phone:	Home Phone:	
School Name and Grade Level (18-19 School Year):		

All Applicants: Please list the name and e-mail of a reference- a coach, Youth Minister, Scout leader, etc. We will be contacting this person to speak on your behalf.

Name:

Email:

Relationship:

New Applicants:

How did you hear about ASCPG? _____

PASSPORT INFORMATION

If applicant does not yet have a passport, please leave blank.

Name as it appears on passport:		
Country of Origin:	Passport #:	Expiration Date:

PARENT AND GUARDIAN INFORMATION

Mother's Name:	Father's Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:

BECAUSE YOU ARE APPLYING TO VOLUNTEER WITH CHILDREN AND VULNERABLE ADULTS, PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES	NO
Have you ever been or are you currently the subject of any investigation, complaint or disciplinary procedure, caution or awaiting the outcome of any pending prosecution?		
Have you ever been convicted of a criminal offense, or been subject to caution or bind over/ against an individual or individuals?		
Are you in good mental/emotional health?		
Are you in good physical health?		
Do you abuse drugs (illegal or prescription) or alcohol?		
In the past 5 years, have you had a medical, emotional or psychological condition that may affect your ability or suitability to act as a volunteer and care for special needs young people?		
Anything else we should know?		

T-Shirt Size: _____ **Sweatshirt Size:** _____ **Windbreaker Size:** _____

If you are interested in participating in our Music Ministry, please check the following:

- ☐ Singer
 - ☐ Guitar Player
 - ☐ Pianist
 - ☐ Drummer
 - ☐ Other – Please List _____
-

Supplemental Essays

Please attach answers on a separate page. Answers should be at least 1 paragraph per question.

NEW APPLICANTS:

1. Why are you interested in coming to Lourdes with the ASCPG Youth Group?
2. Do you have experience in working with people with special needs? Please explain.
3. What other qualifications do you have that would be important for us to know about? This could be school involvement, Scouts, church leadership, sports, or other hobbies and skills that you can share with the group.

RETURNING APPLICANTS:

1. Why are you interested in returning as a YG member for the 2019 pilgrimage?
2. Please share how you grew in your faith or saw God because of your previous time in Lourdes.
3. How would you be able to help and support the Youth Group as a returning member?

Volunteer/YG Medical Information – CAREFULLY READ & COMPLETE

The responsibility of caring for mentally and physically disabled youth for one week can be exhausting. This pilgrimage is physically demanding, even if you are not directly caring for a special needs pilgrim. All of the young people in our care have special needs, and require 100% of our efforts around the clock. To ensure that their needs are met, we must be certain that each adult traveling to Lourdes with ASCPG is physically and mentally capable of such a demanding week.

To this end, every volunteer must provide the following medical information. The reason is twofold:

1. The children we bring to Lourdes are our only priority. We owe it to them and their families to ensure that every member of our pilgrimage team is physically and psychologically capable of providing the utmost care to them around the clock, for the entire week.
2. Your safety is important to us. In accordance with French law regarding the many pilgrims who travel to Lourdes, if a volunteer becomes ill and requires medical attention, the doctors affiliated with their respective organizations can have no part in their medical care. In a foreign country with unfamiliar medical protocol, a proper medical history is tantamount to your proper care. If for example a volunteer was rendered unconscious, it cannot be stressed how important it is for our doctors to be able to provide French physicians with a complete medical history.

Be assured that this information will remain confidential, and will be shared only with the Group Doctor, Group Nurse and Group Leader. Thank you!

Full name _____ **Date of birth** _____

Do you have medical insurance?	Name of Company:
Policy #:	Name of Policy Holder:
Do you anticipate a change in insurance status or carrier between now and the trip?	

List <i>all</i> doctors who regularly treat you	Address	Phone Number	Type of Doctor
			Primary Care Doctor

List all current medical conditions:	
Significant past medical history:	Date of last tetanus shot:
Significant past surgical history:	
Is there surgery planned?	

Current Prescription & OTC Medications	Dosage	Reason Prescribed

Personal Health Questionnaire:

	Yes (<i>Please Explain</i>)	No
Do you have heart problems?		
Do you have diabetes?		
Do you have kidney problems?		
Are you prone to fainting?		
Do you have back problems?		
Do you have knee problems?		
Do you have food allergies?		
Do you have environmental allergies?		
Do you have drug allergies?		
Are you restricted from activity due to disability/medical reasons?		
Do you have special dietary needs?		
Is there anything else you would like to share with us?		

Please check below:

_____ My Universal Health Form or School Physical Form for this school year is attached.

_____ I will submit my Universal Health Form or School Physical Form at a later date.

Applicant's Name (Please Print:	Date:
Signature:	
Parent/Guardian Signature:	Date:

Volunteer Consent and Waiver 2020
ASCPG – Easter Pilgrimage to Lourdes

Please read carefully, and initial each section to convey your understanding and agreement.

___ I understand that the American Special Children's Pilgrimage Group (ASCPG) needs to have a complete picture of the applicant to make an informed decision about acceptance for the pilgrimage. I testify that all information in this application is true, and I have included all additional known information that pertains to my health and background.

___ If I am accepted for the trip, I will provide updated information on my medical, mental and emotional condition. I will advise if any incidence or occurrence arises, or is brought to my attention, between today and my participation in any ASCPG activities and trips, concerning matters referred to in the Codes of Practice.

___ I am suitable in every way to perform the work and duties of an ASCPG Youth Group volunteer.

___ I will participate in fundraisers, events and meetings, at the direction of my Group Leader in order to offset the cost of the trip. I understand that, if accepted, payment for the trip will be a total of \$1,100. Failure to adhere to fundraising expectations may lead to a Group Leader asking you to pay the remainder of your trip cost.

___ I will not possess or consume alcohol or drugs, under any circumstances, during ASCPG events or the pilgrimage to Lourdes. Failure to comply will result in my disqualification from the trip.

___ I understand that by signing this consent, I waive ASCPG from any and all liabilities regarding any and all illness, accident or fatality arising from the applicant's trip to Lourdes.

___ I understand that by signing this consent, I/we acknowledge that I/we fully comprehend the above.

___ I/We understand that just as if my family was on vacation in France, if my child requires medical attention above and beyond what ASCPG can provide (i.e., requires a visit to the hospital emergency room or hospital admission), he/she will be treated under the auspices of the French medical system. This means ASCPG will have no authority in the diagnosis or treatment process. However, ASCPG medical personnel will remain with him/her at all times, 24 hours a day, including overnight at a hospital or other medical facility. ASCPG medical personnel will also be in constant contact and consultation with the French local authorities, but final medical decisions will be made by those authorities.

Applicant's Name (Please Print):	Date:
Signature:	
Parent/Guardian Signature:	Date: