

Ukrainian Orthodox Church of the USA

Consistory Office of Youth & Young Adult Ministry

Natalie Kapeluck Nixon - Director

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2/25/10

Dear Brothers and Sisters in Christ,

Glory to Jesus Christ! Glory Forever!

With the Blessing of the Council of Bishops, the Offices of Youth & Young Adult Ministry and Mission and Christian Charity of the Ukrainian Orthodox Church of the USA announce its missionary trip for High School aged teenagers to Emmaus House in New York, NY .

The High School Mission Trip to Emmaus House will take place August 8 - 15, 2010. Emmaus House was established in the 1960's. It is a not-for-profit organization that serves the poor in Harlem and Manhattan. While at Emmaus House our Team may be involved in the following:

- ◆ Working with and speaking to the individuals who come to Emmaus
- ◆ Going into the community to serve meals
- ◆ Aiding in any renovations to the Emmaus House Building

Founded and led by Fr. David Kirk, an Orthodox Christian priest, the organization has taken a unique approach to assisting those in need. Father David fell asleep in the Lord in May of 2007. Since that time the Board of Directors have worked tirelessly to keep the Emmaus ministry alive. They are currently working on revitalization campaign—of which we will be a part!

Enclosed you will find applications for the trip. The cost for the trip is \$700, which includes your transportation to New York. All monies for the trip are the participant's responsibility. If accepted for the mission team, the participant will receive a packet with materials instructing them how they can raise the funds needed for the trip. With the Grace of God, the fund raising is not as difficult as it may seem. All applications MUST be post-marked by May 1, 2010. There are only five(5) places available on the team and applicants must be at least fifteen years of age. To learn more about Emmaus House, visit their website at www.emmaushouse-harlem.org. Additional applications may be downloaded at www.uocofusa.org.

We pray that you will be able to join us on this ground-breaking trip to act upon the command of our Lord and Savior Jesus Christ.

In Christ's Love,

Natalie Kapeluck Nixon
Director
Office of Youth and Young Ministry

Protodeacon Fr. Dr. Ihor Mahlay
Director
Office of Christian Charity

Ukrainian Orthodox Church of the USA

Office of Youth & Young Adult Ministry

Office of Mission and Christian Charity

PLEASE STAPLE CURRENT
PHOTOGRAPHER HERE.

Mission Trip to Emmaus House - New York High School Students Application

Name _____

Address _____

City _____ State _____ Zip code _____

Phone Number _____ Email Address^(Student) _____

Date of Birth _____ Sex _____

Parent Name _____

Email Address(Parent) _____

Parish Name _____

Address _____

Pastor Name _____ Phone Number _____

What grade are you entering in the fall? _____

Have you ever participated in a Mission Trip? Yes _____ No _____

If yes, where, when and with what organization? _____

Do you volunteer with any nonprofit organizations? Yes _____ No _____

If yes, with whom, and please provide a short description of what you do for them.

Please check areas in which you have experience:

Cooking _____	Camp Counselor _____
Carpentry _____	Sunday School _____
Electrical _____	Teacher _____
Masonry _____	Retreat Leader _____
Painting _____	Campus Ministry _____
Plumbing _____	Public Speaking _____
Custodial _____	Political Volunteer _____
Other _____	Charitable Volunteer _____

Please include with this application a short essay as to why you would like to participate in this trip and what you feel you may have to offer the team. Also include names and phone numbers for two references.

Reference #1 Name _____

Phone _____ **Relation to you** _____

Reference #2 Name _____

Phone _____ **Relation to you** _____

Applicant Signature _____

Parish Spiritual Father Signature _____

By signing this form, I as Spiritual Father to this candidate attest that he/she is a solid candidate for this mission team, is an Orthodox Christian that will conduct him/herself in a manner honoring his/her beliefs and is a good role model of their faith and know of no reason for him/her not to partake in the mission trip. I will also complete and return the Confidential Spiritual Father Evaluation Form.

Application must be postmarked by May 1, 2010

**Office of Youth Ministry
PO Box 869—Carnegie, PA 15106**

**If you have questions contact Natalie Kapeluck Nixon
OYM Director at
412-279-1076 or uocyouth@aol.com or imahlay@yahoo.com**

WAIVER OF LIABILITY

My child is volunteering to take part in the August 8 - 15, 2010 goodwill mission to Emmaus House in New York, NY sponsored by the Ukrainian Orthodox Church of the USA . We hereby agree to hold harmless and release the Ukrainian Orthodox Church of the USA , their Hierarchs, boards of directors, mission team leaders, and staff; also Emmaus House, and their clergy, board of directors and staff from the responsibility of any accident or mishap which may occur during the week of the mission trip and assume the risk for any injuries that they may sustain in the pursuit of the above described activities or during any transportation needed for the particular individual. We further agree to indemnify, protect, save and hold harmless the employees, agents, officers, successors and/or assigns of the Ukrainian Orthodox Church of the USA and Emmaus House, their Hierarchs, boards of directors, mission team leaders, and waive any claims to financial damages or compensation for any harm that my child may suffer in the course of this mission from any and all losses, damages, or injuries which might occur as a result of activities held during the week of the mission.

Participant _____

Date _____

Parent/Guardian _____

Date _____

MEDICAL PERMISSION

The health record for _____ attached to this application is correct to the best of my knowledge. Therefore, the child, who is registered here has permission to engage in all mission team activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the mission team leader to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for the above named child. As the parent/guardian, I will assume all financial responsibilities if hospitalization and/or medical treatment is required during the missionary trip.

Parent Guardian

Signature _____

Date _____

Special Notes for Applicants:

- **Applications received after the deadline may be subject to additional fees depending upon reservation deposits.**
- **Applicants will not be accepted until the Spiritual Father Evaluation is completed and returned.**

High School Mission Trip to Emmaus House

Please check if you have been treated for any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy or other Neurological problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Heart Ailments | <input type="checkbox"/> Lung Problems |
| <input type="checkbox"/> Liver Problem | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Skin Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Pilonidal cyst |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Drug Abuse |

Do you need special medical or dental services ? Yes _____ No _____

If yes, what services _____

Are you currently taking any required medication? If yes, what, and what dosage? _____

Have you ever had psychological counseling or therapy? Yes _____ No _____

Have you ever been hospitalized for a psychological problem? Yes _____ No _____

Are you allergic to any medicines e.g. Penicillin, sulfa, etc? Yes _____ No _____

Please list

Are you allergic to any foods? Yes _____ No _____

Please List

Are you allergic to insect stings, animals or plants? Yes _____ No _____

Please List

Have you had any major surgeries? Yes _____ No _____

Please List

IMMUNIZATIONS AND DATES

_____ Cholera _____ Yellow fever

_____ Diphtheria _____ Polio

_____ Measles (rubella) _____ Tetanus (in past 10 years)

_____ Mumps _____ Typhoid fever

Insurance Company _____

Insurance Policy Number _____ Policy Dates _____

In Case of Emergency Contact _____

Phone _____ Relation _____

I attest that all the information in this application is accurate and true to the best of my knowledge. I understand that this is a voluntary mission and I am responsible for raising all expenses that will be incurred for the trip. I also understand that this is a mission trip of Orthodox Christians and I will conduct myself during the trip in a manner befitting an Orthodox Christian laboring on behalf of our Lord and Savior Jesus Christ.

Applicant Signature _____ Date _____

Parent Signature _____ Date _____