

Elder High School Mission Trip Application

Please respond to the following questions and have your parent sign if you are interested in attending our fall mission trip to the Father Beiting Appalachian Mission Center April 1-5, 2025. There will be a parent meeting in March. We will drive to Louisa Kentucky leaving Elder after school on Tuesday April 1, returning Saturday April 5, by noon (This is the same day as Elder's Prom. We will be back no later than Noon on Saturday April 1). There will be no fee for this mission trip. Please return this ASAP if you are interested in holding a spot. **All applications are due by Monday, March 3, 2025.**

Contact Mrs. Jen Lanter (lanterjd@elderhs.net) if you have any questions.

Name: _____ Grade: _____

Parent Signature: _____

What Spring activities are you currently involved in:

Why do you want to attend this mission trip?

Are you willing to complete tasks that will take you out of your comfort zone, (learning new skills, visiting new places, talking to new people, and reflecting as a group each night)



School Field Trip Permission Form

ELDER HIGH SCHOOL
3900 Vincent Avenue / Cincinnati, Ohio 45205

Date: _____

To: **Kurt Ruffing / Elder High School**

I, _____ (name), parent/legal guardian of _____ (student's name), grant permission for my child/ward to participate in the school field trip as described below.

Destination: Louisa Kentucky - Appalachian Mission Center

Trip duration: From Tuesday April 1, 2025 to Saturday April 5, 2025

Purpose & Learning Objective: Mission Trip
Students will do minor construction repairs on private residence of families in need. Students will interact with clients and learn how to serve the needy in line with Catholic social teaching. Daily Mass and reflection .

Scheduled time of Departure: 4/1/25 3:00 pm Scheduled time of Return: 4/5/25 12:00 pm
Cost of Activities/Trip: \$0 Class/Grade: _____

Name of Teacher/Adults in Charge: Mrs. Lanter
Emergency Contact phone number of Adult in charge: 513-477-8772

Details of Transportation: Rental Cars, caravan to Louisa. Driven by Elder staff

Child's Medical Information

Medical Restrictions/Allergies: _____
Necessary prescriptions: _____
Food Restrictions: _____

Parent/Guardian's Name: _____
Communication Address: _____
Emergency Contact Phone Number: _____

I agree to authorize the school authorities to treat minor students in the event that I cannot be reached in an emergency. I hereby permit the concerned school authorities to call 911 and/or to contact a medical facility or physician selected by the school to provide proper treatment to the above named student. I will be responsible for all expenses arising in association with such treatment.

Prescription or Over-the-counter Medication - I certify that I have in my file in the school office, a current profile enlisting necessary medication that the above named student must take.

Acknowledgment of Notification Regarding Risk hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of 'high risk' to the participants.

Indemnity and Waiver of Claim, the undersigned, parent/legal guardian of above named student, hereby agree to indemnify and hold harmless the school, its employees, volunteers, the school district, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Parent's Signature: _____ Date: _____



Elder High School Field Trip Permission Form

1. Field trips are privileges afforded to students, not absolute rights. Students will be permitted to participate in a field trip or other school-sanctioned activity ONLY with the approval of all their subject teachers.
2. Students who are not working according to their ability, who are failing one or more subjects, who present behavior problems, or who have a high absentee rate may be refused permission to attend. A student who reaches the level of 30 demerits may not participate in any field trips.

3. To be completed by parent:

I hereby give permission for my son, _____
to attend _____ *(event)*
at _____ *(place)*
on _____ *(date)*.

I understand that the authorities of Elder High School will not be held responsible for any accidents which might involve my son during this trip.

Class(es) to be missed	Teacher Approval	Teacher Disapproval
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		

Date of field trip or activity April 2-4, 2025 **days of missed school**

Teacher in charge Jennifer Lanter

PRINT Student's Name _____ ID# _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name _____



An outreach ministry of the Catholic Diocese of Lexington

524 Hwy 3 South, Louisa, KY 41230
Phone: 606-638-0219

volunteers@fbamc-ky.org
www.fbamc-ky.org

Volunteer Contract, Photo Release, & Hold Harmless Agreement

To share in the ministry of Christ is a great privilege as well as a tremendous responsibility. The privilege is the joy of sharing in the mission of Jesus Himself. The responsibility is acting in a way that conforms to the attitude and actions of Christ. While at the Father Beiting Appalachian Mission Center, I am expected to represent the Church in a faithful and loving way, supporting its teachings, disciplines and traditions. I will exhibit the highest ethical standards and personal integrity in my work. I will foster the dignity of each person and be committed to the best interest of others. I will cooperate with the schedule and needs presented by FBAMC.

I dedicate myself to be an active participant in this time of service, prayer, and community. I will comply with the requests of leadership and be flexible with what is asked of me. I will work and complete tasks as they are assigned to me to the best of my ability. I will follow the dress code for worksites of pants, t-shirt, and closed shoes, and the dress code of the mission of no short shorts, tank, muscle, strapped or strapless tops, any clothing revealing undergarments or with vulgarity.

I will treat everyone (volunteers, employees, clients and community members) with respect, loyalty, patience, integrity, courtesy, dignity and consideration. I pledge to help create a safe environment for children while I am volunteering for FBAMC. I agree to abide by a code of chaste sexual behavior while staying on the property and working for the FBAMC.

I understand that drug use will not be tolerated. There is no tobacco use in volunteer quarters or on any FBAMC properties and minors are not permitted to use tobacco products. I will not bring or use fireworks, firearms, and weapons of any kind as they are not permitted.

I agree to exercise prudent judgment regarding the consumption of alcohol while staying on the property and working for the Mission Center, remaining sensitive to the struggle's others may have with substance abuse and the local cultural views. No one under 21 can consume alcohol.

I grant the FBAMC permission to use my likeness in photograph(s)/video and interview/written contributions in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by FBAMC, in perpetuity, and for other use by the Diocese of Lexington. I will make no monetary or other claim against the FBAMC for the use of the interview/written and/or the photograph(s)/video.

I hereby waive, release, and discharge any claims, actions, or causes of action for any damages, personal injury, accident, illness, or death which I may have, or which may subsequently accrue, as a result of participation in volunteer activities. I hereby agree to fully assume any and all risk of harm, injury, or death which may occur during the volunteer activities,

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and to release and hold harmless FBAMC, the Diocese of Lexington, their officers, agents, FBAMC volunteers, and employees from any claims, actions, or causes of action as set forth above.

Volunteer Contract, Photo Release, and Hold Harmless Agreement

I understand that I am volunteering my time and labor. I acknowledge and understand that as a volunteer, I am not eligible for any wages or other benefits of employment, such as workers' compensation insurance, and I fully waive any claim for same for any work or activity I contribute during the volunteer activities. I understand that I am responsible for all medical bills if injured while performing volunteer work. If injured or an emergency, I will be taken to the nearest adequate medical facility. It is also understood and agreed that this waiver, release and assumption of risk is binding on my heirs, successors, and assigns. This has been executed voluntarily and with full knowledge of its significance.

Furthermore, I understand that I and or my group will be asked to leave if unable to abide by these terms and conditions.

Participant information: **please print and complete ALL information asked for (mark n/a if information requested is not applicable) PLEASE USE HOME ADDRESS**

Name : _____ Phone Number: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Age: _____ Date of Birth: _____
Medical information in case of an emergency: _____
Emergency contact: _____
Emergency contact phone #: _____
Medical Insurance: _____
ID number: _____
Doctor: _____ Phone Number : _____
List of allergies (food, bug bites, molds, etc.), medication(s), contacts, other pertinent comments:

PARTICIPANT:

I confirm that I have read this contract, understand all of its terms & conditions, and agree to them by signing below.

Participant Signature: _____
Participant Parish: _____ Date: _____

PARENT: If volunteer is a minor, parental/guardian signature required as well as participants. I confirm that I have read this contract, understand all of its terms and conditions, and agree to them by signing below.

Parental/Guardian Signature: _____
Printed name: _____
Relation to participant: _____ Date: _____



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Volunteer Personal Checklist

- _____ **Bible**
- _____ **Rosary**
- _____ **Paperwork & payment submitted timely**
- _____ **Work clothes: long pants, t-shirt, and closed shoes**
(No shorts, tank or strap tops, flip flops, sandals, etc. at worksites.)
- _____ **Play clothes and play shoes (no short shorts, tank, muscle, strapped or strapless tops, any clothing revealing undergarments or with vulgarity.)**
- _____ **Work gloves**
- _____ **Safety glasses**
- _____ **Twin sized bedding or Sleeping bag** (beds, pillows & blankets are provided)
- _____ **Personal toiletries**
- _____ **Towels and wash clothes**
- _____ **Mud boots**
- _____ **Rain gear,**
- _____ **First aid kit**
- _____ **Shower shoes**