

# Interest in Diocese of Metuchen Youth & Young Adult Ministry Office/CRS Metuchen Partnership Trip to Diocese of Santa Rosa, Guatemala Application

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## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Parents' Phone	
E-Mail Address	

## Availability to Meet to Get More Information

During which hours are you available for discuss the Trip to Guatemala?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekend evenings

Weekday evenings

Would you like to talk  A PowerPoint Presentation

A Presentation by Teens Who Were On Last Year's Team

## Interests

Tell us in why you might be interested in being a part of the team that goes on this trip on June 29-July 6, 2008 to our sister diocese of Santa Rosa Guatemala.

## Special Skills or Qualifications

Summarize special skills or interests you might want to offer for this trip; Or summarize your experience in youth ministry, school clubs, and community service, as well as what your interests are:

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**Person to Notify in Case of Emergency/ (Parents or Guardians for teens)**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Are you able to travel internationally? Do you have a U.S. Passport?**

Yes                  No                                  Yes                  No                  No, but

**Do you have/ had in the past any medical conditions, are on any medication, etc:**

If so, Condition: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Doctor's Name/ Prescription/Medication required: \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member of the team, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Also, I agree to provide or fund-raise for the \$1000.00 cost per person, or request the possibility of a partial scholarship. Initial deposit of \$300.00 is due after application is accepted & no later than April 1. I also realize that being on the team requires a commitment to be an ambassador for 1 year after my return, to help asking to arrange for/give 5-10 presentations to various groups to help people have a better understanding and generate interest in others assisting in the ongoing projects to improve life in Santa Rosa Diocese, Guatemala.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability. Anyone over 18 is required to be trained in the Diocesan Protecting God's Children Program and complete a background check per diocesan guidelines.

Thank you for completing this application form and for your interest in volunteering with us.

***Please return this to: Diocese of Metuchen Youth & Young Adult Ministry Office, att: Michael Wojcik, Director, P.O. Box 191, Metuchen, NJ 08840; 732-562-1990 ext. 1631***

