YOUTH SUMMER MISSION OPPORTUNITIES 2023

June 17-24 (Sat – Sat) West Virginia Caravan. We’ll return to Colcord, WV to work at WV Ministry of Advocacy & Workcamps, Inc. Projects will include home construction and/or repair. In the past, we worked on porches, windows, and roofs. We stay in the manse of Colcord Presbyterian Church and will cook our own meals. We’ll worship with the congregation and they will prepare a delicious meal for us during the week. Wednesday will include a trip to a waterpark. You do not need construction experience, but you do need energy and enthusiasm. Space is limited to 20-23. Participant contribution is $500.

August 6-12 (Sun – Sat) Camp Courageous Caravan. We will be working as volunteer counselors alongside paid staff at a camp for mentally and/or physically challenged children and teens. You will work long hours, do meaningful work that will help campers have a great week, and have a great time doing it. We will stay at the camp and share meals with campers in the dining hall. You do not need experience with special needs individuals, nor do you need to have a desire to make it a related field a career. Compassion and energy are the two most important things to bring. We will take 20-23 people. Participant contribution is $200.

PLEASE NOTE:
- There is one application for the four caravans. It is possible to go on more than one caravan; please be clear on your application about what you would ideally like to do. Please be as flexible as possible.

- We ask that ALL youth participate in fundraising activities to support the total costs of Summer Caravans.

- We ask that parents read through their teen’s registration and sign the first page. It is important for parents to be aware of the application process and the commitment involved.

- Do not let money be an obstacle to going on the trip of your choice! Full and partial scholarships are available. Contact Pastor Susan for details.

- The Christian Education – Youth (CE-Y) Committee will be considering the applications. We do our best to put together rosters that will allow as many active youth group members to go on a caravan as possible. Trust us when we tell you that your caravan experience will be a positive one regardless of which caravan you go on. It really will!
- **APPLICATIONS ARE DUE BY Sunday, February 12 (Youth Sunday!).** Late applications will only be considered if there are spaces available, so get your applications in on time! We really do mean this, please don’t be disappointed. You will be notified by mail within two weeks what caravan(s) you’ll be on.

- **A $150 deposit** should be turned in with your caravan application regardless of how many caravans you are applying for.

- On **Sunday August 12,** all caravans will be reporting at the 9:30 AM worship service. Thank you for making a commitment to present in worship on this day.

- If you have any questions, please contact Susan Tindall at 309-824-0279 (cell) or susan.tindall@chcpc.org.
Youth Name:________________________________________________________

First name, Last name

Please keep pages 1 -2 of this packet for your information.

Fill in and turn in this checklist and all of the following by **Sunday, February 12, 2023:**

Did you include:

_____ Parent’s and student’s signature on the application

_____ All 3 completed application pages

_____ Which caravan is your 1st choice or 2nd choice

_____ An “X” marked next to any caravan you are **unable** to attend

_____ Your T-shirt size by circling it

_____ A fully completed health form with emergency contacts and parent signature

_____ A copy of front and back of your health insurance card

_____ A photo permission form signed by a parent

_____ $150 deposit check made out to CPC, memo line = Youth Caravans

Thanks for being thorough!
We celebrate your interest in putting your faith into action through participation in a Caravan!
APPLICATION FOR CPC 2023 SUMMER MISSION CARAVANS

Name_________________________ Student cell # ______________________
Address_________________________ Town & Zip code______________________

Email ____________________________ T-shirt size (Circle) Adult S M L XL XXL

School____________________________ Year of Graduation ________

Our goal is to include as many active youth group members as possible.
Please be as flexible as you can – it will help us to get you on a trip!

I am applying for:

1=1st choice  2=2nd choice  X=cannot attend

_____ West Virginia Work Caravan, June 17-24 (Participant contribution $500)
_____ Camp Courageous Work Caravan, August 6-12 (Participant contribution $200)

My preference would be to go on _____ trips this summer.

I understand that a summer caravan is an important part of the mission program of Community
Presbyterian Church. I go not only to represent myself, but also the congregation. I expect to work hard,
learn new skills, to discover a deeper meaning in living and work in a Christian service ministry. I will try
to be sensitive to the needs and feelings of others, both my fellow workers and those whom we seek to
serve. I will seek to improve my ways when I am given positive encouragement and correction. I
understand that I will not be able to use my cell phone (except on travel days) so that I can be fully
present and engaged with the caravan group. I commit to wearing my seat belt in moving vehicles.

Signed_________________________________________ Date ______________________
(applicant)

I have read this application and my daughter’s/son’s responses and am supportive of her/his desire to be
part of a summer caravan. I understand that my daughter/son is responsible for wearing her/his seatbelt
in moving vehicles and for following other rules as directed by the adult leaders.

Signed_________________________________________ Date ______________________
(parent or guardian)

PLEASE RETURN THIS APPLICATION (including the brief essay) WITH THE NECESSARY SIGNATURES AND
A $150 DEPOSIT (regardless of how many trips for which you are applying) TO THE CHURCH OFFICE NO
LATER THAN SUNDAY, FEBRUARY 12. LATE APPLICATIONS WILL ONLY BE CONSIDERED IF THERE IS SPACE
AVAILABLE.

4
On a separate sheet of paper, or on the back of this one, answer the question which pertains to you:

1. If you have **never** been on a caravan before: In 50 – 100 words, describe your Christian faith and how it relates to your desire to participate in a caravan. There is no single right answer here. We simply want to know what a caravan is going to mean to you and your faith.

2. If you have been on a caravan before: In 50 – 100 words, describe a specific experience you have had on a caravan and how that experience has affected your faith in Christ. Again, there is no single correct answer here. We simply want to know what your caravan experience has meant to you.

Answer the following as honestly as you can. This is designed to help you start to think about the things that you might be asked to do on a trip as well as to let us know the kinds of skills that you currently have or are interested in working on.

Rate yourself on a scale of 1 to 5
- 1 Can do, able to help or show others
- 2 Can do, can work independently
- 3 Can do, sometimes need help
- 4 Have not done, willing to learn
- 5 Cannot do, do not want to learn (Be honest, it can be a very appropriate answer)

Have you ever:

1. _____ painted a house
2. _____ gone a day without your cell phone
3. _____ worked on a roof
4. _____ helped someone get dressed
5. _____ transferred someone out of a wheelchair
6. _____ framed a wall
7. _____ taken care of a cranky child
8. _____ laid a floor
9. _____ cut-up a chicken (from the grocery store, not a live one!)
10. _____ followed a new recipe
11. _____ cut down a tree
12. _____ served at a meal
13. _____ related to someone who is sick
14. _____ related to someone in a family
15. _____ related to someone in a church
16. _____ helped at school
17. _____ helped with someone’s family
18. _____ helped with someone’s home
19. _____ used a circular saw
20. _____ used a hammer
21. _____ used a stove
22. _____ put up drywall
23. _____ used a power drill/driver
24. _____ cooked over a fire
25. _____ puttied a window
26. _____ played basketball
27. _____ administered first aid
28. _____ played volleyball
29. _____ played a guitar
12. _____ worked on a porch or ramp
13. _____ done comparative grocery shopping
14. _____ planted trees, shrubs, flowers
15. _____ encouraged others
16. _____ gone camping (more than 1 night)
17. _____ dug a ditch
18. _____ slept on the floor

30. _____ gotten up in the morning when you were really tired
31. _____ gone a day without your music
32. _____ gone a day without complaining
33. _____ gone a day without a shower
34. _____ made a campfire
35. _____ communicated with someone who is very different than you
36. _____ done a craft project

Caravans are part of the mission of Community Presbyterian Church. We go as a group of Christians to put our faith in action in the work that we do and the way we try to live together.

Please check all the activities in which you have participated at CPC:

_____ LOGOS participant
_____ Middle School Participant
_____ Cube (Disciples/Post-Disciples) participant
_____ Cube leader
_____ W.F. board member
_____ Sunday School leader
_____ Youth Sunday
_____ Worship leader on Sun. (music, reader, usher…other than Youth Sunday)
_____ Ordained Deacon or Elder
_____ Served on a Committee of the church
_____ Volunteered at Church Clean up day in spring or fall

Please indicate all the service and/or fundraising activities you have participated in at CPC by writing in the number of years you have participated:

_____ Car Wash
_____ Camp Courageous Triathlon
_____ Young Adult care packages

_____ Caravan Brunch (stock selling or telling stories)
_____ 30 Hour Famine
_____ Feed My Starving Children
_____ Northern Illinois Food Bank

I have attended the following CPC Caravans in the past:

________________________________________________________ Caravans
Health Form
Community Presbyterian Church, 39 North Prospect Avenue, Clarendon Hills, IL 60514

Name ______________________________________ Phone ______________________________________
Address ______________________________________ Town & Zip ______________________________________
Date of Birth ____________________________ (mm/dd/yyyy)
Family Medical Insurance (include company and policy and/or group number)

_________________________________________________________
Please include a photocopy of the back and front of your insurance card

_________________________________________________________
Medical Conditions_________________________________________________________

_________________________________________________________
Allergies_________________________________________________________

_________________________________________________________
Current medications (include over-the-counter medication and contact lenses)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PERSONS TO CONTACT IN AN EMERGENCY:

Parent or Guardian _____________________________________________________________

_________________________________________________________
Address, if different___________________________________________________________

Home phone_________________________ Work or cell phone___________________________

_________________________________________________________
Alternate Contact_____________________________________________________________

Relationship______________________________________________________________

_________________________________________________________
Address_______________________________________________________________

Home phone_________________________ Work or cell phone___________________________

PLEASE ALSO INCLUDE AN ALTERNATE CONTACT OTHER THAN A PARENT

_________________________________________________________
Alternate Contact_____________________________________________________________

Relationship______________________________________________________________

_________________________________________________________
Address_______________________________________________________________

Home phone_________________________ Work or cell phone___________________________

In consideration of the benefits derived from participation, we hereby voluntarily waive any claim against
Community Presbyterian Church, Clarendon Hills, Illinois, or its staff and advisors for any and all causes which may
arise in connection with this activity. I, who by law may do so, authorize the administration of emergency medical
treatment to s/he who is subject to this form. I understand that in the event medical intervention is needed, every
attempt will be made to contact the person(s) above immediately.

Date ______________ Signed (one parent or guardian) ____________________________________________
Permission for Use of Photographs and Video Images

Community Presbyterian Church (“CPC”) occasionally uses photographs or videos of persons participating in church activities to publicize its programs and services. Such photographs may be used in displays on worship screens, hallway screens, weekly email blasts, bulletin boards, in brochures, presentations, in press releases to a general circulation newspaper, in videos, social media, or on the church’s website at www.chcpc.org.

CPC would like to have your permission to use any photographs or videos of you or your child that might be taken for these purposes. By signing below, you will grant your permission for the use of your image or your child’s image in any or all of these ways.

I have read this Permission and understand that by signing below, I agree that CPC may use photographs and/or videos of me to publicize the church’s programs and services. I understand that one of the ways in which the photographs and/or videos may be used is through publication on the church’s website, but that my name will not be used on the Internet in connection with my image unless I explicitly grant further permission for its use.

Name:__________________________________________

Address:________________________________________

__________________________________________

Phone:________________________________________

Date:___/___/____

__________________________________________

Signature of Youth if 18 + years of age OR signature of parent / guardian

*The signature of a parent or guardian is required on behalf of persons who are under the age of 18.