



Hello, Missionary!

Enclosed you will find a packet of information for the 2024 Alternative Break in Mayfield, Kentucky through Praying Pelicans Mission. We are thrilled to offer this program to provide members with service opportunities, and we are excited for you to join!

A few of the documents need to be reviewed, signed, and returned to the Home Office accompanied by the full \$455 payment no later than **May 1, 2024**. A checklist of required documents is below. Please keep a copy of these documents for your records.

If you have any questions, please contact us at outreach@catholicforester.org or 331-229-5655.

Ready, Set, Serve!

Kimberly Johnson, Senior Member Outreach Coordinator

Participants must complete the following forms and return them to the Home Office (by mail or online) with the **full \$455 payment by May 1, 2024**.

Catholic Order of Foresters

- Participant Information
- Emergency Release and Rights of Representation
- Code of Conduct

Additional documents

- Copy of medical insurance card — front and back
- Copy of dental insurance card — front and back
- Copy of student ID or driver's license



ALTERNATIVE BREAK TRIP DETAILS

DATES	June 8 - 13, 2024 (Saturday-Thursday)
ACTIVITIES	Join us as we assist in the effort to help rebuild in the city of Mayfield, Kentucky. Projects might include framing, roofing, siding, painting, installing insulation, youth ministry, and church ministry.
LODGING	Melber Baptist Church 2672 State Route 1820 Melber, KY 42069
GROUP LEADERS	The Fraternal Outreach Team
COST	<p>\$455 per participant (excluding travel expenses to and from Melber Baptist Church. Housing, tools, and most meals are provided.</p> <ul style="list-style-type: none"> • Make checks payable to Catholic Order of Foresters and mail them to: <i>Catholic Order of Foresters</i> <i>Attn: Fraternal Outreach</i> <i>355 Shuman Blvd, Naperville, IL 60563</i> • In the memo, please include your name and "2024 Alternative Break."
TRANSPORTATION	There will be arranged carpooling for all interested participants in the Cincinnati area, please contact Kimberly Johnson for more details.
CONTACT	<p>Fraternal Outreach Team Catholic Order of Foresters 355 Shuman Boulevard Naperville, IL 60563-1270 outreach@catholicforester.org</p> <p>Office: 331-229-5612 (Cell numbers will be provided closer to time of departure.)</p>



PARTICIPANT INFORMATION

Name _____
 First Name, Middle Initial, Last Name

Home Address _____

City / State / ZIP Code _____

Home phone _____ Cell phone _____

Email _____

Court Name and Number _____

T-shirt size: Small Medium Large XL 2XL

2024-2025 school / year: High School College / Freshman Sophomore Junior Senior

School activities and hobbies _____

EMERGENCY CONTACTS

NAME	PHONE	RELATIONSHIP

Medications you are presently taking and for what condition. _____

Allergies _____

Physical impairments _____

Personal physician _____ Phone _____

Address _____

Personal dentist _____ Phone _____

Address _____

PERSONAL HEALTH INSURANCE COVERAGE

Company _____ Phone _____

Policy number _____ Group number _____



EMERGENCY RELEASE AND RIGHTS OF REPRESENTATION

I, _____, in consideration of my participation on this Alternative Break to Mayfield, Kentucky on June 8-13, 2024, represent and agree that:

1. I am prepared physically, emotionally, mentally, and spiritually for this trip. I will be flexible and have a service-oriented attitude.
2. I grant to any Catholic Order of Foresters (COF) leader or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I understand the administrative role that COF plays in putting together our Alternative Break. I also understand that the alternative break will be handled by a representative of COF, and I will follow all rules and guidelines stated either orally or written in the Code of Conduct.
4. I hereby grant any of the COF leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the COF leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
5. I accept all risks associated with the Alternative Break program including all risks of death, injury, illness, terrorist assaults, and personal property loss or damage associated with such risks.
6. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes, high altitude, heat, limited and infrequent meals.
7. I understand and consent to transportation provided by the COF Alternative Break leaders to and from Bethlehem Farm to the daily worksite, and I assume all risks associated therewith. This includes transportation from the participant's pick-up location to Bethlehem Farm, and from Bethlehem Farm to the participant's drop-off location if the participant agrees to carpool with Alternative Break leaders.
8. Video and photographs will be taken during the Alternative Break. A participant's name, likeness, and court location may be published by COF, *Catholic Forester* magazine, the company website, and social media. This authorization constitutes permission for this use.
9. I waive any and all claims for damages against COF or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this Alternative Break for any reason including but not limited to any negligent act or acts of COF, leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents, and agree to them of my own free will.
10. **Governing Law/Venue:** In accepting service from us this agreement shall be governed only by the laws of the State of Illinois. The venue for any action hereunder shall be in DuPage County of the State of Illinois.

PARTICIPANT NAME	SIGNATURE	DATE



CODE OF CONDUCT

1. I agree to treat other participants, leaders, staff, residents, and our hosts with respect, and I understand that all adult leaders have the authority to discipline me.
2. I will not leave my sleeping area after lights-out or before sunrise.
3. I will not leave the outlined or defined areas without an adult chaperone.
4. I will always follow the schedule and guidelines given to me.
5. I understand alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs, and profane or abusive language are not allowed at any time during this alternative break.
6. I understand I represent Catholic Order of Foresters and agree to always behave in a Christian and positive manner. I further agree to dress appropriately during this activity (See the dress code for details.).
7. Personal belongings are subject to search by chaperones. Banned items will be confiscated.
8. Public displays of affection and sexual indiscretion (including inappropriate touching) are always prohibited in all cases.
9. No participant under the age of 21 is allowed to leave without an adult's permission and supervision.
10. In the event of an emergency, the staff must know where I am. Therefore, I agree to stay with my assigned group during an emergency.
11. By attending this function, I agree to stay until the function's conclusion, unless I have a medical emergency.

PARTICIPANT NAME	SIGNATURE	DATE



HEALTH GUIDELINES

Catholic Order of Foresters' 2024 Alternative Break volunteers will adhere to Kentucky's local and state health guidelines. Please review the following items in relation to your health and sign your name below to agree to the requirements:

I, _____, in consideration of my participation on this Alternative Break to Mayfield, Kentucky from June 8-13, 2024, represent and agree that:

1. I will monitor my health up until the date of the trip, and in doing so, agree that the trip may be compromised from any complication because of my health.
2. I will adhere to all the local, state, county, and federal guidelines regarding health guidelines.
3. I have received all my necessary vaccines.