



Hello, Missionary!

Enclosed you will find a packet of information for the 2019 alternative break in Lewis County, Kentucky. We are thrilled to be able 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 a \$25 deposit no later than **May 2, 2019**. A checklist of required documents is below. Please make a copy of these documents for your records.

If you have any questions, please contact us at outreach@catholicforester.org or 331-229-5612.

Ready, Set, Serve!

Katlyn Gerken, Kaitlynrose Bicek and Michael Cesario (The Fraternal Outreach Team)

Participants must complete the following forms and return them to the Home Office with a \$25 deposit by **May 2, 2019**.

Emmaus Farm

- Medical/Health Insurance Form
- Hold-Harmless Form
- Photo Release Form
- People's Self-Help Housing Waiver
- Volunteer Contract

Catholic Order of Foresters

- Code of Conduct
- General Information
- Release Form
- Consent for Emergency Treatment (*if you are under 18 of age*). This form needs to be notarized. Visit rotarynotary.com to find one near you.

Additional documents

- Copy of medical insurance card—front and back
- Copy of dental insurance card—front and back (*if applicable*)
- Copy of participant student ID or driver's license
- Copy of Virtus/Protecting God's Children® training certificate (*if you are over 18 years of age*). Online training certificates are stored within the Virtus system.



DATES	July 29-August 2, 2019
ACTIVITIES	This week consists of a variety of service projects including housing rehabilitation and serving meals. Emmaus Farm offers a rural immersion experience in Appalachia. Participate in service, ministry of presence and retreat, including local music, daily Mass, local art and flavors, home visits to friends of the Farm, night hikes or bonfires.
LODGING	Emmaus Farm 2925 Lower Kinney Rd. Vanceburg, KY 41179
GROUP LEADERS	The Fraternal Outreach Team
COST	Per participant, \$250 (excluding travel expenses to and from Kentucky). Housing, tools and meals are provided. <ul style="list-style-type: none">• Make checks payable to Catholic Order of Foresters and mail them to: Catholic Order of Foresters Attn: Fraternal Outreach PO Box 3012, Naperville, IL 60566-7012• In the memo, please include your name and "2019 Alternative Break."
TRANSPORTATION	Participants will be expected to get to Kentucky on their own.
REQUIREMENTS	All adult participants (18 years or older) must be Safe Environment trained. Online training is available at virtus.org .
CONTACT	The Fraternal Outreach Team Catholic Order of Foresters 355 Shuman Boulevard, PO Box 3012 Naperville, IL 60566-7012 outreach@catholicforester.org Office: 331-229-5612 (Cell numbers will be provided closer to time of departure.)



All adult alternative break participants ages 18+ are required to complete the Virtus (or a diocesan equivalent) Safe Environment Training program and submit a certificate of completion to COF.

Online Training

1. Go to **virtusonline.org**.
2. Click on "First Time Registrant" or log in with your information.
3. Click on "Begin the Registration Process."
4. Select "Catholic Order of Foresters" in the drop-down menu.
5. Create a user ID and password. When the system asks you to select a primary location, choose "Catholic Order of Foresters."
6. Complete the remaining questions.
7. Log in to your Virtus account. Click on Protecting God's Children® Online Awareness Session 2.0 under "Online Training Module." The training opens in a new window.
8. Follow the training presentation and answer the questions at the end.
9. Once you have answered the questions, your Virtus account will automatically be updated and the Home Office will have a copy of your certificate. Please keep a copy for your records.

Resources

Virtus online help desk can be reached at 888-847-8870.



**CONSENT FOR EMERGENCY
 TREATMENT OF MINORS IN ABSENCE
 OF PARENT OR LEGAL GUARDIAN (2)**

MINOR PARTICIPANT NAME	AGE	BIRTH DATE
ADDRESS		
PHONE		

I, the undersigned, am one of the parents of the minor named above. I know that for the following reasons I may not be available to personally authorize medical, dental, surgical care and hospitalization for said minor.

I hereby give my consent and authorization for any emergency or non-emergency diagnostic procedure, medical, dental, surgical care and hospitalization that any health care provider so determined as advisable, in the best judgment of said health care provider including, but not limited to, any physician, dentist or hospital personnel providing health care to the minor.

In my absence, I would like the health care provider to discuss the matter with the persons designated below. I authorize those persons, insofar as the law of Illinois permits me to do so, to enter in to the decision, to convey to the provider my consent, and to consent to said treatment.

I hereby authorize the health care provider to discuss in full with those persons designated any medical information that is required to help the input of the persons so designated.

I hereby hold harmless any physician, dentist, hospital or hospital personnel, or other health care provider rendering such care to the minor from any liability resulting from the failure to obtain consent from me as parent of the minor and from any other person. It is my intent that the person or persons appointed herein shall be able to act in my stead in making such decisions.

I have put the important medical facts, if any, on the reverse side of this document. The medical facts are intended to help a doctor, medical personnel, or other health care provider in deciding what treatment is to be given but is in no way intended to restrict the authorization and consent hereby given.

I hereby appoint one person from the following list to be chosen in the order of priority listed when the persons in the prior listings are not reasonably available, willing or competent to participate in the health care decision-making concerning the minor:

Names, addresses and phone numbers of those persons I am so authorizing are as follows:

Name: Michael Cesario and Kaitlynrose Bicek, Fraternal Outreach Coordinators
 Address: 355 Shuman Boulevard, Naperville, IL 60563
 Phone: 331-229-5612 or 630-527-4996

The period of time over which this authorization exists is:

Beginning at 12 midnight on July 28, 2019
 Ending at 12 midnight on August 3, 2019

It is intended that this document shall be presented to the physician, dentist, or appropriate hospital or medical representative at such time that the medical, dental, surgical care or hospitalization shall be authorized.

It is intended that this authorization relieve the physician, dentist, any health care provider or any hospital or institution in which such care is given from any liability resulting from the failure of me, as parent, or any other person, from signing a consent or authorization to render such care.



It is the intent that the person or persons appointed herein shall be able to act in my stead in making decisions.

Allergies _____

Medications _____

Date of last tetanus shot _____

Medical history or other pertinent facts that should be known _____

PARENT NAME		PARENT NAME	
PARENT SIGNATURE	DATE	PARENT SIGNATURE	DATE
ADDRESS		ADDRESS	
CITY	STATE	ZIP	
HOME OR CELL PHONE		HOME OR CELL PHONE	
WORK PHONE		WORK PHONE	

<p>Please have this document notarized.</p> <p>PUBLIC NOTARY ENDORSEMENT</p> <p>On the _____ day of _____ 20____, came before me the individual(s) whose signature(s) appear above.</p> <p>My commission expires _____</p>	<p>Notary Stamp and signature</p>
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**EMERGENCY RELEASE
 AND RIGHTS OF
 REPRESENTATION**

I, _____, in consideration of my participation on this alternative break to Lewis County, Kentucky on July 28-August 3, 2019, represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. I will be flexible and have a service 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 any and 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 by the COF alternative break leaders to and from the mission site, and I assume all risks associated therewith.
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. Venue for any action hereunder shall be in DuPage County, of the State of Illinois.

PARTICIPANT NAME	SIGNATURE	DATE



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 behave in a Christian and positive manner at all times. I further agree to dress appropriately during this activity (See 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) is prohibited at all times and 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 or other need to contact any participants, the staff must know where I am, therefore I agree to stay with my assigned group at all times.
11. By attending this function, I agree to stay until the function's conclusion, unless I have a medical emergency.

PARTICIPANT NAME	SIGNATURE	DATE