



## Capuchin Youth & Family Ministries

P.O. Box 192 – 781 Route 9D – Garrison, NY 10524

Phone: 845-424-3609 – E-mail: CYFM@cyfm.org

Web-site: www.CYFM.org



### Capuchin Outreach Program - College COP 2012

October 2011

Dear College COP 2012 Applicant,

Greetings from Garrison! We invite you to join us for College COP (Capuchin Outreach Project) at Capuchin Youth & Family Ministries during the first full week of January. College COP gathers college students during their winter break and offers them the opportunity to live in Christian Community and to go out in service to the poor and sick of communities in the Hudson Valley.

The College COP community lives at our youth and family ministry center during the experience. Together we commit ourselves to live in Christian Community, to Daily Prayer, including the celebration of Eucharist, to Gospel Service, to experience Franciscan spirituality, and develop new friendships. Nourished in this way, we go out in *Service* at places like Cortland Senior Residence, Rosary Hill Cancer Home, and Habitat for Humanity. Back at the center, we share our meals, reflect on the day's experience in Theological Reflection groups, and relax, recreate, and pray together.

College COP takes place from **4:00 pm Monday, January 2<sup>nd</sup> to 5:00 pm Friday, January 6<sup>th</sup>, 2012.** If you have any questions call us at (845) 424-3609, or send an e-mail to BroLake@cyfm.org. ***Our application deadline is December 6<sup>th</sup>.*** Please go to our website [www.cyfm.org](http://www.cyfm.org) and click on Outreach programs/CCOP to download an application. **Only fully complete applications will be accepted. Incomplete applications will be returned to the applicant for another chance at completion.** If the applicant has time to resubmit the completed application before the deadline, we will be happy to put him/her in the running.

The cost is **\$165.00** per participant. In an effort to keep the registration fee down, we **require all** participants to take part in our ***Companions in Service*** program. This is a very simple fundraiser in which each participant sends a minimum of 10 sponsor letters to family, friends, or organizations. These letters invite those on your list to join us as ***Companions in Service*** by praying for us and making a financial contribution. We'll supply you with an electronic version of a letter that you can personalize. Simply send them out to 10 people or organizations and send us just the names so we can let you know who has supported you! The \$165.00 registration fee only covers a fraction of the actual total cost. We depend on the ***Companions in Service*** donations to keep the cost down for everyone.

**Remember, the completed application and a non-refundable deposit of \$85.00 per applicant** must be received in our office by **December 6, 2011.** This year we have some new universities and colleges joining us and anticipate space filling quickly. The sooner you get your completed application in the better.

Note that we ask for school and Christmas vacation addresses and phone numbers. **\*\*If there is financial difficulty, please contact us directly.**

We look forward to hearing from you soon.

Sincerely,

Br. Lake Herman  
Chaplain



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## Capuchin Outreach Program - College COP 2012 — APPLICATION

*Please Print Clearly or Type – Thank You*

Name: \_\_\_\_\_  
Last First Middle Initial Name Tag Name

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If you will be home on break, please provide us with your home address:

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
(Area code) Number *Please make zeros and the letter O, ones & the letter 'L' distinguishable*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_; F \_\_\_

School: \_\_\_\_\_ Parish: \_\_\_\_\_

Have you participated in the Capuchin Appalachian Mission Program? \_\_\_\_\_ What year(s)? \_\_\_\_\_

Have you participated in the Capuchin Outreach Program (COP) before? \_\_\_\_\_ What year(s)? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Emergency Contact Information & for those under eighteen (18) years of age parent signature required:**

Parents/Guardians: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please Check: Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

In order of preference please number the service sites. (This is no guarantee but just a guide to help us place you.) *Please indicate if there is a site that you have done in the past with a "P".*

- \_\_\_\_\_ Soup Kitchen and/or Drop in Center
- \_\_\_\_\_ Nursing Home
- \_\_\_\_\_ Rosary Hill - Visiting People Living with Cancer.
- \_\_\_\_\_ Manual Labor
- \_\_\_\_\_ Special Education Preschool
- \_\_\_\_\_ Place Me Wherever Needed
- \_\_\_\_\_ Graymoor – Drug Rehab (behind the scene support)



College COP Application 2012, Page 2

\_\_\_\_\_ **MUSIC MINISTRY** is a vital part of our program. Would you like to be part of it as a musician or singer? What instrument do you play? \_\_\_\_\_

In the space below, explain why you would like to participate in this program and what goals, if any, you have for participating in the Capuchin Outreach Program, College COP 2012.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Video/Photo Release:**

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth & Family Ministry or anyone authorized by Capuchin Youth & Family Ministry, of any and all video & photographs of myself taken at any CYFM events for any publicity purposes, without compensation. CYFM reserves the right to use these photographs in any of its print or electronic publications. All video & images – electronic or negatives and positives, together with the prints – are owned by CYFM.

**Application and Deposit of \$85.00 is due by: December 6<sup>th</sup>, 2011.** Incomplete applications will be returned.

Include the following for a complete application:

- 1) Completed Application Form
- 2) Completed Medical Release & Health Forms (Signed by Applicant & Parents of applicants under 18 years)
- 3) Completed Waiver & Release Form (Signed by Applicant & Parents of applicants under 18 years)
- 4) Copy of your Medical Insurance Card (Both Sides)
- 5) \$85.00 Non-Refundable Deposit (Check payable to CYFM)
- 6) Companions in Service sheet

**Only fully complete applications with deposit will be accepted. Incomplete applications will be returned to the applicant for another chance at completion.**

Applicant's Name Printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_

Please do not write below this line – for office use only.

Date Received: \_\_\_\_\_ Deposit: \_\_\_\_\_ Second Payment: \_\_\_\_\_ Full Payment: \_\_\_\_\_

Health Form: \_\_\_\_\_ Processed by: \_\_\_\_\_ Acceptance letter sent: \_\_\_\_\_



# CAPUCHIN YOUTH & FAMILY MINISTRIES

## Capuchin Outreach Program, College COP 2012



### HEALTH FORM

PLEASE PRINT CLEARLY

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

**Emergency Contacts (Please list two):**

Name: \_\_\_\_\_

Phone Numbers Day: \_\_\_\_\_ Night: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers Day: \_\_\_\_\_ Night: \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_ and/or Medical ID # \_\_\_\_\_

**Have or are you subject to any of the following (Check if YES)**     Yes     No

Asthma     Fainting spells     Convulsions     Diabetes     Heart trouble     Bleeding disorder

Allergy to any medication, food, plant, animal or insect toxin.

Please specify \_\_\_\_\_

Any condition that may require special care, medication, or diet.

Please specify \_\_\_\_\_

Check here if none of the above applies.

**Have difficulty with (Check if YES):**     Yes     No

Digestion                       Lungs                       Eyes, ears, nose throat.

Specify \_\_\_\_\_

List any conditions now requiring regular medication: \_\_\_\_\_

Name of medication \_\_\_\_\_

Explain any restriction of activity for Medical Reasons?

\_\_\_\_\_



**College COP Health Form, Page 2**

**Immunizations: Date of last inoculation:**

Tetanus toxoid: \_\_\_\_\_ Polio: \_\_\_\_\_ Mumps: \_\_\_\_\_ Diphtheria: \_\_\_\_\_

Measles: \_\_\_\_\_ Rubella: \_\_\_\_\_ Pertussis: \_\_\_\_\_ PPD Test: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Authorization** for applicants under the age of 18 years: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my daughter/son.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian

Home Phone Number: \_\_\_\_\_ Business/Day Phone: \_\_\_\_\_



**Capuchin Youth & Family Ministries  
CAPUCHIN OUTREACH PROGRAM  
COLLEGE COP 2012**

**MEDICAL RELEASE FORM FOR**

I, \_\_\_\_\_, an applicant for the Capuchin Outreach Program College COP 2012, hereby waive, renounce, and release on behalf of myself all claims of whatever nature against the Capuchin Youth & Family Ministries (CYFM) or any adult leader, for any injury, accident, or expense resulting from any cause whatsoever.

I hereby grant the adult leaders full authority to take whatever action they consider to be warranted under the circumstances regarding my health and safety and I fully release each of them for any liability for such actions taken on my behalf. This authority will permit the adult leaders, at their discretion, to place me at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment.

I agree that the CYFM staff has the right to enforce rules of conduct, and I am willing to abide by them at all times.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

-----  
**Parents' authorization** for applicants under the age of 18 years:

**I hereby certify that I am the parent or guardian of the applicant named above; that I have read this release form; that I join in the release without reservation, granting my full consent to all actions provided for; and further agree to hold blameless CYFM, against any and all claims on behalf of the applicant.**

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**



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Capuchin Outreach Program, College COP 2012

*WAIVER & RELEASE OF ALL CLAIMS*

**Please read this form carefully.**

Clearly **PRINT** Participant's Name: \_\_\_\_\_

I/We, recognize and acknowledge that there are certain risks of physical injury inherent in my activities while participating in the Capuchin-Franciscan Outreach Program, College COP 2012 in Garrison, NY and the lower Hudson River Valley. I/We agree to assume the full risk of any injuries, including death, damages or loss which I/We may sustain as a result of participating in any and all activities connected with this program, which runs from 4:00 pm Monday, January 2<sup>nd</sup>, 2012 through 5:00 pm Friday, January 6<sup>th</sup>, 2012 inclusive.

I agree to waive and relinquish all claims I may have against Capuchin Youth & Family Ministries/Province of St. Mary of the Capuchin Order, and its officers, agents, servants, employees and volunteers as a result of my participation in this program.

I further agree to indemnify, hold harmless and defend Capuchin Youth & Family Ministries Province of St. Mary of the Capuchin Order, its servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities during my participation in this program.

I/We have read and fully understand this **WAIVER AND RELEASE OF ALL CLAIMS** form:

\_\_\_\_\_  
 Signature of Participant Date

\_\_\_\_\_  
 Parent/Guardian's Signature (if participant is under 18 years old)

\_\_\_\_\_  
 Printed Name of Witness Witness Signature

# *Capuchin Outreach Program*

## *An Overview of the 2012 Capuchin Outreach Program*

### **Q. What is the Capuchin Outreach Program?**

**A.** The **Capuchin Outreach Program** is a weeklong service experience for a team of youth and adults. The primary goal is to offer the participants an experience of living in an intentional Christian community and thus experience the Gospel in a powerful and perhaps new way. The program promotes the personal and spiritual growth of the participants through prayer, study, living together in community, and service to the needy. It also provides participants with opportunities to become more aware of the reality of the disadvantaged in our society and how we as Christians are called to respond.

### **Q. Who sponsors the program?**

**A.** The Capuchin Outreach Program is sponsored and directed by Capuchin Youth & Family Ministries (CYFM), a ministry of the Capuchin Franciscan Province of St. Mary. This is our 15<sup>th</sup> year sponsoring the program.

### **Q. Where will the community stay and what work will they do?**

**A. Lodging** –During the week of our service, we will live at our Retreat Center in Garrison.

**Work** – Each day members of our community will go out to the surrounding area to engage in service. We will work at eight different locations including two soup kitchens, one in Poughkeepsie and one in Newburgh; a cancer hospital, dedicated to the poor who are terminally ill; Habitat for Humanity in Newburgh; two nursing homes, one in Fishkill, one in Cortland Manor; a drop in center for the needy in Newburgh run by Newburgh Ministries and ARC in Rockland County who service persons with developmental disabilities.

### **Q. What will community members do when they're not directly involved in service?**

**A.** Back at our "home site," participants will take part in theological reflection, educational, worship and recreational activities. This experience is designed to foster the experience of Gospel community and provides the participants with the opportunity to learn, serve, relax, enjoy, and grow together.

### **Q. Where does money donated for the Capuchin Outreach Project go?**

**A.** Your donation helps make up the difference in the cost of our food, housing, and transportation (gas, and rental of some vehicles) that is not covered by our registration fee. Part of the money our sponsors give also goes to CYFM to cover its cost in providing this program so it can continue this and the many other programs it offers for young people and their families.



**Attention College Capuchin Outreach Program Participant:**

Please list the names of at least 10 people to whom **you will send a** letter to asking them to financially support you as a Companion in Service during your week of service in the College Capuchin Outreach Program. This list must be returned with your application materials. Companions in Service donations help to offset the cost of our program. With your acceptance, we will send you a sample form letter that you can personalize and send to your Companions at that time.

Again, our goal is to have a minimum of 10 names per participant. Feel free to use the backside of this page if you go beyond 10 names. We encourage you to request support from as many as possible. Be sure to include the way you would address the person in a letter.

**In filling out this application you are committing to sending out letters to the following people:**

Participants Name: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_