

American Special Children's Pilgrimage Group

PO Box 633, Bergenfield NJ 07621 * ascpg1@gmail.com * www.ascpg-lourdes.org

YOUTH GROUP APPLICATION – 2023 PILGRIMAGE

rev 7/22

Our ASCPG pilgrimage to Lourdes is back after a pandemic break, and you're invited to join us. Members of our Youth Group serve as companions for young people with special needs – our pilgrims – as well as additional hands for our adult volunteers. It's a year-long commitment as we build our team, get to know our fellow travelers, and raise funds for the trip... but it's a lifetime of memories and friendships!

Here's what you need to know BEFORE completing the attached application (keep this page).

Pilgrimage dates: April 8-15, 2023

Who can apply: Students entering Grades 9-12 in 2022-23

Cost: \$1200 per person – \$100 deposit due September 15, with balance due December 15 (NOTE: All Youth Group members must also commit to fundraising to offset the balance of the trip)

Application dates: **Completed applications are due to Ellen Solinas or Rosemarie Flood NO LATER THAN Wednesday 8/31/22.** These additional items can be submitted with your application OR by the due date indicated:

Additional items required for travel	due date
Universal Health Form or School Physical Form for 2022-23	Sept 15
Recent list of immunizations, from your primary care doctor	Sept 15
Copy of Covid-19 vaccine card ** all travelers must be fully vaccinated: initial dose(s) + one booster	Dec 15
Copy of your health insurance card, front and back	Dec 15
Copy of first page of your passport (expiration date must be after 10/17/23)	Dec 15
\$100 non-refundable deposit (checks payable to <i>ASCPG Youth Group</i>)	Sept 15

Notification date: On **Tuesday, September 6**, applicants will be notified of acceptance by email.

- If we have more applicants than spots, freshmen and sophomores may be deferred until Easter 2024.
- All accepted applicants will receive a trip information packet on September 6.

For more information: ascpgyouthgroup@gmail.com

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LOURDES 2023 YOUTH GROUP APPLICATION – due 8/31/22

Additional items required:	Due Date	Attached	Will submit by due date
Universal Health Form or School Physical Form for 2022-23	Sept 15		
Recent list of immunizations, from your primary care doctor	Sept 15		
Copy of Covid vaccine card, indicating initial dose(s) + one booster ** all travelers must be fully vaccinated against Covid-19 to participate	Dec 15		
Copy of your health insurance card, front and back	Dec 15		
Copy of first page of your passport (exp. date must be after 10/17/23)	Dec 15		
\$100 deposit (checks payable to <i>ASCPG Youth Group</i>)	Sept 15		

Tell us about yourself:

Full name			
Nickname	Male or female	Date of birth	
How did you hear about this trip?			
Address			
City	State	Zip	
Email address			T-Shirt size:
Cell number (if you have one)			
High School	Grade		
What are some of your hobbies and interests?			
Do you play a musical instrument? If so, what?			

MOTHER:	FATHER:
Address	Address
Phone	Phone
Email	Email
EMERGENCY contact (name and phone)	
Name of legal guardian, if applicable	

Do you have a passport?	Country of origin
EXACT name on passport	
Passport #	Expiration date

Please answer these additional questions:	YES	NO
All travelers must be fully vaccinated against Covid-19 to participate in this pilgrimage. Are you fully vaccinated (initial vaccination + 1 booster) OR plan to be by December 15?		
Are you in good mental and emotional health?		
Do you abuse alcohol or drugs (illegal, legal or prescription drugs)?		
In the past 5 years, have you had a medical, emotional or psychological condition that could affect your ability or suitability to serve people with special needs?		
Do you commit to fully participating in all activities, meetings and fundraisers for the 2023 pilgrimage to Lourdes?		
Is there anything you would like to explain or share with us? If so, use the space below.		

Youth Group Volunteer Consent & Waiver – 2023 Pilgrimage

Please read carefully, and initial each section to convey your understanding and agreement.

YOUTH GROUP APPLICANTS AND PARENTS:

____/____ We understand that the American Special Children’s Pilgrimage Group (ASCPG) must have a complete picture of an applicant to make an informed decision about acceptance for the pilgrimage. We testify that all information in this application is true, and that we have added information that pertains to his/her health and background. He/she is suitable in every way to perform the duties of a Lourdes volunteer.

____/____ If accepted for the trip, we will submit all information and forms as indicated in this application.

____/____.If accepted for this trip, we will inform the Group Leaders about any changes about this applicant’s health and/or suitability for the pilgrimage, between today’s date and the trip to Lourdes.

____/____ **DRUG & ALCOHOL POLICY:** We understand that Youth group members will not possess or consume alcohol or drugs, under any circumstances, prior to or during all ASCPG events and the pilgrimage itself. Failure to comply will result in immediate disqualification from the trip.

____/____ Optional: If accepted for this trip, we give permission for the applicant’s photo and image to be used for publicity purposes (ASCPG brochures, ASCPG website and ASCPG-run social media accounts).

YOUTH GROUP PARENT(S) ONLY:

____ I/We agree to give all prescription and over-the-counter medication to the Group Nurse prior to the trip. I/We understand that if my child requires a visit to the hospital emergency room or hospital admission, ASCPG medical personnel will remain with him/her at all times, 24 hours a day, including overnight at a hospital or other medical facility, until a parent/guardian is able to be in attendance.

____ I/We understand that if our child does not comply with the Drug & Alcohol Policy while in Lourdes, we may be required to travel to Lourdes to bring him/her home, at our expense.

____ By signing this consent, I/we waive ASCPG of any and all liability regarding any and all illness, accident or fatality arising from this trip.

By signing here, we acknowledge that we fully comprehend the above.

PRINT applicant’s full name	
Applicant’s signature	Date
PRINT Parent/Guardian Name	
Parent/Guardian signature	Date

ASCPG Youth Group Medical Form – 2023 Pilgrimage

Applicants complete pages 5-6, and physicians sign and seal the bottom of page 6.

READ THIS: The responsibility of caring for mentally and physically disabled youth can be exhausting. This pilgrimage is physically and emotionally demanding, even if you are not directly caring for a special needs pilgrim. All of the young people in our care have special needs, and require 100% of our efforts. To ensure that their needs are met, we must be certain that each volunteer traveling to Lourdes with ASCPG is physically and mentally capable of such a demanding week. To this end, every volunteer must provide the following medical information. Be assured that this information will remain confidential, and will be shared only with the ASCPG Medical Staff and Group Leaders. Thank you!

Full name _____ Date of birth _____

Do you have medical insurance?	Name of company
Policy	Name of policy holder
Do you anticipate a change in insurance between now and the date of departure?	

List ALL doctors who regularly treat you	Address	Phone number	Type of doctor
			PRIMARY CARE

Current prescription & OTC medications	Dosage	Reason prescribed

List ALL current medical and physical conditions	
List ALL current developmental issues	
List ALL current psychological issues	
Significant past medical history	Is there surgery planned? If yes, explain.
Significant past surgical history	
Is there anything else you would like to share?	

Parent/Guardian Name (print)	Date
Signature	

FOR YOUR PHYSICIAN to sign and seal:

I understand that my patient is applying to volunteer with special needs young people for one week in Lourdes, France. To the best of my knowledge, the information he/she provided on this form is true.

Signature _____

Stamp:

Print name _____

Address: _____

Phone _____ Date _____