



April 2024

Thank you for your interest in our 2024 Missionary of Charity Work Camp, which will be June 16-19th.

We ask that as you consider Work Camp, that you are able to commit to the entire Camp and all the activities associated with our program. Participants numbers will be limited. Those being able to commit to the camp fulltime will be given priority over anyone only able to volunteer part-time. If something comes up and you need to cancel, we need to know ASAP in order to make room for someone on the waiting list. SPOTS WILL BE FILLED BY TEENS WHO COMMIT TO ALL 3 FULL DAYS FIRST. Sign up only if you can commit to full days of service.

This year's events will begin with Orientation at Holy Spirit Church in Huntsville, June 16th at 7:00pm. Mornings begin at 7:30 am. Monday pick up is 5:30 pm. On Tuesday evening, we will go to Vision Camp for an evening cookout and swimming. (remember to bring an appropriate bathing suit and towel.) Pick up on Tuesday is at Vision Camp, 187 Oscar Webster Road SE, Huntsville, AL 35803, at 7:30pm. Wednesday, we will have Mass at 12:30pm and end with an ice cream party after our final afternoon session. Pick up will be at 6:00pm.

Please bring the following when you arrive for work camp Sunday night:

Girls: Sweet or Salty snack to share with 10-12. Boys: A Case of WATER 24+

You will receive your Work Camp T-shirt on Sunday; please plan on wearing it every day. A second shirt can be purchased for \$15.00 for the week, but must be ordered when registering for work camp.

All forms are due, Friday, May 24th.

25 Service Hours will be awarded for FULL Participation, otherwise teens will receive 3 service hours per session in attendance.

Be Prepared:

Water bottles each day, sun screen, bug repellent spray

Hat/visor/sun glasses

WORK clothes and closed-toe shoes- NO FLIP FLOPS or bathing suits on sites

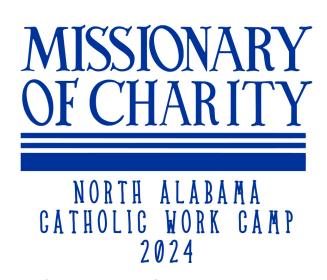
You will get dirty, wet, painted on, and stained!

Make sure your name is on EVERYTHING you bring with you each day!

I am so excited about working with you during this project! Can't wait to see what God has in store for us!

Peace and All Good! Mrs. Lai

Questions? 256-642-9508





JUNE 16th-19th, 2024

ADULT VOLUNTEER FORM

Your assistance with Work Camp is greatly appreciated. We know that schedules, siblings, and work commitments may not allow you to commit to each work day, but please sign up to help with at least one day of work camp. It is a very rewarding experience and we CANNOT do it without your help! A FULL day commitment will allow us to place you with a group of kids that you will get to know and come to love by the end of the day.

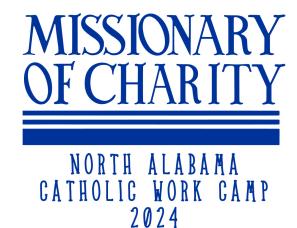
Parent Name:		Parent Emai	1:
Parents: Please sign up for as m	any as you car	n. We need as muc	h help as possible!
I can commit to helping with W	ork Camp on t	he following dates:	(circle all that apply)
GROUP LEAD/CARPOOL:	MONDAY	TUESDAY	WEDNESDAY
CARPOOL Driver To Vision Ca	ımp 5:15 depar	ture from Holy S	oirit
MY CAR CAN TRANSPORT _			
T-Shirt Size (Adult): S M L	XL XXL (F	Please Circle One)	
ALL VOLUNTEERS MUST H	AVE TAKEN	DIOCESAN YOU	TH PROTECTION I
IN THE PAST 3 YEARS. THI GROUND CHECK AT: https://v			INE WITH A BACK-
Driver Information Form	Completed and	l Attached.	
Parent's Signature:		(Please fill out a	a separate form for each parent.

Diocese of Birmingham in Alabama – Form DI-2

Driver Information

The p	ourpose of this	form is to	give parish	decision	makers	knowledge	of who	is driving	children o	n
churc	h activities. A	"motor vel	hicle report'	may or	may not	t be ordered	•			

Print Clearly	
Name	Phone
I understand and agree to the followin	g rules concerning the transport of minors:
All drivers must:	
• Be at least 21 years old	
• Have a current and valid driver license	(issued within the United State)
• Have passed a current diocesan backgro	ound check
• Obey all applicable traffic laws	
• Enforce a "non-smoking" policy inside	the vehicle while transporting minors
• Abstain from the use of a cell phone or	other communication device while operating the vehicle
	es which may impair judgment or the ability to safely operated clude at least six hours before driving through time of arrival
All vehicles must:	
• Be currently registered with a state	
• Have an appropriate seat and seatbelt for	or each passenger
• Be in good operating condition with all	safety equipment functioning properly
• Have current vehicle liability insurance	
I have not been convicted of driving under	er the influence or reckless driving during the past five years
• •	ingham to secure a report on my past driving record. I under- be transmitted to an outside company or agency to get the re-
Signature	Date
Driver License Number	State of Issue
Date of Birth	



RETURN THIS SHEET



Sunday, June 16th through Wednesday, June 19th, 2024

Cost: \$60.00 Upcoming 9th-Graduating 12th Graders Due Date: May 24, 2024 Holy Spirit Parish

Student Name:	
Student Email:	_ Student's Cell:
Parent Email:	_ Parent's Cell:
Home Parish:	School:
Entering Grade: Age:	
T-Shirt Size (Adult): S M L XL XX	XL (Please Circle One)
I am including \$15.00 (total	\$75) for an extra work camp shirt.
Please Note: Teens may not drive to work	k sites.
Teens will be grouped with teens from ot	her area parishes and will serve our community
in a variety of ways.	
Teens should BE PREPARED FOR THE	HEAT. Everyone on a work site must wear
closed-toed shoes for all activities.	
I understand that adult support is necess	sary to make work camp possible, and will try to
help in some way. Please complete the ad	lult volunteer form attached.
D	
Parent's Signature:	

RETURN THIS SHEET





Media Release and Authorization (Form PR-1)

I understand that by signing this Media Release and Authorization I hereby grant authority to Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers for the use of any videos, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service or promotional announcements.

I also hereby release Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers from any claims that may be made by me based upon use of this material.

This Release and Authorization form is for media interviews, video recording, and photography, web-posting or similar items used publicly (including parish or school bulletin boards, mailings, web-pages and other publications)

 Participating Teen Name (Print)
 Parent / Guardian Name (Print)
 Parent/Guardian Signature
 _ Date

Diocese of Birmingham in Alabama – Form CH-2 Parental/Guardian Consent Form and Liability Waiver

RETURN THIS SHEET

Type or Print Clearly All Information				
Child	Sex	Birthdate_		
Parent(s)/Guardian(s)				
Home Address	City	State	Zip	
Home Phone ()	Other Phone ()		
I, (name of parent or guardian)	, reque	st that my child	(name of child)	
participa	ate in this parish youth ever	nt. This activity	will take place und	der the guidance and
direction of personnel from Holy Spiri	t Catholic Church .			
A brief description of the activity follows:				
Date of event/activity: Sunday June	16, 2024, through Wednes	day June 19, 202	24—Work Camp 2	2024
Type of event/activity: Orientation 9	Sunday, June 16th and Co	mmunity Service	e daily June 17, 18	3, and June 19.
Destination of event/activity: Vario	us work sites throughout I	Madison County	,	
Name and Location of overnight lodgi	ng (if applicable): Youth Re	oom, Holy Spirit	Church	
Individual in charge of and responsibl	e: Lori Lai, (HS)			
Estimated time of departure and retu	rn:Varies: 7:30am-9:00pm	times subject	to change	
Mode of Transportation: Parent/Adu	ı lt Vehicles Cost	: \$60.00		
Additional Information: See Attached	l list of items children shou	ıld bring.		
I do hereby further give consent for all emergency attending physicians) prescribed by a duly licensed activity. This emergency medical care may be give there exist, so as to preserve and protect the life, I	I physician for my child in the n under whatever conditions	event of injury or are deemed neces	illness to my child d	luring the above named
In consideration of the school allowing my child to and defend the owner and driver of the private more Bishop of Birmingham in Alabama, a corporation so claims, demands, actions, and causes of action, ari by my child during the course of any said activities not said claim, demand, action or suit is based on, conduct of any of The Indemnities.	otor vehicle, the parish, the pa ole, and in said bishop's indivi sing out of or in any way pert , and including emergency me	estor, and staff me dual capacity, and aining to any bodi edical and/or surgi	embers and all school If their respective su Iy injury or illness, in ical treatment for m	ol personnel, and the accessors in office, from all ncluding death, incurred ny child and whether or
		Parent sign Initials	s here	
This indemnity applies, in all events, to the extent forceable liability insurance available to The Indem risks and hazards incidental to or attendant with m I request that in the event of any medical or other child's other parent is readily available to be contaity to speak for me with respect to the emergency	nnities, or when the amount on my child's participation in the a emergency involving my child acted by phone, that the adult	f liability exceeds bove named actived during the above	the said insurance prity, and in each pha named event, whe	policy limits. I assume all asse of it. n neither myself or the
Alternate Contact:	Rela	tionship		
Phone(s) of Alternate				
Signature(s) of Parent/Guardian:				

9Form CH-2 10/2004

RETURN THIS SHEET

Name:	

Family Physician:	Phone:
Allergic Reactions: (medications, foods, plants, insects,	etc.)
Date of Last Tetanus:	
Special Dietary Considerations:	
Physical Limitations:	
Please list any special medical or psychological condition	ons regarding participant:
Optional:	
My child is taking medication at present. My child wi said medications will be well, and carefully labeled with	
Signature of Parent/Guardian:	
Optional Instructions:	
Do not give non-prescription medication of any kind to	o my child without my express permission.
Exceptions:	
Signature of Parent/Guardian:	
I hereby give consent for all emergency medical care (including sulicensed physician and diocesan or parish representative) prescrib event of injury or illness to my child during the above named activity whatever conditions are deemed necessary, or whatever conditions protect the life, limb, health and well-being of my child.	bed by a duly licensed physician for my child in the ty. This emergency medical care may be given under
Parent/Guardian Signature(s):	Date:

To be signed by custodial parent