La Salle College High School

2018 Junior Summer Service Immersion Application

Instructions

*** Due in Campus Ministry no later than **Wednesday, November 15, 2017***

Thank you for your interest in La Salle’s Junior Summer Service Immersion program.

Please complete the application in its entirety, and please print legibly. Incomplete Applications will be returned.

Given the limited number of available slots for each individual trip and the overall program, please ensure that you prioritize as many trips as possible.

Once completed, please return the signed / completed application, medical release, and permission form to Campus Ministry, along with your deposit of $300, no later than Wednesday, November 15, 2017. Deposit checks will not be processed until after the final selection of trip participants.

Your application will be reviewed by several members of the faculty and administration. Trip placement decisions will be based on the collective recommendations of those reading the application, as well as your teacher recommendation (form included in packet).

- Please give one copy of the Teacher Recommendation Form to TWO teachers whom you believe knows you well enough to vouch for your character, not your academic capabilities.
- If you participated in the 2017 Urban Immersion Program, one of the teachers must be an adult chaperone from your trip.
- Teachers will return the form directly to Campus Ministry – you do not need to hold your application, waiting for the return of this piece.

If you are not selected for the 2018 program, your deposit will be returned. Also, if you are not selected and would like to be placed on a waiting list, please contact Mr. Dominick with your request, either in person or via email.

For more information please visit [www.lschs.org/summerservice](http://www.lschs.org/summerservice), or contact Mr. Dominick (dominickm@lschs.org).
La Salle College High School

2018 Summer Service Immersion Application

*** Due in Campus Ministry no later than Wednesday, November 15, 2017 ***

Contact Information – Please Complete ALL Information
Legal Name ____________________________________________ HR __________ Student ID # __________
Address _____________________________________________ DOB __________________________
Home Phone __________________ Email (school issued) ________________________________
Parish ________________________________________________

Trip Preference and Availability: Please rank [1,2,3, etc...] your preference for any of the trips listed below based on your interest and availability.

### 2018 Junior Summer Service Trips

<table>
<thead>
<tr>
<th>Trip</th>
<th>Dates</th>
<th># Participants</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appalachia, WV</td>
<td>Sun June 3 - Sat June 9, 2018</td>
<td>15</td>
<td>________</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Sun June 3 - Sat June 9, 2018</td>
<td>12</td>
<td>________</td>
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<tr>
<td>Chicago</td>
<td>Sun June 3 – Sat June 9, 2018</td>
<td>12</td>
<td>________</td>
</tr>
<tr>
<td>Ireland</td>
<td>Sun June 3 – Tues June 12, 2018</td>
<td>12</td>
<td>________</td>
</tr>
<tr>
<td>Coachella</td>
<td>Sat June 9 – Sat June 16, 2018</td>
<td>12</td>
<td>________</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Sun June 10 - Sat June 16, 2018</td>
<td>12</td>
<td>________</td>
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<tr>
<td>Memphis</td>
<td>Sun June 10 – Sat June 16, 2018</td>
<td>12</td>
<td>________</td>
</tr>
<tr>
<td>Navajo Nation</td>
<td>Sun June 17 - Sat June 23, 2018</td>
<td>12</td>
<td>________</td>
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<tr>
<td>Bronx, NYC</td>
<td>Sun June 17 - Fri June 22, 2018</td>
<td>12</td>
<td>________</td>
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<tr>
<td>St. Lucia</td>
<td>Fri June 22 – Sat. June 30, 2018</td>
<td>11</td>
<td>________</td>
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<tr>
<td>Blackfeet (MT)</td>
<td>Sun June 24 - Sat. June 30, 2018</td>
<td>12</td>
<td>________</td>
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<tr>
<td>Bolivia</td>
<td>Sun July 8 – Sat July 21, 2018</td>
<td>15</td>
<td>________</td>
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The Cost of each trip varies. Please visit www.lschs.org/summerservice for individual costs and more detailed overview of the trip.
Extracurricular Activities (Please list any involvement both at La Salle and outside of school with any jobs, sports teams, clubs, etc...)

Community Service Experience (Please list any involvement at La Salle and outside of school)

Did You participate in the 2017 Urban Immersion Program? ________

If yes, which Week? ________________  Adult Leader ________________
Essay (Please answer the following in the space provided or on an additional sheet of paper)

Why do you want to participate in a summer service immersion trip? What do you hope to gain from this experience? What do you hope to contribute?
LA SALLE COLLEGE HIGH SCHOOL SUMMER SERVICE PROGRAM

MEDICAL INFORMATION & LIABILITY RELEASE

Please print and complete all areas.

Name _________________________________________________   Birth Date ____________________

First Initial Last

Address ______________________________________________________________________________

Street City State Zip

Home Phone _______________________________   Cell Phone________________________________

EMERGENCY TELEPHONE NUMBERS:
Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian:  Cell ____________________________   Work __________________________

Emergency Contact:  Name ____________________________   Phone _______________________

MEDICAL INSURANCE CARRIER:
Parent/Guardian’s Insurance Group Name _________________________________________________

Insurance Group Number________________________________________________________________

MEDICAL INFORMATION:

- Family physician’s Name _____________________________ Phone ________________________
- Date of last tetanus shot: __________________________
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:
  - Food ________________________________ Drug __________________________
  - Animal ____________________________ Other __________________________
- Limitations of which we should be aware: __________________________
- My child requires the following medicine: __________________________ Frequency __________
  - Please List ALL Medications that your son will have in his possession
  - My child has permission to be given Tylenol or Ibuprofen if they request it.
    - Yes           No

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child’s well-being. I hereby agree to indemnify and hold harmless LaSalle College High School and its officers, employees, and volunteer staff from any liability.

_________________________________________ Date ____________________

Signature of Parent or Legal Guardian
La Salle College High School
Field Trip/School Event Medication Administration Consent Form

The administration of medication to students on school trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non-prescription medication. Your son or a La Salle College High School faculty/staff member will be responsible for storing and administering medication on the trip.

Prescribed medications (prescription, herbal and dietary supplements alike) ordered by a physician and non-prescription over-the-counter medications which are essential for the student to take during and/or after school hours while attending a school-sponsored event (field trip, retreat, service project, athletic or academic events) shall be given according to the following instructions. All prescribed and nonprescription medications shall be kept in an approved location or with an adult who is a La Salle College High School employee on a field trip unless the student has permission to carry emergency medication. Prescription medication must have a pharmacy label affixed that includes the child’s name; herbal/dietary supplements and non-prescription over-the-counter medications must be in the original container and marked with the student’s name. No more than the necessary quantity of medicine required for the event/field trip may be sent. All unauthorized medications will be confiscated and the student in violation will be liable for disciplinary action. This form may be faxed or handed in to the Dean of Students Office. Please refer to the school’s medication policy and procedures for more detailed information.

Name of Student: ___________________________ Homeroom: ________
Name of Medication: ___________________________ Dosage: __________
Time(s) administered: ___________________________

Please note any potential reactions or side effects the child might have to this medication:

Name of Medication: ___________________________ Dosage: __________
Time(s) administered: ___________________________

Please note any potential reactions or side effects the child might have to this medication:

This student is capable and responsible for self-administering medication: (Circle No or Yes)

No – Adult storage and administration requested  Yes – I permit my child to self-administer

_________________________ __________________________
Parent Signature & Parent Phone Number  Date

Name of Physician ___________________________ Phone: __________
Permission Form

Applicants Name ____________________________________________________________ has my permission to apply for a summer service immersion trip sponsored by La Salle College High School. I understand that a $300.00 participation fee is required as part of this application. This fee only covers a fraction of the total cost of the trip. If he is not selected, the $300.00 will be returned immediately.

If selected, the participation fee will be non-refundable since it will be used to secure transportation/housing. In addition, should the participant need to withdraw from the program at any time prior to the trip, I understand and agree that all donations secured to that point will also be non-refundable, and will be applied to the cost of the trip to cover other fixed costs.

Also, he will be required to attend several meetings throughout the school year leading up to the trip. He will also be required to raise money through a fundraising campaign. If he chooses not to participate in the fundraising campaign, the difference between the participation fee and total cost of trip will be the responsibility of him and/or his parents.

We understand that we are expected to participate in the mandatory parent and student Summer Service Administrative Meeting on Tuesday January 23, 2018, as well as the Summer Service Commissioning Service / Final Parent & Student trip meetings on Tuesday May 8, 2018. Please mark these dates on your calendar.

In addition, he will be required to follow all applicable rules and regulations as stipulated in the La Salle College High School handbook leading up to and while attending the trip, as well as those outlined in the Code of Conduct below. I also understand that there may be periods of free time when my son is not fully under the direct supervision of a La Salle chaperone. If there are any serious infractions while on the trip, I understand that my son may be required to return home prior to the end of the trip at my expense.

Code of Conduct:

1. At all times, students represent La Salle College High School and his family. They are expected to be “men of respect and integrity.”

2. Students must adhere to curfew set by adult chaperones.

3. No one is to leave the grounds at any time for any reason. There is a curfew in effect, and students will be picked up by the police if they are found on the road.
4. La Salle students are not permitted in any areas except for those that the school has contracted to use.

5. We are guests of the sponsoring organization. Please have respect for the facilities. Any form of vandalism will require payment for any damage by the students involved in the incident. In addition, these students will be subject to disciplinary action by the school.

6. Rowdy games and activities are for outside. Whatever is broken as a result of such actions will be paid for by the students involved.

7. NO DRUGS, ALCOHOLIC BEVERAGES, CIGARETTES, OR OTHER QUESTIONABLE SUBSTANCES ARE PERMITTED. They have no place on the service trip and will not be tolerated. Any student who is in procession of or is using drugs, alcohol, cigarettes, or other questionable substances – or who is present in a group using any of these -- will be subject to being sent home, at the expense of his parents, and will be subject to disciplinary action by the school.

I, the undersigned, have read these regulations and agree to abide by them during the summer service immersion trips. I understand that not signing will prevent me from attending the trip.

____________________________________________
Student Applicant (Print Name & Sign)

____________________________________________
Parent / Guardian (Signature)
Summer Service Immersion Teacher Recommendation 1

*** Please return directly to campus ministry by Friday, November 17, 2017

Applicants Name

Dear Faculty/Staff Member: Please answer the following in the space provided or attach on a separate sheet. When completed, please return to Campus Ministry.

1.) How long have you known the applicant and in what capacity?

2.) **Compared to other students**, how would you rate the applicant:

<table>
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<tr>
<th></th>
<th>Recommend w/Reservations (see below)</th>
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3.) Would you have any reservations or concerns with taking this student on a trip of this nature?

4.) Anything else you believe would be beneficial to know about this student?

Teacher’s Signature

Teacher’s Name
Summer Service Immersion Teacher Recommendation 2  
(Urban Immersion Chaperone – if applicable)  

*** Please return directly to campus ministry by Friday, November 17, 2017

Applicants Name _____________________________________________________________

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