

La Salle College High School

2019 Junior Summer Service Immersion Application

Instructions

***** Due in Campus Ministry no later than Wednesday, November 14, 2018 *****

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 14, 2018. 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 2018 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 2019 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, or contact Mr. Dominick (dominickm@lschs.org).

La Salle College High School
2019 Summer Service Immersion Application

*** Due in Campus Ministry no later than **Wednesday, November 14, 2018*****

Contact Information – Please Complete ALL Information – INCOMPLETE APPLICATIONS WILL BE RETURNED

Legal Name _____ HR _____ Student ID # _____

Address _____ DOB _____

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.

2019 Junior Summer Service Trips

Trip	Dates	# Participants	Priority
Appalachia, WV	Sun June 2 - Sat June 8, 2019	15	_____
Puerto Rico 1	Sun June 2 - Mon June 10, 2019	12	_____
Chicago	Sun June 2 – Sat June 8, 2019	12	_____
Naples, Italy	Fri June 7 – Sun June 16, 2019	12	_____
Puerto Rico 2	Fri June 7 – Sat June 15, 2019	12	_____
Coachella	Sat June 8 – Sat June 15, 2019	12	_____
Navajo Nation 1	Sun June 9 - Sat June 15, 2019	12	_____
Memphis	Sun June 9 – Sat June 15, 2019	12	_____
Navajo Nation 2	Sun June 16- Sat June 22, 2019	12	_____
Bronx, NYC	Sun June 16 - Fri June 21, 2019	12	_____
St. Lucia	Fri June 21 – Sat. June 29, 2019	11	_____
Blackfeet (MT)	Sat June 22 - Sat. June 29, 2019	12	_____
SFO/Bay Area	Sat June 22 – Sat June 29, 2019	12	_____
Bolivia	Sun July 7 – Sat July 20, 2019	14	_____
St. Louis	Sun July 28 – Sat Aug 3, 2019	12	_____

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 Indicate which weekly service programs in which you participate on a **REGULAR** Basis. Also, list any involvement at La Salle and outside of school)

____ Elder Share ____ Visitation BVM Tutoring ____ Homeless Outreach
____ Triest House ____ La Salle Academy Tutoring ____ Ministry & Service Team
____ Other (Outside of La Salle) – Please List

Did You participate in the 2017 Urban Immersion Program? _____

If yes, which Week? _____ Adult Leader _____

Names of Teachers to Whom you will be giving your Recommendation Requests:

1. _____
2. _____

Essay (Using the three question prompt below, Please Type your essay on a separate sheet of paper and attach it to your application. 12 Font, Single Spaced)

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.

Signature of Parent or Legal Guardian Date _____

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: _____

La Salle College High School
Summer Service Programs
Permission Form and Code of Conduct Acknowledgment

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 22, 2019, as well as the Summer Service Commissioning Service / Final Parent & Student trip meetings on Tuesday May 7, 2019. 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 possession 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

**** Teacher: Please return directly to campus ministry by Friday, November 16, 2018*

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:

	Recommend w/Reservations (see below)	Below Average (see below)	Average	Above Average	Excellent Top 5%-10%	Outstanding / One of the Top Few
Maturity						
Personal Integrity						
Exhibits Lasallian Values						
Work Ethic						

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)

**** Teacher: Please return directly to campus ministry by Friday, November 16, 2018*

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:

	Recommend w/Reservations (see below)	Below Average (see below)	Average	Above Average	Excellent Top 5%-10%	Outstanding / One of the Top Few
Maturity						
Personal Integrity						
Exhibits Lasallian Values						
Work Ethic						

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 _____