

Blessed Sarnelli

Community Mission Trip

Feb. 20 to 25, 2012

Philadelphia Pennsylvania

What will I be doing?

The BSC has many outreach opportunities, as well as there their facilities need maintenance. All of the projects are under adult supervision. The BSC have prided themselves that over the years they have been able to offer social justice opportunities to teens and young adults from Parishes, Schools and Colleges.

Is there a cost for this event?

There is a minimal cost of \$30 to help cover some of transportation and food costs.

Where will I be sleeping and eating?

Who Can Attend?

In order to attend this event, you must be 16 years or older.

(518) 587-3611 ext 28 or Lifeteen@scpn.org

The Blessed Sarnelli Community (BSC) is located in the Kensington section of Philadelphia. Our mission is to serve people who are poor and abandoned with the help of young adult volunteers.

From 1996 until 2006, the Redemptorists operated the Sarnelli House, located on Diamond Street in Philadelphia. There, countless people who are poor, many of whom are homeless, entered the doors for prayer and hospitality, including meals, showers, basic necessities. Serving the needs of our guests there were numerous young adults - many resident volunteers and several nonresident volunteers. These same volunteers were also involved in street outreach, whereby food/drink, clothing is taken to our friends on the streets on a weekly basis.

Over the years, the resident-volunteers have come from various parts of the US, areas of the Caribbean served by Redemptorist missions, Europe and Canada. Non residents have come from the greater Philadelphia area as well as high schools, colleges, universities, parishes throughout the country, primarily, on the east coast.

When the original Sarnelli House was closed, local volunteers decided to form a nonprofit organization to continue the good work begun on Diamond Street – hence, the birth of the Blessed Sarnelli Community. The vision is the same: young adults reaching out to people who are poor, primarily through prayer, hospitality and service.

We had hoped that the new Sarnelli House, located on Kensington Avenue, would be open in short order. However, we have working on remodeling the house for nearly three years now. There have been many delays and obstacles, yet we are now on the verge of opening the doors very soon – perhaps by mid-December.

Once we re-open the Sarnelli House, we will again offer hospitality with and for people who are poor and abandoned. In the mean time, resident volunteers live at the Hofbauer House (named for the Redemptorist Saint Clement) on Lehigh Avenue, which has become the base of our outreach mission with people on the streets. Many nonresident volunteers from the area and from outside of the city also gather here in service to people in need.

We are blessed with many people who are part of the community through prayer, presence and pennies. Much gratitude is extended to all who help with the community and ministry in any way. For more information, please visit our website (www.bscphilly.org).

Blessings to all~
Father Kevin Murray, C.Ss.R.
BSC Director

**St. Clement's Parish
Youth Ministry**

231 Lake Avenue
Saratoga Springs, NY 12866
(518) 587-3612

BSC

Registration 2012

Steps for Registering

1. Complete the following registration. And brief essay questions.
2. Drop Off or mail your Registration with \$40.
The \$40 is to help with fuel and tolls.
3. Registration is on a first come basis. We are limited to 10 teens, do not hesitate is submitting your registration.

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Blessed Sarnelli Community Mission
Registration 2012

Registration is \$40.

Teen's Name _____ Parent/Guardian Name _____

Teen's Address _____ Parent/Guardian Address _____

Teen's Home Phone _____ Parent/Guardian Home Phone _____

Teen's Cell Phone _____ Parent/Guardian Work Phone _____

Teen's Email Address _____ Parent/Guardian Cell Phone _____

Parent/Guardian Email Address _____ Date of Birth ____/____/____ School Attending n Fall 2011 _____

Teen's T-Shirt Size: _____
(This is based on Adult Sizes)

Permission for Photographs

I hereby authorize and give my consent for the taking of pictures (moving or still) of _____, and further give my permission for their reproduction for:

- | | | |
|---------------------------------|-----------|----------|
| A. Teaching purposes only | Yes _____ | No _____ |
| B. News Release | Yes _____ | No _____ |
| C. Publication | Yes _____ | No _____ |
| D. Community Awareness Programs | Yes _____ | No _____ |
| E. All of the Above | Yes _____ | No _____ |

I acknowledge and understand that group/public/generic pictures maybe used for Public Relations purposes where no personal information is provided.

Parent/Guardian Initials

Signature _____ Date ____/____/____ Relationship _____

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CONSENT / REGISTRATION FORM—PLEASE PRINT OR TYPE THIS FORM

Youth's Name

Date of Birth

School Grade

I, _____
(Parent () or Legal Guardian ()), the undersigned, give my permission for my son/daughter to attend **the Mission Trip to the Blessed Sarnelli Community, Feb. 20 through Feb. 25, 2012.**

If needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of St. Clement's and the leadership personnel of this event of all responsibility and consequences that may arise as the result of this treatment.

I will not hold St. Clement's Parish or the leadership person responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by St. Clement's Parish and the leadership personnel of the **Blessed Sarnelli Community.** I understand that neither the parish of nor the leadership personnel of the event will be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

(Signature of Parent or Guardian)

(Date)

Medical Information

Allergies:

(Required medication (please indicate dosages, frequency, etc.))

Medications Needed to be taken:

Special medical conditions:

Are There any Dietary Restrictions? [] Yes or [] No, if Yes, please list: _____

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INSURANCE INFORMATION

Insurance Carrier

Policy Number

Family Doctor

Phone Number

Date of last tetanus booster: ____/____/____

In case of emergency and I cannot be reached please notify _____.

Relationship to my son/daughter, _____, Contact Phone: _____

I will be away during that period of time but I can be reached at _____,

Address

City

State

Zip Code

Phone Number

Signature of Parent or Guardian

_____/_____/_____
Date

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

St. Clement's Parish
PARENT TRAVEL CONSENT FORM

For participation in:
Blessed Sarnelli Community Mission
Feb 20 through 25, 2012

Teenager's Name

Parent/Guardian's Name

Home Address

Home Phone Number

Alternative Phone Number

The above named teen has my consent to travel to and/or from the events/worksites participated in by this the Sarnelli Community. The mode of transportation will be the Parish passenger van. *All staff and volunteers have completed Virtus Training, completed background checks, and are known to the Parish Staff.*

I understand that the teen will be chaperoned/supervised while en-route or while participating in some activities. Students, even though off-campus, are still subject to all Parish/Youth Ministry rules and regulations when participating in Youth Ministry activities.

I understand that any teen who does not conduct himself/herself properly may be: 1. sent home at the parent's expense, 2. prohibited from participating in future activities of this organization, and 3. subjected to other appropriate disciplinary measures.

I agree to, and hereby release St. Clement's Parish and its trustees, employees, sponsors, and volunteers from all legal responsibility from liability resulting from any activities, including liability caused by or related to the negligence of your teen.

Additional medical information or comments:

This form must be signed and returned with registration in order that your teen will be permitted to participate in any off-campus activities of St. Clement.

Signature of Parent/Guardian

____/____/____
Date

**St. Clement's Parish
Youth Ministry**

**Blessed Sarnelli Community Mission 2012
Teen Code of Conduct**

I, _____
PRINT NAME CLEARLY:

Agree to respect the rights and property of others. I understand that neither vandalism or stealing will not be tolerated. Financial obligations that result from such behavior will be the sole responsibility of me and my family.

I agree to respect the adult leaders and other participants.

I agree to demonstrate Christian values by my language, actions, and behavior.

I understand that the following behavior is appropriate conduct.

- One armed side hugs
- Handshakes
- High fives and hand slapping
- Verbal praise
- Arms around shoulders
- Hold hands during prayer

I understand that the following behaviors are samples of inappropriate conduct. Please note that this list is not exhaustive.

- Kissing
- Inappropriate touching
- Verbal sarcasm
- Massages of any kind
- Any form of unwanted affection
- Compliments that relate to a youth's body.

I agree **not to** possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, firearms, or items that would endanger people, pets, wildlife, or property or any other illegal items.

I agree to dress appropriately. I understand that this prohibits short shorts, tank tops, any clothing that has any reference to tobacco or alcohol products including insignias or advertisements.

I will act as a lady or gentleman and refrain from any sexual misconduct.

I will not leave an event, unless my adult leader grants permission.

I agree that I maybe asked not to use my cell phone, radio, boom box, CD player, I Pod, MP3 player, DVD, and video game during this camp. However I will be able to use these electronics during free time and if need be to sleep at night. I will refrain from making and receiving phones calls and texts during the camp activities and service projects.

I will be open to building new relationships with my peers and adult leaders.

I understand the need to agree to the above items. I realize and agree that if I do not abide by these rules, I may lose the privilege of remaining at this activity, and may be sent home at the discretion of the adult leadership. I will be responsible for all consequences of my behavior, and any cost incurred as result of my behavior.

I, as a participant agree to abide by these guidelines.

Signature

Date

I, as the parent/guardian of this participant, agree to these guidelines and have reviewed them with my teen.

Signature

Date

St. Clement's Parish
Youth Ministry

Blessed Sarnelli Community Mission Essay

Name: _____

**Very briefly answer the following questions, if need be,
Google the questions to see relative information on the questions.**

Why do you want to and work in the BSC?

What do you expect t get out of this mission?

Where was Jesus in this mission?

WHAT TO BRING TO PHILADELPHIA

- YOUR HEART & SOUL..... AN OPENNESS TO SERVE AND NOT BE SERVED!
 - JOURNAL (IF YOU JOURNAL)
 - SPENDING MONEY FOR MEALS DURING THE TRAVELING TO AND FROM PHILADELPHIA.
 - WARM HAT
 - FLASHLIGHT AND EXTRA BATTERIES
 - WORK GLOVES
 - WARM CLOTHES (Remember it is winter and Philadelphia has had it's share of snow & cold)
 - WORK CLOTHES FOR 4 DAYS
 - *CELL PHONE IF YOU HAVE ONE*
 - *CAMERA*
 - EXTRA SHOES (SHOES SHOULD BE STURDY)
 - WINTER BOOTS & WINTER GLOVES
 - SOAP, SHAMPOO, DEODORANT, TOOTHBRUSH & PASTE, ETC.
 - *SLEEPING STUFF: AIR MATTRESS; SLEEPING BAG, PILLOW, AND BLANKET.*
 - WATER BOTTLE(S) /THERMAL COFFEE CUP WITH YOUR NAME ON IT
 - **MEDICATIONS YOU NEED TO TAKE**
-

WHAT NOT TO BRING

- PETS
 - ANY PERSONAL ELECTRONICS THAT WILL DISTRACT FROM PARTICIPATING IN THE HABITAT EXPERIENCE. HABITAT AND ST. CLEMENTS ARE NOT RESPONSIBLE FOR YOUR PERSONAL EQUIPMENT.
 - CONTRABAND: DRUGS, WEAPONS, LASER POINTERS, ETC.... WILL NOT BE TOLERATED.
-

SPECIAL NEEDS

Diet

LET US KNOW IF SPECIAL DIETS ARE NEEDED – ESPECIALLY FOOD ALLERGIES

Medications

MEDICATIONS – LET US KNOW WHAT MEDS YOU NEED TO TAKE, AND WHEN THEY NEED TO BE TAKEN.