

Youth Ministry

Junior High Summer Camp (JHSC)

August 7-11, 2017

June 16, 2017

Dear Parents,

We hope everyone is enjoying a safe and fun filled summer! Youth Ministry has planned a Junior High Summer Camp for the week of August 7th – 11th. Junior High students from St. Sebastian and St. Vincent Parishes entering the 7th and 8th grades in the fall are invited to attend and participate!

Students may pick which events or activities fit their schedules and interests. They can choose as few as one activity or participate in the entire schedule; it's up to them! This year we will have a mixture of service projects, spiritual growth events as well as social activities. We urge you to review this camp with your teen and encourage them to become involved! This is a great way to get a head start on the service hours needed for Junior High! The camp also provides an excellent opportunity for the teens to reconnect before school resumes later in August!

We look forward to another exciting week of Junior High Summer Camp!

Enclosed in this invitation are the following items that require your attention:

- JHSC Event Calendar (Please keep posted at home)

Forms to be filled out and returned:

- Permission /Consent Form
- Liability Release and Consent for Medical Treatment Form
- Parent / Adult Volunteer Form
- Cuyahoga Valley National Park Paperwork (only if volunteering)
- Akron Canton Regional Food Bank Information for registering on-line (only if volunteering and if you have NOT registered since January 1st, 2014)

If your child is interested in attending and participating, the 4 forms above need to be completed and dropped off to any of the 2 parish offices marked "Youth Ministry JHSC".

Make checks payable to: St. Vincent Church (Memo: JHSC) if attending events requiring payment. One check can be written for all activities chosen.

Deadline for Forms for the 2017 JHSC is Sunday, July 30th

Questions?

Call Cathy Sivec - St. Sebastian Parish 330-836-2233 ext. 134
Or Ellen Dies - St. Vincent 330-535-3135 ext. 101

Monday, August 7, 2017

- **Rhoda Wise House and Grotto**

No Cost

Time: 9:00 a.m. – 12:00 p.m.

We will meet at Byrider at 9:00 a.m. and travel to Rhoda Wise House and Grotto located at 2337 25th St. NE Canton, OH 44705. Set in a working class neighborhood on the outskirts of downtown Canton, the Rhoda Wise “Miracle House is a tiny ranch in a residential area of similar, nondescript dwellings. Yet what occurred in this house in the early half of the 20th century is remarkable, and has prompted the Church to begin formal investigation for the cause for Rhoda’s sainthood. The extraordinary story of Rhoda Wise and her family’s “Miracle House” recounts her apparitions of Jesus and of St. Therese of Lisieux, beginning in 1939 and continuing intermittently until her death in 1948. Miraculous healings occurred at the house, including one in 1943 when Rhoda counseled 19-year old Canton resident Rita Rizzo to pray a novena to alleviate a painful stomach ailment. Young Rita proceeded as instructed and was soon cured. Rita later entered a Franciscan order of nuns, and in time came to be known as Mother Angelica of EWTN broadcasting fame. We will visit the grotto and house and a video will also be shown examining her life.

We will NOT return to Byrider until the end of the day! Please bring a lunch that can survive in the heat and a drink. We will have a picnic lunch at the McKinley Monument Park before going to the chocolate factory.

- **Fannie May / Harry London Chocolate Tour**

No Cost

Time: 1:00 – 3:00 p.m.

We will continue our day at the Fannie Mae/ Harry London Chocolate Factory. (5353 Lauby Rd) We will tour from 1:00 – 1:45, and then visit the factory store. While there is no cost for the tour, you may want to bring some money for a special treat.

Adult drivers and volunteers are needed for the entire day!

Tuesday August 8, 2017

- **Akron Food Bank**

No Cost

Time: 9:00 a.m. - 12:00 p.m.

We will meet at Byrider at 9:00 a.m. and depart for the food bank. Be ready to work to help the hungry. Please be sure to register including volunteer drivers who plan on staying. A page with detailed instructions is attached. This information is coming directly from The Akron-Canton Regional Food Bank. Please remember to dress according to weather –warehouse setting weather outdoors indicates temperature in the warehouse! casual/comfortable/warm/cool – it’s best to dress in layers as temperatures in the warehouse fluctuate. The warehouse is not air conditioned/heated; dress accordingly - modest attire, please. **Due to safety reasons, sandals, flip-flops, and open toe shoes are not permitted in the warehouse –make sure your feet are completely covered!** Comfortable shoes are recommended as you may be on your feet the entire time! We have plenty of bottled water on hand!

Adult drivers and volunteers are needed!

- **Lunch**

Bring your own lunch including beverages. We will enjoy lunch together at Byrider Hall before leaving for bowling at 12:30 p.m. You may walk home for lunch if your parents allow it.

- **Stonehedge Bowling**

\$10.00

Time: 12:30 p.m. - 3:30 p.m.

We will meet at Byrider at 12:30 p.m. and drive to Stonehedge located at 580 East Cuyahoga Falls Ave. Akron, OH 44310 for an afternoon of fun bowling with your friends. We will have 2 hours of non-stop fun. Pizza, pop, shoes and 2 hours of bowling are included!

Adult drivers and volunteers are needed!

Wednesday, August 9, 2017

- **Cuyahoga Valley National Park**

No Cost

Time: 9:00 a.m. – 12:00 p.m.

We will meet at Byrider at 9:00 a.m. and travel to the Cuyahoga Valley National Park. We will be clearing an area, cutting down shrubs, and involved in the removal of all the weeds in one section of the park. We'll be creating an island for native plants and animals to inhabit.

Adult drivers and volunteers are needed!

- **Laser Quest**

\$20.00

Time: 1:00 p.m. – 3:30 p.m.

Parents will drop off and pick up at Laser Quest located at 80 Brookmont Rd in Montrose.

We will play 3 games of Laser Quest and have a light snack in the reserved party room.

ONLY 35 spots are available.

Thursday, August 10, 2017

- **Akron Food Bank**

No Cost

Time: 9:00 a.m. - 12:00 p.m.

We will meet at Byrider at 9:00 a.m. and depart for the food bank. Be ready to work to help the hungry. Please be sure to register including volunteer drivers who plan on staying. A page with detailed instructions is attached. This information is coming directly from The Akron-Canton Regional Food Bank. Please remember to dress according to weather –warehouse setting weather outdoors indicates temperature in the warehouse! casual/comfortable/warm/cool – it's best to dress in layers as temperatures in the warehouse fluctuate. The warehouse is not air conditioned/heated; dress accordingly - modest attire, please. **Due to safety reasons, sandals, flip-flops, and open toe shoes are not permitted in the warehouse –make sure your feet are completely covered!** Comfortable shoes are recommended as you may be on your feet the entire time! We have plenty of bottled water on hand!

Adult drivers and volunteers are needed!

Lunch: Bring a packed lunch that will not spoil if planning to stay for foster care talk.

- **Children's Services Blanket Project**

No Cost

Time: 12:30 p.m. – 2:30p.m.

We will meet at Byrider at 12:30 p.m. and make blankets for children who are in the foster care system in Summit County. We will then listen to a talk from Jennifer and Tim Sullivan, St. Sebastian parishioners, who are current foster parents for Children's Services. They will discuss the foster care system and what happens in the process and what we can do to help them. The blankets will be presented to them and they will be sure that the children receive them!!!

Friday, August 11, 2017

- **Cuyahoga Valley National Park**

No Cost

Time: 9:00 A.M. – 3:00 P.M.

We will meet at Byrider at 9:00 a.m. and travel to the Cuyahoga Valley National Park. We will be clearing an area, cutting down shrubs, and involved in the removal of all the weeds in one section of the park. We'll be creating an island for native plants and animals to inhabit.

Following this activity, we will end with a celebration that will include water games, fishing, etc. weather permitting. Bring sun tan lotion and water bottles. If the weather is bad, we will return to Byrider Hall for an afternoon of open gym and fun games. We will provide lunch.

Adult drivers and volunteers are needed!

**St. Sebastian & St. Vincent Youth Ministry
Junior High Summer Camp
Permission & Consent Form**

I, _____, give my permission for my child _____
Name of Parent/Guardian (circle one) *Student's Name*

to attend the Junior High Summer Camp during the week of August 7-11, 2017 for the activities on the days & time that I have indicated on this consent form:

Monday, August 7th

_____ Rhoda Wise House and Grotto
And Fannie Mae/Harry London
Chocolate Tour
9:00 a.m. – 3:00 p.m.

Tuesday, August 8th

_____ Akron Food Bank
9:00 a.m. – 12:00 p.m.
_____ Stonehedge Bowling
12:30 p.m. – 3:30 p.m.

Wednesday, August 9th

_____ Cuyahoga Valley National Park
9:00 a.m. – 12:00 p.m.
_____ Laser Quest
1:00 p.m. – 3:30 p.m.

Thursday, August 10th

_____ Akron Food Bank.
9:00 a.m. – 12:00 p.m.
_____ Children's Services Blanket Project
12:30 p.m. – 2:30 p.m.

Friday, August 11th

_____ Cuyahoga Valley National Park
9:00 a.m. – 3:00 p.m.

In the event of an accident or injury, I will not hold St. Sebastian Parish, Father Valencheck, Father Simone, St. Vincent Church, Father Douglas or any adult Youth Ministry advisor/chaperone liable.

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and I am authorized to grant such permission.

Signature

Date

Print name

St. Sebastian/St. Vincent Youth Ministry
Liability Release and Consent for Medical Treatment Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Parish: _____ School/ Grade: _____

Medications/Allergies: _____

Preferred Hospital: _____

In case of emergency, please call:

Name: _____ Relationship: _____

(____) _____

Phone number where person can be reached.

Name: _____ Relationship: _____

(____) _____

Phone number where person can be reached.

RELEASE: (Read carefully, please) I understand and agree that in consideration of the above-named person being allowed to participate in St. Sebastian/ St. Vincent Youth Ministry Activities. I assume all risks connected with such participation and hereby release, absolve, and hold harmless St. Sebastian Parish / St. Vincent Church, the Roman Catholic Diocese of Cleveland, and their respective supervisors, employees, organizers, sponsors, and/or volunteers (including those associated with St. Sebastian Parish / St. Vincent Church) from all claims, causes of action, judgments and liabilities of any nature resulting from or in any way related to the above-named person's participation in St. Sebastian / St. Vincent activities.

 Parent/Guardian Signature or Participant's signature if 18 years or older Date

Medical Treatment Consent: In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery unless medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

 Parent/Guardian Signature or Participant's signature if 18 yrs or older Date

Junior High Summer Camp 2017

August 7-11, 2017

Parent / Adult Volunteer Form

Where would you like to help?

Refer to the calendar for dates, times & locations!

Please print:

Name _____

Phone number _____

Please return by July 30th with your Junior High Student's forms. Thank you for your help! Please call us if you have any questions. Cathy Sivec 330-836-2233 Ext. 134 or Ellen Dies 330-535-3135 Ext. 101

Monday, August 7th

Rhoda Wise House and Grotto and Fannie Mae/Harry London Chocolate Tour

9:00 a.m. – 3:00 p.m.

_____ Drive and Chaperone

Tuesday, August 8th

Akron Food Bank

Time: 9:00 a.m. - 12:00 p.m.

_____ Drive and Chaperone

Stonehedge Bowling

Time: 12:30 p.m. - 3:30 p.m.

_____ Drive and Chaperone

Wednesday, August 9th

Cuyahoga Valley National Park

Time: 9:00 a.m. – 12:00 p.m.

_____ Drive and Chaperone

Laser Quest

Time: 1:00 p.m. – 3:30 p.m.

Parents are dropping off and picking up at laser Quest - No volunteers needed to stay

Thursday, August 10th

Akron Food Bank

Time: 9:00 a.m. - 12:00 p.m.

_____ Drive and Chaperone

Children's Services Foster Care Talk/Blankets

Time: 12:30 p.m. – 2:30p.m.

Teens at Byrider – No volunteers needed

Friday, August 11th

Cuyahoga Valley National Park

Time: 9:00 A.M. – 3:00 P.M

_____ Drive and Chaperone

If you and/or your child are volunteering for the Akron Canton Regional Food Bank, the following steps must be taken and MUST BE DONE PRIOR TO AUGUST 1st

1. Complete an online application form to create a volunteer account.

(All individuals will need to complete an application form the first time they volunteer, beginning January 1, 2014)

Adult Volunteer Application <https://www.volgistics.com/ex/portal.dll/ap?AP=1856022789>

Youth Volunteer Application (ages 10-17) <https://www.volgistics.com/ex/portal.dll/ap?AP=1165691004>

2. Log in to the Volunteer Information Center to sign up.

Volunteer Information Center Login

Each participant will need their email address and created password. If you forgot your password, the system will recover for you.

***Click on calendar: August 8, August 10 – St. Vincent – St. Sebastian’s Group**

Welcome to the Foodbank:

We are located at **350 Opportunity Parkway, Akron OH 44307**. Parking is in front or the side of our facility; if parking in front please enter through the double glass doors and ask for me. If parking on the side of our facility, please enter through the Visitor’s Entrance and take hallway past glass conference doors and stop at reception desk. The Foodbank is a tobacco-free campus.

What to wear:

Please dress according to the weather; layers are best for adding or removing. Our warehouse is a reflection of outdoor temps. **Due to safety reasons, sandals, flip-flops or any open toe shoes are not permitted** in our warehouse. Comfortable shoes are recommended as you may be on your feet the entire time. Lockers are available for your personal belongings.

Your Volunteer Project:

Volunteer projects are based on the daily needs of the Foodbank. The time you give sorting & inspecting food donations, labeling product for repackaging, or packaging bulk items help us provide meals for thousands of families each year.

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY Cuyahoga Valley National Park		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS		12. PHONE Home: Mobile:	
		13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older	
14. ETHNICITY & RACE (Optional): Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		14b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First)		16. PHONE Home: Mobile:	
		17. EMAIL ADDRESS	
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First) Davis, Chris Bishop, Andrew		21. AGENCY CONTACT EMAIL & PHONE Christopher_Davis@nps.gov ; 330-342-0764 x 5 Andrew_Bishop@nps.gov ; 330-342-0764 x 8	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Habitat Restoration	
24. Description of service to be performed. Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.			
VOLUNTEER/SERVICE ACTIVITY ABSTRACT			
<p>Habitat Restoration: Volunteers will work under the supervision of Resource Management Staff or experienced volunteers in one of four areas: <u>Invasive Plant Removal</u>: volunteer will control invasive plants using hand pulling, clippers, loppers, folding saws, weed wrenches. <u>Seed Collection</u>: volunteers will collect seeds by hand, with clippers, or sickles. <u>Plant Installation</u>: volunteer will install plants using shovels, trowels, wheelbarrows and other appropriate tools. <u>Nursery</u>: volunteers assist with up-potting, seed sowing, weeding, and watering using clippers and trowels. Time commitment varies by project. Equipment and training will be provided.</p> <p>If the volunteer does not consent to being photographed or to the release of their photographic image, it is the responsibility of the volunteer to notify the on-site photographer and remove themselves from photo opportunities.</p>			
25. Check all that apply: <input checked="" type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			
PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18			

26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29.	30.	
31. STREET ADDRESS	32. CITY, STATE, ZIP CODE	
<p>33. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity.</p> <p style="text-align: center;">(NAME OF YOUTH)</p>		
34. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION		
<p>35. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true:</p> <p><input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.</p> <p><input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.</p> <p><input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.</p>		
<p>I do hereby volunteer my services as described above, to assist in authorized activities at <u>Cuyahoga Valley National Park</u> and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. _____</p> <p style="text-align: right;">(NAME OF FEDERAL AGENCY)</p>		
36. Signature of Volunteer or Group Leader		Date
<p>The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.</p>		
37. Signature of Government Representative		Date
TERMINATION OF AGREEMENT		
38. Agreement Terminated Date:		Total Hours Completed:
39. Signature of Government Representative:		
PUBLIC BURDEN STATEMENT		
<p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.</p>		
PRIVACY ACT STATEMENT		
<p>Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.</p>		