## RELIGIOUS OF MARY IMMACULATE CLARETIAN MISSIONARY SISTERS

PO Box 506

Mayo Fl. 32066

386-294-2126

Summer Missionary Experience Program

July 10-July 20, 2014

Please fill out the form below and mail it before June 20 to:

Sister Lili Tututi

2325 NE CR 400

Mayo, Fl 32066

Or phone: 386-294-2126 lili@claretiansisters.org

**Personal Information: Informacion Personal**

Name/Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: **( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/ Empleador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/ Ocupación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your current occupation: (student,estudiante,-- job-trabajo-, etc)

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Date of Birth/ Fecha de nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known medical problems or allergies: Problemas médicos o alergias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact: En caso de emergencia, a quién podemos contactar?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship- Relación:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have medical insurance? Tienes seguro médico? Yes \_\_\_\_\_No\_\_\_\_. If yes, please attach a copy of your insurance card. Si tienes, por favor de envia una copia de tu tarjeta.

*Please list three people we may contact for references. Please give complete addresses, phone numbers, and e-mail addresses and describe the relationship you have with them (i.e., friend, employer, minister, teacher, etc.). Ask two of them to send us a reference letter to the following email address- Favor de poner tres personas a las que podemos contactar para pedir su recomendación. Pon toda su información completa y necesitarías enviarnos dos cartas de recomendación escritas por dos de ellas.*

1. Reference: Recomendación:
	1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Reference: Recomendación:
	1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. Reference: Remendación:
4. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Has estado acusada de crimen Yes \_\_\_­­­­\_\_\_No \_\_\_\_\_\_\_\_\_\_

If yes, please explain. Si has dicho que si explica las razones\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your motivations and goals for doing service work this summer? Qué te ha motivado y qué esperas de esta experiencia?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What about the Claretian Missionary Sisters’ Summer Missionary Experience specifically interests you? Qué es lo que te interesa en particular haciendo esta experiencia con las Misioneras Claretianas?

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Describe any service-related experience you have (i.e., church activities, service organizations, volunteer work, etc). Describe algún servicio en particular que tienes experiencia (actividad en la iglesia, trabajo voluntario)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please, list talents and skills you have that you think you could use as a participant (i.e., arts/crafts, first aid, music, etc) If you have any certifications or teaching knowledge, please list them. Describe tus talentos, habilidades, que podrías utilizar en esta experiencia misionera(música, baile, arte…)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Driver’s License? Licencia de manejar? \_\_\_ Yes \_\_\_\_ No

Do you speak Spanish or other languages? Que idiomas hablas \_\_\_ Yes \_\_\_\_ No

How you describe yourself? Como te describirías a ti misma?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We cannot guarantee your selection for summer ministry, but your preferences will be helpful as we plan for the summer. No podemos garantizar lo que has sugerido como preferencia para esta experiencia de servicio, pero tus preferencias serán de mucha ayuda en la organización de este programa.**

Please enter a number in each of the boxes below to rank the following according to your preference from 1 to 3 with 1 being the most preferable. Pon los numerous del 1, al 3 de acuerdo a tu preferencia

1. Working with children-Trabajo con Niños \_\_\_\_
2. Working with adults- Trabajo con Adultos \_\_\_\_
3. Tutoring - Tutoría \_\_\_\_
4. Art/Music/Dance/Drama – Arte/Música/Teatro \_\_\_\_
5. Sports/Activities – Acitividades deportivas \_\_\_\_
6. Youth Ministry – Trabajar con jóvenes \_\_\_\_
7. Home Visits – Visitar a las familias \_\_\_\_
8. Social Justice- Trabajo Social \_\_\_­­\_\_

**Requirements**

1. If you are 18 or older, provide a certificate of **Protecting God’s Children**.- Envia tu certificado de Proteccion de Ninos (VIRTUS)
2. **Report of background check (Fingerprints) Reporte de Hellas**
3. **Youth Photography Release Form – Una Fotografía con la aplicación**

Without compensation, I hereby grant permission to the Religious of Mary Immaculate Claretian Missionary Sisters to use and reproduce photographs and/or video taken of me during this Missionary Experience. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the Congregation and all of their employees and agents, from all claims and liability relating to said photographs.

*I have read the above and consent to the use of photos of me being used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Yo he leído toda la información presentada en la parte superior y acepto el que se utilicen mis fotografías tomadas durante esta experiencia de para de este evento en futuras presentaciones, (power points, Webpages, Facebook, y otros lugares de la iglesia) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I have read the above and* **DO NOT** *consent to the use of photos of me being used – No acepto \_\_\_\_\_\_\_*

1. **Release of Liability in general**...

In the event of an emergency, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to transport me to a hospital for emergency medical, dental, anesthetic or surgical treatment. I wish to be advised prior to any non-emergency treatment by the hospital or doctor. I agree to pay for any expenses incurred for such treatment.

I, individually release, indemnify, and hold harmless the Claretian Missionary Sisters and the Bishop of St. Augustine, the Diocese of St. Augustine or any parish thereof, its employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, and liability arising out of my participation in the program.

I hereby waive my claim to a lawsuit against the Claretian Missionary Sisters and the Diocese of St. Augustine or any such persons for any liability arising out of my participation in this activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Signature Date

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**PERMISO GENERAL Y AUTORIZACION MÉDICA**

En caso de emergencia, yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_autorizo ser llevado al hospital para tratamiento de emergencia médica, dental, anestésico o quirúrgico, según sea necesario. Deseo ser avisada(o) antes de que se me administre algún otro tratamiento que no sea de emergencia.

Por medio de la presente, exonero e indemnifico de cualquier demanda a las Misioneras Claretianas y al obispo Felipe Estévez, a la Diócesis de San Agustín o cualquiera de sus parroquias, a sus empleados, afiliados, representantes y voluntarios por cualquier pérdida, daños, costos y gastos causados por o como resultado de mi participación en este programa y prometo no demandar a las Misioneras Claretianas ni a la Diócesis de San Agustín y todos los afiliados mencionados.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Firma Firma Fecha

Please send us a brief autobiography telling us about yourself. Si te es posible, favor de envíanos, una breve autobiografía contando un poco de ti.