



# YOUTH MINISTRY

## at St. John's

211 North Monroe Street Tallahassee, Florida, 32301 - 850.222.2636 - [www.saint-john.org](http://www.saint-john.org)

## MISSION CHAPERONE FORM

For you to be eligible for the 2024 Quito, Ecuador Youth Mission Team, this form must be filled out completely, with Community Covenant signed, and your online registration and deposit must be submitted.

**PLEASE SUBMIT A COLOR COPY OF YOUR PASSPORT, WHICH MUST BE CURRENT THROUGH JANUARY 19, 2025.**

**Return documents to:** Mtr. Leslie Roraback, Associate Rector ([leslie.roraback@saint-john.org](mailto:leslie.roraback@saint-john.org))  
St. John's Episcopal Church, 211 N. Monroe St. Tallahassee, FL 32301

### Participant Information:

Name (as on passport): \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

### Emergency Contact Information:

Name and relationship to participant: \_\_\_\_\_

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

Name and relationship to participant: \_\_\_\_\_

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

### Medical Information:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies, Dietary Restrictions, Medical Needs, Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Covenant:**

I promise to abide by the expectations of our Youth Mission.

I will abstain from alcohol, tobacco products, and drugs of any kind not prescribed to me. I will abstain from using or bringing any weapon or explosive. I will abstain from any inappropriate sexual or violent behavior.

I will uphold the community covenant to:

- **Be PRESENT** in mind, body, and spirit and participate fully in activities with a positive outlook.
- **Be SAFE** at all times and respect safety guidelines set for me by adult leaders.
- **Be RESPECTFUL** of all people, property, and ideas different from my own.

I understand that these expectations are set forth for my benefit and the benefit of the entire community, with efforts to make this event the best it can be. If I fail to uphold these promises, I understand that the appropriate consequences will be enforced, including, but not limited to, being asked to leave the event.

**Participant Signature:** \_\_\_\_\_

I commit to participate in all (monthly) team meetings prior to the team's time in Quito and to help with the following group fundraisers, which will hopefully reduce the total individual cost by one third per participant:

- Winter Festival Parking (12/2/23 – 3:30 to 7:30 PM)
- Take Stock in Youth Kickoff (2/4/24 – 9:15 AM to 12:15 PM)
- Chili Cook-Off (2/25/24 – 9:30 AM to 12:30 PM)
- Springtime Tallahassee Parking and Food Sales (4/6/24 – 9 AM to 12 PM)
- Shareholders' Dinner – host a table and speak at event (Date TBD – Sunday evening in late August 2024)

**Participant Signature:** \_\_\_\_\_

**FORM AND COPY OF PASSPORT DUE TO MTR. LESLIE RORABACK BY JANUARY 14, 2024**