



HIGH SCHOOL
and
7th & 8th GRADE
STUDENTS

COME AND
JOIN US!

- WHO:** All High School & 7th & 8th Grade Students
- WHAT:** Service Opportunity
- WHERE:** St. Vincent de Paul
- WHEN:** Saturday, March 15, 2025
9:00a - 12:00 noon
- WHY:** To be the hands and feet of Jesus

If you are interested in helping at the SVdP Food Pantry,
please meet in the St. Matthew parking lot at 8:30a
for prayer and carpooling.

For more information, contact Kara Tappel at 317-914-7028.

There will be an opportunity to go to lunch afterwards.
If you'd like to go, please bring money for food. Thank you!

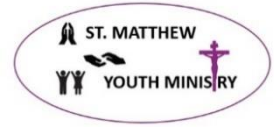
ST. MATTHEW TRAVEL GUIDELINES FOR ST. VINCENT de PAUL

Name of Participant: *Please print.* _____ D.O.B. ___/___/_____ Grade _____

You are representing the **St. Matthew Catholic Church** and the **Archdiocese of Indianapolis** during this event, and we expect that you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth.

Some Expectations:

- All participants are expected to arrive on time.
- All participants are expected to demonstrate common courtesy and respect at all times.
- Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- Smoking is not permitted.
- Weapons and drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- All participants must follow the transportation rules and regulations set forth by the Archdiocese of Indianapolis; of which will be enforced upon departure of the event and must be followed for the duration of the event. Any rule that is not followed will result in a consultation with student and chaperone (and/or parents and director as needed) with an appropriate consequence to follow.
- Infraction of these rules can mean immediate dismissal with no refund.



I understand and agree with this behavior code. I also understand and agree that at any time of infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

I also understand and agree that my parents or guardians will be notified at the time of an infraction requiring my dismissal. My parents or guardians will be responsible for my removal from the premises and any costs involved.

****Youth Signature:** _____ **Date:** _____

I request that my child, _____, be allowed to participate at the **SVdP Food Pantry and/or SVdP Distribution Center** on **(mm/dd/yy)** _____ and hereby release and indemnify The North Deanery Youth Ministers, its staff, volunteers and the Archdiocese of Indianapolis, from any and all liability from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that I will be notified at the time of any major infraction by my child, which will result in his/her dismissal from the event. I will also be required to pick up my child from the event at the time of the infraction.

I grant the permission of First Aid to be given to my student by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Insurance Company Name: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Authorized Physician: _____ Phone Number: _____

Any Medical Conditions/Allergies _____

Parent Name(s): _____

Parent Cell Phone Number(s): _____

Parent Email Address(es): _____

Parent Signature: _____ **Date:** _____

I can Chaperone: _____

I am Safe Parish trained: _____

I have a Background Check on file: _____