

**“Faith In Action” (FIA)**  
**Spring Break Service Adventure Retreat**  
**March 10-13, 2024**  
*(application deadline Feb. 7)*

**To the Applicant:** Thank You for your interest in participating in “Faith In Action” 2024. For over 20 years, teens from the Diocese of Des Moines have been putting their “Faith In Action” through participation in FIA. By being part of FIA 2024, YOU will have the opportunity to put your faith into action, learn about yourself, grow in faith, and become more aware of and better equipped to respond to the justice needs in our world and community. Our experience will take us to the working poor, homeless, and outcasts. We will live, pray, work, and play in a Christian community. We will pray each morning and evening, work 6-8 hours a day, share meals and evening activities, have fun, and grow in faith. This is an experience that YOU will never forget!

**Requirements:** Applicants must be in grades 9-12. **Must fill out the FIA Worksite Preference Form & turn into Claire**

**FIA will take place March 10-13, 2024. Check-in will be at 3:00 pm on Sun. March 10 at Our Lady’s Immaculate Heart Church.** We will conclude on Wednesday, March 13, with a prayer service and a brief closing presentation. **Parents and families are encouraged to join us for closing prayer and presentation at 5:15 pm on Wednesday. We expect to end the day around 6:30 pm on the 13th.** All FIA applicants will be expected to participate in the full experience of all 3 ½ days. ***You may not join late or leave early.***

**Accommodations:** FIA is hosted at Our Lady’s Immaculate Heart Church, 510 E 1st Street, Ankeny, Iowa 50021.

**Meals:** All meals and snacks will be provided as part of the service experience and living in solidarity.

**Cost:** The cost for the Faith In Action experience is **\$100**. (checks made payable to St. Francis of Assisi. **Half of the fee is due with the application.** The remaining half is due March 8th (or you may pay the full amount with the application if you prefer). Financial aid is available. Please contact your Youth Ministry Director/Coordinator for fundraising or scholarship funds information.

**Work Sites:** We will work in the Des Moines area during the week. **The FIA Worksite Preference Form will need to be filled out by Feb 21,** to help us determine at which sites your student would prefer to work: Habitat for Humanity, ReStore by Habitat, Bidwell Riverside, DMARC & Refugee Resettlement Project, and Catholic Charities Outreach Center.

**Chaperones:** Diocesan regulations require we have at least one chaperone for every 8 youths, so we will need parents (or other adults 21 and over) to chaperone and serve as drivers. Please indicate if you are available on the application. Chaperones must complete a background check and the “Protecting God’s Children” video training required by the Diocese.

If you have any questions regarding this trip or the application, please contact Claire Sevenich at (515) 440-1030 or [csevenich@saintfrancischurch.org](mailto:csevenich@saintfrancischurch.org)

**Applications are Accepted until February 7, 2024**

*Space is limited, so late applications are not guaranteed a spot. We have filled the past few years and could not accept applicants after the deadline.*

# Spring Break Faith In Action (FIA)

Youth Ministry Service Retreat Adventure: March 10-13, 2024

## Application & Permission/Medical Form

Please fill out BOTH sides of this form and submit \$50 deposit or full \$100 fee **NO Later than Feb. 7** to the Youth Ministry Office, 510 E 1st Street Ankeny Iowa 50021 (Checks payable to St. Francis of Assisi - FIA)

**SPACE IS LIMITED! Late registrations are not guaranteed a spot.**

Student's Name: \_\_\_\_\_ M / F (circle one) Grade: \_\_\_\_\_

I attend \_\_\_\_\_ High School. I am a member of \_\_\_\_\_ Parish

T-Shirt Size: (circle one) S M L XL XXL

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell # (if applicable): \_\_\_\_\_

Parent Email/s: \_\_\_\_\_

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

Primary parent/guardian contact: Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Secondary parent/guardian contact: Name: \_\_\_\_\_ Cell # \_\_\_\_\_

In case of an emergency, and a parent cannot be reached please contact:

\_\_\_\_\_  
Name Phone Relationship to student

**Student Applicant, please answer the following questions:  
(please answer on a separate piece of paper and attach to your application)**

1. Why do you want to participate in Faith In Action?
2. How do you view serving others as part of your faith?

**Parents/Families:** To make FIA successful, we need help from parents! Please mark any of the following ways you or your family are able to help out:

\_\_\_\_\_ I can chaperone and be a participant for the **entire event, including overnight** (must be 21 or older and have valid driver's license and insurance). Name: \_\_\_\_\_ I can transport \_\_\_\_\_ # of teens

\_\_\_\_\_ I am available as a driver/chaperone **during the day only** (Transport teens to worksite and **STAY** to help from about 8 am-4:30 pm **EACH DAY**, must be at least 21 with valid driver's license and insurance).  
Name: \_\_\_\_\_ I can transport \_\_\_\_\_ # of teens.

\_\_\_\_\_ Sorry, I am unable to help with this event.

**<<<<FILL OUT MEDICAL AND RELEASE INFORMATION ON BACK>>>>**

**Permission and medical information for: \_\_\_\_\_ (name of participant)**

- I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of this event.
- Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to be responsible for all charges related to the care given.
- I understand any insurance benefits that are effective have limited application.
- I understand if my child is found to have alcohol, any controlled substance, tobacco products or weapons in their possession, the personnel in charge will take appropriate action. Inappropriate behavior will also be dealt with up to and including calling me & sending my child home.
- This trip will be a smoke-free event for all participants including adults.
- I give permission for my child to participate in all the activities associated with this event. I also give permission for my child to be transported to and from the work sites and activities during this event. I assume responsibility for his/her transportation to and from Our Lady's Immaculate Heart on Sunday and Wednesday.
- I give permission for my child's photo to be taken and used for the purpose of promotional material such as but not limited to the church website, Catholic Mirror, etc.

\*The information requested is necessary to permit treatment at a medical facility. Reasonable care will be taken to keep the information confidential.

**INSURANCE INFORMATION ABOUT POLICY HOLDER:**

Name of Policy Holder: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HEALTH/MEDICAL INFORMATION ABOUT Participant:**

Participant's Date of Birth: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria: \_\_\_\_\_

Medically prescribed dietary needs: \_\_\_\_\_

Does your child use any of the following devices: contact lens, hearing aid, glasses or asthma inhaler

Additional special medical, physical or dietary conditions staff should be aware of:

\_\_\_\_\_

**Medications: My child is taking medication at present. YES / NO (circle one)**

If yes, my child will bring such medications necessary in original container and well labeled. Names of medications and concise directions must be on the label. All participants will be responsible for taking their own medication for the duration of this event unless otherwise directed by parent.

My child is currently taking these medications (please indicate dosage and frequency):

\_\_\_\_\_

I grant permission for non-prescription medications such as Tylenol, ibuprofen, lozenges etc. to be administered to my child if deemed necessary by the staff. List any medications you DO NOT want your child to receive: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian)