

Guatemala Mission Trip July 2025 Application

Name: _____ Birthdate: _____ Email: _____

Parent(s) Name(s) _____ Parent EMAIL: _____

St. Benedict staff will review all applications for this Mission trip and reserves the right to choose who will attend.

- Why are you interested in going on this Mission trip? What attracts you to this particular destination?
- What do you hope to gain or learn from this mission trip experience?
- How do you envision using your skills, talents or passions to contribute to the mission trip in Guatemala?
- Are you comfortable working in a team environment? Can you provide an example of a time when you successfully worked as a part of a team on a project or activity?
- How do you handle stressful or difficult situations? Can you share an example of a time when you faced a challenge and how you dealt with it?
- List any Acts of Mercy activities or service projects you have been involved with outside St. Benedict. What were your roles/ what did you do? (Include year)
- Mission trips often require flexibility and adaptability. How do you handle change and unexpected circumstances?
- Are you prepared to engage in physical labor or demanding activities as part of the mission work?
- Are you able to pay the full cost of the trip by the required due date?
- Over the last 4 years, list how you have been involved in ministries or service projects at St. Benedict. (Include year)

Teens: by signing the line below, you state that you agree with the following statement:

“I understand the responsibilities of our Mission trip by prayerfully and actively being a leader and fulfilling all of the responsibilities to the best of my ability.”

Print Name: _____ Signature: _____ Date: _____

Parents: I, _____, the parent or legal guardian of _____

understand the commitment my child has made to this St. Benedict Mission Trip. By signing below, I agree to support and agree that he/she has the qualification to attend this Mission Trip to Panajachel, Guatemala.

Parent name: _____ Signature: _____

Date: _____ Contact #: _____

Reviewed by: _____ Date: _____

NOTE: Application must have 2 references from a non-family member. See questions for reference to answer in separate document.

Reference Forms needs to be sent directly to Rita Anderson at randerson@stbenedict.net

St. Benedict Catholic Church

Annual Youth Ministry Code of Conduct

A positive and safe experience is fostered by the following guidelines, which will help ensure that all participants treat one another and Staff with respect. In addition to complying with all federal, state and local laws, all participants' youth and adults are expected to comply with the guidelines below:

Alcohol: The consumption or possession of alcoholic beverages is prohibited. NO EXCEPTIONS.
(Includes adults).

Drugs: St. Benedict explicitly prohibits use or possession of any illegal drugs. Federal, state and local laws regarding drug use apply.

Theft: Attempted or actual unauthorized possession of St. Benedict property or other personal or host facility property is prohibited.

Vandalism: Attempted or actual damage to or alteration of St. Benedict facility or our host facility or other personal or public property is prohibited.

Fire Safety: Setting a fire, causing a false fire alarm, or causing an unreasonable situation that creates a fire safety hazard is prohibited.

Sexual Misconduct: All forms of sexual misconduct are expressly prohibited.

Endangering Behavior: Conduct that threatens or endangers the health and/or safety of a person(s) is prohibited.

Leaving Campus: Participants are not allowed to leave host facility property, and must be in their assigned locations at all times.

Smoking: Smoking is prohibited in any indoor or outdoor areas. (Includes NO vaping)

Any participant exhibiting any of the behaviors listed above will be subject to one or more of the following actions:

- *The parent(s) or guardian(s) will be contacted.*
- *The participant will be sent home at his or her own expense.*
- *Local Law enforcement may be contacted in the event of any illegal actions.*

In signing this agreement, I acknowledge that I have read this code of conduct form and I agree to be bound by these terms.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent/Guardian Preferred Contact number: _____ Type: (cell, home, other)