

# 2018 YOUTH TRAVEL APPLICATION

## **BELIZE OUTREACH PROGRAM**

Thank you for your interest in applying for the 2018 Belize Outreach Program (BOP) mission trip! The BOP mission trip takes place at Our Lady of Mt. Carmel Parish in Benque, Belize. The mission is to provide an educational opportunity by teaching in a Vacation Bible School format in the elementary schools of the Parish. The trip dates will be early to mid-June and will last for 8-9 days. Exact travel dates are dependent upon Mt. Carmel's schedule and won't be finalized until sometime in 2018.

In the following pages, you will find the application and two adult recommendation forms. Please note the following:

- The completed application and recommendation letters are due to the parish office by 5:00 p.m. November 6, 2017.
- Please use the space provided and **do not** submit additional pages.
- The recommendation letters must be in sealed envelopes with your name written on the outside of the envelope.
- Although it is preferred that you submit your recommendation letters with your application, if your recommender prefers to drop it off at the parish office, please make sure they put it in a sealed envelope with your name written on the outside.

Once the applications have been received, the BOP committee will review all the applications and recommendation letters. After applications are reviewed, the committee, with input from parish staff, will select applicants to interview. You will be notified in about two weeks after the deadline via e-mail whether you have been selected for an interview. If chosen for an interview, you will be interviewed by the entire BOP Committee. A final selection will be made after the interviews by the committee and input from parish staff.

Although the BOP committee wishes that everyone who applies could be chosen to attend this mission trip, it is not possible due to transportation and lodging restraints in Belize. Please be assured that every application is reviewed and prayerfully considered. If you are not chosen for this mission, please consider other youth opportunities that are offered through Refuge. Alyssa Brown can provide more details.

If you have further questions please e-mail: [belizeoutreachprogram@gmail.com](mailto:belizeoutreachprogram@gmail.com)

# 2018 YOUTH TRAVEL APPLICATION

## BELIZE OUTREACH PROGRAM

You must submit this completed 3-page Application in the spaces provided and 2 completed & sealed Adult Recommendation Forms to the Parish Offices by **November 6, 2017 by 5:00 p.m.**

Student's Name \_\_\_\_\_

High School Attending \_\_\_\_\_

Current Grade \_\_\_\_\_

Student's Cell Phone & Email \_\_\_\_\_

Student's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Email \_\_\_\_\_

School and/or \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Involvement in Church and/or \_\_\_\_\_

Service Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you member of St. Michael's? \_\_\_\_\_

If not, where? \_\_\_\_\_

\_\_\_\_\_

How would you describe your mass \_\_\_\_\_

attendance: weekly, occasionally, \_\_\_\_\_

rarely, only Holidays? \_\_\_\_\_

\_\_\_\_\_

Have you taken Spanish classes?  
If yes, how many years?

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How would you describe your health?

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What medications do you take & what are they for?

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Do you have any allergies?  
If yes, please list them

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How would you rate yourself in the following categories?

	Excellent	Good	Fair	Poor
Speaking & Listening Skills	<hr/>	<hr/>	<hr/>	<hr/>
Initiative in Activities	<hr/>	<hr/>	<hr/>	<hr/>
Maturity & Responsibility	<hr/>	<hr/>	<hr/>	<hr/>
Awareness of Global Concerns	<hr/>	<hr/>	<hr/>	<hr/>
Attitude & Flexibility	<hr/>	<hr/>	<hr/>	<hr/>
Love of Christ & His Church	<hr/>	<hr/>	<hr/>	<hr/>
Desire to Share Love of Christ	<hr/>	<hr/>	<hr/>	<hr/>

Signature of Applicant

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Signature of Parent or Guardian

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Date

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# ADULT RECOMMENDATION FORM

## BELIZE OUTREACH PROGRAM

Complete the top section, then have a teacher, priest, youth group leader, advisor, coach or other adult complete this recommendation form and **return it to you in a sealed envelope, with your name on the outside, for you to submit with your application due on November 6, 2017.** Neither of your recommendations may come from a parent/guardian or close relative/family friend.

Student's Name \_\_\_\_\_  
 Date \_\_\_\_\_

This young adult has applied for consideration to travel with the youth of St. Michael the Archangel Parish. Your cooperation is essential to make certain participants are of the required Christian character. Please check the areas indicated below, grading the candidate according to the scale. This young man or woman will represent our parish and our community while visiting with and ministering to the people in our sister parish in Benque, Belize. Thank you for your time and support of our program.

How would you rate this youth in the following categories?

	Excellent	Good	Fair	Poor
Speaking & Listening Skills	_____	_____	_____	_____
Initiative in Activities	_____	_____	_____	_____
Maturity & Responsibility	_____	_____	_____	_____
Awareness of Global Concerns	_____	_____	_____	_____
Attitude & Flexibility	_____	_____	_____	_____
Love of Christ & His Church	_____	_____	_____	_____
Desire to Share Love of Christ	_____	_____	_____	_____

How long have you known this youth and in what capacity?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please use these lines for additional comments.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>OVERALL RECOMMENDATION</b> please check one	Recommend	Do Not Recommend
---	-----------	------------------

Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 \_\_\_\_\_

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Maturity & Responsibility	_____	_____	_____	_____
Awareness of Global Concerns	_____	_____	_____	_____
Attitude & Flexibility	_____	_____	_____	_____
Love of Christ & His Church	_____	_____	_____	_____
Desire to Share Love of Christ	_____	_____	_____	_____

How long have you known this youth and in what capacity?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please use these lines for additional comments.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>OVERALL RECOMMENDATION</b> please check one	Recommend	Do Not Recommend
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Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 \_\_\_\_\_