

# High School Summer Service

*Migrant Ministry  
with the  
Sisters of Notre Dame*



**June 20-25, 2010  
June 27-July 2, 2010  
or July 18-23, 2010  
Leipsic, Ohio**



For further information, contact  
Sr. Marilyn Marie Ellerbrock, SND,  
419-474-5485 or by email,  
[mellerbrock@toledosnd.org](mailto:mellerbrock@toledosnd.org)

**Migrant ministry:** The Sisters of Notre Dame work with summer farm workers in Northwest Ohio. Each week begins on Sunday evening. Volunteers travel daily to the migrant schools and camp sites with the Sisters. Knowledge of Spanish is not required.

**Location:** Volunteers will be living with the Sisters at St. Mary Convent, 412 S. Poplar Street, in Leipsic, Ohio.

**Cost:** A donation of \$50 from each student covers food and lodging.

**Registration:** Complete the Application and Emergency Medical Form and return it, with your \$50 check (made out to *Sisters of Notre Dame*), by **Friday, May 28, 2010**, to Sr. Marilyn Marie Ellerbrock, 3837 Secor Road, Toledo, OH 43623. Forms are available on the home page of [sndtoledo.org](http://sndtoledo.org) under Summer Service with the SND's.



EMPOWERED BY GRACE

# APPLICATION FOR HIGH SCHOOL MIGRANT MINISTRY 2010

Name \_\_\_\_\_ Age \_\_\_\_\_ Class of \_\_\_\_\_  
High School \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Student's email address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent Work Number(s) \_\_\_\_\_

\_\_\_\_\_ I would like to participate in the June 20-25, 2010 week.

\_\_\_\_\_ I would like to participate in the June 27-July 2, 2010 week.

\_\_\_\_\_ I would like to participate in the July 18-23, 2010 week.

\_\_\_\_\_ I agree to follow all the rules given.

Why do you wish to participate in migrant ministry? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What qualities will you contribute to the service experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any health conditions of which the Sisters should be aware? (such as asthma, diabetes, heart disease, epilepsy, or allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any medications being routinely taken. \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY MEDICAL FORM/WAIVER

In case of illness or injury, parents will be contacted at home or work. In the event the parents/guardians cannot be reached, permission to authorize emergency treatment is needed. In the event reasonable attempts to contact me or another authorized person \_\_\_\_\_

*(name and phone number)*

have been unsuccessful, by signing below I hereby give my consent for the administration of any emergency medical treatment deemed necessary and/or the transfer of the student to the nearest hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

My daughter \_\_\_\_\_ has my permission to participate in the Migrant Ministry Experience at St. Mary's Convent in Leipsic, OH. As parent/guardian, I release the Sisters of Notre Dame and any associated person or agency from any claims in consideration for the opportunity to participate in this service experience. I understand that my daughter will be transported to and from the camp sights in vehicles driven by a Sister of Notre Dame.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

