

Transfiguration Youth Ministry
Summer Service Immersion 2026
Sisters of Saint Joseph Volunteer Corps

- WHAT??? A week spent living in community, in hands-on service with the materially and spiritually poor in our local area, and in prayer and reflection with each other.
- WHEN??? **Mon. July 20-24**
- WHERE??? We will stay at St. Boniface convent in the South Wedge neighborhood of Rochester. Days will be spent in service at various ministries throughout the city.
- WHO??? We only have space for 12 teens. Priority will be given to upperclassmen who register by the deadline and can commit to the entire immersion experience, including preparation meetings.
- COST??? \$150 – this will cover our meals and transportation for the week and allow us to financially support the ministries we are serving. (Checks made out to Transfiguration Church.)
- DEADLINE??? **Tuesday, May 12**
- PREPARATION??? We will have a few preparation meetings over the summer to help us know what to expect and how to make the most of our immersion experience: Dates TBD

Transfiguration Youth Ministry
Summer Service Immersion
SSJ Volunteer Corps
Mon. July 20-24
Registration and Health Form

Participant's Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Grade (2025-2026): _____ School: _____
E-mail Address: _____
Father: _____ Cell Phone: _____
Mother: _____ Cell Phone: _____
Parent's E-mail Address: _____
Emergency Information: *(if parents cannot be reached)*
Name: _____ Relationship: _____
Phone: _____
Health Insurance _____ Policy # _____
Primary Care Physician: _____ Phone: _____

I hereby give my permission for images of my child to be used on our parish website and other publications: Yes No

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health care professional in case of illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

Parent/Guardian

Signature _____ Date: _____

For Office Use

Date Received: _____

Check #: _____ or Cash: _____

Amt: _____

Received by: _____ GL: _____

Any allergies or special needs/concerns/dietary restrictions, health concerns:

Any medications (prescription and/or non-prescriptions) currently taking—include dosage:

Is there anything else we need to know about your teen?

Our Covenant:

Since the purpose of the Summer Service Immersion is to experience living in community and in Christian service of others, all participants agree to...

1. Respect and honor others, property, and self at all times.
2. Not possess or use any illegal drugs (including cigarettes and alcohol) or medications not listed on the registration form.
3. Participate in a spirit of cooperation with adult mentors and chaperones. Be open to all that is before you this week!
4. Follow safety guidelines established for the program.
5. Not use cell phones or other electronic devices during the week. We will be abstaining from electronic communication and from phone calls home to friends. Just like on any retreat, this will help us to take a break from the usual hectic pace of our lives and really pay attention to God's presence in each other and in those we serve.
6. Commit to the *immersion* experience. Even though we are staying local, participants will enter fully into the lifestyle of community and service, from when we leave Transfiguration as a group until we return at the end of the week. Because we can only take a limited number of teens, it is important that all participants are able to commit to the entire week of the program.
7. Participate in our preparation meetings.

I have read, understand, and accept the above Covenant.

Youth Signature: _____ Date _____

Parent Signature: _____ Date _____



VOLUNTEER CORPS

Phone: (585) 529-5689

E-mail: volunteercorps@ssjrochester.org

314 Gregory Street
Rochester, NY 14620

Name: _____ Phone#: _____

Address: _____ E-mail: _____

Emergency Contact: _____ Phone#: _____

School Year & Area of Study: _____ Religion: _____

Volunteer Experiences: (List most recent first.)

<u>Organization</u>	<u>Location</u>	<u>Service</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Talents: (List talents/gifts you feel would be helpful as a SSJ Volunteer)

Why do you want to be a SSJ Volunteer?

What do you hope to gain from this experience?

“Uniting neighbor to neighbor and neighbor to God”

What are your expectations and/or concerns about living in community with other volunteers?

Please comment on your experience and/or thoughts about shared prayer and sharing your reflections on your volunteer experience in a group.

Do you have any health concerns or physical limitations that would be helpful for us to be aware of? If yes, what are they?

Do you have any allergies?

Do you require a special diet?

Are you taking any medications we should be aware of? If yes, please list:

Please indicate your ministry preference:

1st Choice:

2nd Choice:

Covenant

As a volunteer in the Sisters of St. Joseph Volunteer Corps, I agree to fully invest myself in service and in community living. I will support the entire program with my cooperation, enthusiasm and energy.

Signature: _____ Date: _____

(Please return completed application to Sr. Donna Del Santo SSJ, address on front of application.)

"We are open to every kind of ministry for which we have the grace and gifts."