



THE PARISH COMMUNITY OF SAINT HELEN

1600 Rahway Avenue Westfield, NJ 07090

908-232-1214

9th-12th Grade

CHWC SUMMER PILGRIMAGE/SERVICE TRIP 2025 
ROME, JULY 13-23

Participant Application Form

Must be filled out by Participant! Please print neatly-DO NOT TYPE! Typed applications will not be accepted!

Name: _____ Phone:() _____

Address: _____

High School: _____ Current Grade: _____ Birthdate: _____

E-mail Address: _____

1. Why do you want to take part in this pilgrimage/service trip experience?

2. What specific talents and abilities can you contribute to your team and the people that we are going to serve?

3. What prior experience have you had doing service? (food bank, soup kitchens, service/mission trips etc.)

4. Are you willing and able to make this trip a **priority** over the next several months, making time for fundraising projects and preparation meetings? (TBA)

5. Are you able to participate in physical activities that are strenuous in nature? YES / NO
If no, please explain:

6. Why do you think that YOU should be selected for this service trip?

I have read and reviewed with my son/daughter this entire application. I understand the parental financial/fundraising obligation for this trip. I will be supportive of my son/daughter in the event he/she is selected to participate in this summer pilgrimage/service trip experience to ROME.

parent/guardian signature: _____

Parent/Guardian: Would you be interested in attending this trip?

Yes / No Name: _____

Any adult participating in this event must be in compliance with our diocese Protecting God's Children Program!

THIS FORM MUST BE RETURNED BY THURSDAY, OCTOBER 3, 2024
FOR YOU TO BE CONSIDERED FOR THIS TRIP!