

JUSTINIAN WORK PROJECT



Application

Please check the project which you are interested

All Saints Greek Orthodox Monastery

St. Basil Academy

No Preference

Name: _____

JUSTINIAN WORK PROJECT

Please carefully complete in full. The information you provide will assist us in getting to know you better. Applications cannot be reviewed without a Letter of Reference from your Parish Priest or Spiritual Father. The information you provide will only be shared with those involved in determining your acceptance. To ensure legibility, all applications must be typed or printed legibly and signed in ink.

Name: _____
Last First Middle

Date of Birth: _____

Mailing Address: _____
Street Address City State Zip

Telephone: _____ e-mail: _____

Are you a practicing member of the Orthodox Church? _____

Priest: _____

Church: _____

Address: _____
City State Zip

Briefly describe why you would like to be a part of the Justinian Work Project:

List any other skills, talents, interests, ministry, or experiences you have which you feel will contribute to the success of being part of the Work Project: (you may use the back of this page if there is not enough room)

Height: _____ Weight: _____ Age: _____ Blood Type: _____

MEDICAL HISTORY (please "X" yes or no)

Do you suffer from or have you been treated for any of the following:
(A "Yes" answer does not automatically disqualify a candidate)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>		Do you need special medical or dental services?
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes			
<input type="checkbox"/>	<input type="checkbox"/>	Heart ailments	<input type="checkbox"/>		Have you ever had psychological counselling or therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Liver problems			
<input type="checkbox"/>	<input type="checkbox"/>	Stomach or intestinal problems	<input type="checkbox"/>		Have you ever been hospitalized for a psychological problem?
<input type="checkbox"/>	<input type="checkbox"/>	Cancer			
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure			
<input type="checkbox"/>	<input type="checkbox"/>	Joint or back problems	<input type="checkbox"/>		Are you allergic to any medicines (ex. Penicillin, Sulpha, etc.), insect stings, foods, animals, or plants?
<input type="checkbox"/>	<input type="checkbox"/>	Kidney problems			
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or other neurological problems	<input type="checkbox"/>		Have you had surgery <u>other than</u> tonsillectomy, hernia repair, abortion, appendectomy, or wisdom teeth removal?
<input type="checkbox"/>	<input type="checkbox"/>	Eye problems			
<input type="checkbox"/>	<input type="checkbox"/>	Lung problems			
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems			
<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>		Are you now under the care of a doctor or other practitioner for any reason?
<input type="checkbox"/>	<input type="checkbox"/>	Hernia			
<input type="checkbox"/>	<input type="checkbox"/>	Pilonidal cyst			
<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism			
<input type="checkbox"/>	<input type="checkbox"/>	Drug abuse			

Describe: nature of problem, treatment, results, and dates for everything checked "Yes" under Medical History. Add any other pertinent medical information you would like to include or think we should know. (You may use the back of this paper).

IMMUNIZATIONS: Please write the year of the time you were immunized against the following:

- _____ Cholera
- _____ Diphtheria
- _____ Measles (Rubella)
- _____ Mumps
- _____ Polio immunization (Sabin vaccine)
- _____ Tetanus (in past 10 years)
- _____ Typhoid Fever
- _____ Yellow Fever
- _____ Hepatitis A

Known Allergies: _____

Please send completed Application to:
George Livaditis
8601 Ridge Blvd
Bay Ridge, NY 11933

NEXT STEP: PLEASE HAVE YOUR PARISH PRIEST OR SPIRITUAL FATHER COMPLETE THE PRIEST REFERENCE FORM AND SEND IT DIRECTLY TO US FROM HIS E-MAIL ADDRESS OR FAX. THANK YOU.

Applicant Signature: _____ Date: _____

JUSTINIAN WORK PROJECT PRIEST RECOMMENDATION FORM

Dear Rev. Father:

Applicant Name: _____ has applied to participate in the Justinian Work Project. We want very much for the local parishes to be involved in the acceptance and sending of the applicants. We would, therefore, appreciate your willingness to help us understand this applicant and their strengths and weaknesses. Applications cannot be reviewed without this reference letter from you. It will be most helpful to both the applicant and us if you be completely frank. The information you provide will only be shared with those on the Justinian Work Project advisory board involved in coordinating the event.

1. How long have you known this person? Please check (x) :

Less than 6 mos. 7-12 mos. 1-2 years 3-5 years more than 5 years

How involved has he/she been in your church?

Very involved

Unknown

Uninvolved

In what capacity(s):

3. Does he/she attend Divine Liturgy regularly?

Sundays & other days Every Sunday Most Every Sunday Some Sundays

4. What gifts for ministries have you perceived in the applicant?

5. Please describe the applicant's character in the area of:

“Can -do” attitude:

Response to authority:

Team player and cooperative:

Ability to take criticism:

Emotional stability:

Applicant Name: _____

6. What areas of weakness or need for growth do you perceive in the applicant?

7. Do you know anything about the applicant's family? Yes No

If yes, how would you characterize this family in terms of Christian commitment, stability, unity?

8. Please describe any concerns you may have regarding the applicant in the following areas:

Ability to engage in rigorous activity:

Weight:

Substance abuse:

Drugs or medication:

Chronic health problems:

Personal appearance:

Emotional or mental problems:

Reactions to a high stress situation:

9. Have you ever counseled the applicant for any personal problems that may affect them on a work team with other peers Yes No

If yes, please explain.

10. Why do you think this person wants to participate in the work project organized by the 5 Borough Inter GOYA?

11. To what extent would you consider him/her grounded in Orthodox Christian beliefs and their knowledge of the Holy Scriptures? (Circle all that apply)

Very Applies to own life Teaches others Not at all Unknown

Thank you for your time and assistance. If there are further questions, we may contact you. If you are aware of anyone that we should contact further or any information that will help us to better understand and best assist this applicant, please do not hesitate to contact us. All information will be held in privacy and confidence, limiting its release only to parties involved with the facilitation and implementation of the work project.

Signature: _____ Date: _____

Printed Name: _____

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _(_____) _____ Fax: _(_____) _____

E-mail: _____

Please send completed Reference Form to:

Mr. George Livaditis
c/o: Justinian Work Project
8401 Ridge Blvd.
Brooklyn, NY 11209

Or e-mail to:
glivaditis@gmail.com

Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone #s: Home (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Other (_____) _____ - _____

Children's Names	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Or contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Physician's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Primary Insurance Company: _____
Phone #s: (_____) _____ - _____ (_____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/children: _____
ID #: _____ Group/Policy #: _____

Secondary Insurance Company: _____
Phone #s: (_____) _____ - _____ (_____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/children: _____
ID #: _____ Group/Policy #: _____

Statement of Consent: *(To be signed in the presence of a legalized notary public.)*

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____
(date) (month) (year) (name of parent)
personally appeared before me in _____ County (in the state of _____)

and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

PARENTAL PERMISSION

Date: _____

I am the Parent / Legal Guardian of _____ (GOYAn's name). I grant permission for my child to participate in the Justinian Work Project at

Please Check which Project your child will participate in

All Saints Greek Orthodox Monastery St. Basil Academy No Preference

Destination: All Saints Monastery 1676 Middle Rd., Calverton, NY 11933 or St. Basil Academy 79 Saint Basil Road, Garrison, NY 10524

Dates of trip: April 13-17, 2014

Purpose: The Justinian Work Project is to continue the Akathist Trail at All Saints Monastery or to work on the iron gate of St. Basil's Academy

Scheduled time of departure: 3 PM, Sunday April 13

Scheduled time of return: 5:00 PM Thursday April 17

Student's special medical needs (if any): _____

Name and telephone number of doctor: _____

Emergency contact number(s): _____

AUTHORIZED TO TREAT MINOR

In the event that I cannot be reached in an emergency, I hereby permit the concerned authorities to call 911 and/or to contact a medical facility or physician selected by the School to provide proper treatment to [student's name] and that I will be responsible for all expenses arising in association with such treatment.

ACKNOWLEDGMENT OF NOTIFICATION REGARDING RISK

I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of 'high risk' to the participants.

INDEMNITY AND WAIVER OF CLAIM

I, the undersigned, the Parent /Legal Guardian of _____, hereby agree to indemnify and hold harmless the Greek Orthodox Archdiocese of America, All Saints Greek Orthodox Monastery, St. Basil Academy5-Borough GOYA , its employees and volunteers from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Parent's Signature:

_____ Date _____

FUNDRAISING ESSENTIALS FOR JUSTINIAN WORK PROJECT

Fundraising for the Justinian Work Project trip will be a new adventure! Experience has been that very rarely do students NOT raise the total cost of their trip. In fact, they usually end up having over the amount that is needed. Below you will find some basic tips.

START RIGHT AWAY! Although the trip is not until March 2013, you could find donors who are looking to give before the end of the year for tax deduction purposes.

It is okay to contribute some of your own funds. You will be asking many people to help support your participation in the Justinian Work Project. So, do not be afraid to be a donor, too.

Your family can be of great support to you. Make sure they are on board – they are a great resource to help in the process of fundraising.

This is how it works:

All checks should be made payable to **5 BOROUGH GOYA**

If you would like to contribute to your trip, include a check with your other donations.

Though the 5 Borough GOYA advisory board will be tracking your donations, you are ultimately responsible for knowing the amount of funds you have raised. Put together a good tracking system so that you stay on top of reaching your goal.

Once you receive your donations, they should be *immediately* sent to George Livaditis at the following address:

George Livaditis
8601 Ridge Blvd.
Bay Ridge, NY 11209
INFO: www.justinianworkproject.weebly.com
Contact: justinianworkproj@gmail.com "

Have your donors send all checks and cash to you. You will then mail them to Mr. George Livaditis. On the checks, please write in the Memo Field: JWP 2014 – *YOUR NAME*.

Remember, it is also important to send a thank you note to your donors once you have received funds.

PAYMENT POLICIES

Your trip must be paid IN FULL by **March 29, 2014**

There will be **NO** exceptions to this policy.

If we do not receive your funds by the above date, your spot will be forfeited, and you will still be responsible for payment in full.

REFUND AND CANCELLATION POLICY

If cancellation occurs, the participant will be responsible for all trip costs incurred up to that point. Cancellations must be received in writing to George Livaditis (8601 Ridge Blvd., Bay Ridge, NY 11209). In case of a cancellation, the participant will pay the \$100 non-refundable deposit to the **5 Borough GOYA**

FUNDRAISING IDEAS

Letter of Appeal

The mainstay of your fundraising effort will be to write a personal letter appealing to your relatives, friends, and even to other churches in your local area.

There is a suggested letter included in this packet, but it needs to be personalized and should include a self addressed stamped envelope.

Your letter should be brief, and should request support for your involvement in the project. Mention why this project is important to you and ask for their prayers.

Invite anyone to contact either your priest or Mr. George Livaditis for a better understanding of your participation.

Remember to provide a DONATION SUPPORT FORM with your letter.

Parish Appeal

Start with your parish priest. He knows you and will more than likely stand behind your fundraising efforts by approaching your parish to support you.

You might ask your priest for his permission to speak to your congregation after Liturgy on a Sunday.

You can ask church organizations, such as the Philoptochos, Parish Council, as well as GOYA and YAL groups, to allow you the opportunity to give a presentation and ask for support.

Consider organizing a bake sale or similar fund-raiser at your parish.

Your priest can also help you appeal to other local or regional parishes and charitable organizations.

Be honest in your presentations and share from the heart. Let your audience know that they will be sharing in your work by sending you on the Justinian Work Project.

Suggested Letter to Potential Donor

Date
Prefix, First Name, Last Name
Address
City, State Zip

Dear Prefix, Last Name,

This Spring Break I am making a change towards something real. I will be joining other GOYAnS from NYC in serving our Holy Metropolis. This year, through the 5 Borough Inter-GOYA, I have the privilege to participate in the St. Justinian Work Project at All Saints Monastery in L.I. I would like to ask you to join me and participate as well.

The Justinian Work Project is an alternative spring break program designed to provide high school students with life-transforming experiences that strengthen their faith and broaden their Christian world-view through service.

In order for me to participate in this program, I need to raise \$300 which covers the cost of my transportation, food, lodging, and meals. This is why I am seeking your assistance. Please consider supporting me and participating in helping those in need by making a charitable donation today, made out to Orthodox Christian Fellowship with JWP 2013 – My Name in the memo.

Enclosed you will find a reply form and envelope. Please return it to me no later than February 15, 2013. Thank you again for supporting me and allowing me to serve our Church.

With much gratitude,

Your Name

Sample Support Form

(Can be included as a separate sheet or a tear-off at the bottom of the letter)

JUSTINIAN WORK PROJECT 2014 DONATION FORM

Name of JWP Participant: _____

YES, I wish to support the 5 Borough Inter-GOYA Justinian Work Project with my enclosed donation of \$ _____

Check # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Please make your tax-deductible donation, payable to:
5 Borough GOYA
and earmarked in the memo field JWP 2014-- YOUR NAME*

*Please return as soon as possible to:
YOUR NAME
YOUR ADDRESS*

TRIP CHECKLIST

Please be sure to bring:

Work Clothes:

Jeans or cargo pants that you do not mind getting dirty/stained/
torn and long sleeved shirts.

We will be working outside in the spring and we could have muddy conditions.

Tennis Shoes/Sneakers/Boots.

if you have waterproof shoes this is best. If you don't, be sure to bring plenty of socks to keep your feet dry. If you have rain boots, bring them! No flip-flops or sandals!

Jacket/ Sweat Shirt/ Fleece

remember this is spring and the weather changes!

Gardening gloves

Church clothes

you will be attending Divine Liturgy at the monastery on Sunday and the Akathist Hymn at the Southampton Parish Friday night. Please bring appropriate dress. This means dress pants, shirt, and shoes for boys and dress/skirt and shoes for girls—please no miniskirts ladies!

Toiletries

the hotel does not have everything! Make sure you bring your toothbrush, toothpaste, soaps, and shampoos, etc.

Any medication you take

Pajamas

Your cell phone and charger

All your meals will be provided but you can also bring any non-perishable food snacks to share with the other GOYAnS

IMPORTANT DATES

Applications Due by January 28, 2014

Applicants notified of acceptance no later than
March 14 , 2014

Non-Refundable \$100 Deposit to secure spot re-
quired by March 21, 2014

Remaining Balance of \$200 due by March 29, 2014

Mandatory orientation for all participants March 29,
2014 10am-12pm at

*SS Constantine and Helen Greek Orthodox Cathe-
dral*

64 Schermerhorn St

Brooklyn, NY 11201

718-624-0595

Project begins! April 13, 2014

SCHEDULE

SUNDAY, APRIL 13, 2014

Leave NYC

3:30 pm Arrive at All Saints Monastery, Calverton, L.I.

5:00 pm Welcome and introduction, tour of monastery

6:00 pm Bridegroom Service/ Beginning of Holy Week

7:15 pm Dinner and Bonfire

10pm leave for hotel

MONDAY, TUESDAY, AND WEDNESDAY APRIL 14, 15, & 16 2014

7 am-8:15 am breakfast at hotel

8:15 am leave for monastery

8:30 am Work site orientation

9 am 3rd Hour Prayers

9:15 am Begin project

12:00pm 6th Hour Prayers

12:15-1pm Lunch

1-2:50 Work

3pm-3:30pm 9th Hour prayers and Typica

3:30pm-4pm snack time

4-4:30pm finish up any last work and clean up site

4:30-5:45pm return to hotel for relaxation time

5:45pm leave for monastery

6pm Bridegroom Service*

7pm Dinner

8pm Bonfire and Reflection/Sharing time

10pm depart to hotel

Thursday April 17, 2014

9 am check out of hotel

9:15 depart to monastery

9:30am Vesperal Liturgy of St. Basil

11:00 am Lunch

12 :00 pm depart for NYC

* Wednesday will be Holy Unction

SCHEDULE

FOR TRIP TO SAINT BASIL ACADEMY

SUNDAY, APRIL 13, 2014

3 PM Leave NYC
4:30 PM Arrive at Saint Basil Academy
5:00 PM Welcome and introduction / Ice Breaker in Gym
6:00PM– Dinner In Main
7:00 PM– Work Project Orientation
8:00 PM– Free Time GYM Or Rec. Room
9:00 PM– Return to Dorms

MONDAY, APRIL 14, 2014

8:00am– Wake Up Call / Breakfast in the Dorms
9:00am- Begin Work Project
12:00– Lunch in Main
1:00PM- return to work project
4:00PM- Complete work for the day –return to dorms for shower/ snack
5:30PM– Great Monday—Bride Groom Service
6:30PM– Dinner in Main Building
7:30 PM– Free Time GYM Or Rec. Room
9:00 PM– Return to Dorms

TUESDAY, APRIL 15, 2014

8:00am– Wake Up Call / Breakfast in the Dorms
9:00am- Begin Work Project
12:00– Lunch in Main
1:00PM- return to work project
4:00PM- Complete work for the day –return to dorms for shower/ snack
5:30PM– Great Tuesday—Bride Groom Service
6:30PM– Dinner in Main Building
7:30 PM– Free Time GYM Or Rec. Room
9:00 PM– Return to Dorms

WEDNESDAY, APRIL 16, 2014

9:00am– Wake Up Call / Breakfast in the Dorms
10:00am- Great Wednesday—Liturgy of Presanctified Gifts
11:00am– Return to Dorms Change/ Tour to Waterfalls
12:00– Lunch in Main
1:00PM- return to work project
5:00PM- Complete work for the day –return to dorms for shower/ snack
6:00PM– Dinner in Main Building
7:00 PM– Service of Holy Unction
8:00 PM– Free Time
9:00pm– Return to Dorms

THURSDAY, APRIL 17, 2014

9:00am– Wake Up Call / Breakfast in the Dorms / Pack and Clean Dorms
10:00am- Great Thursday Vesperal Divine Liturgy
12:00 pm Lunch
1:30pm– Load Bus and return to NYC
3:00pm– Arrive Home