



# Ukrainian Orthodox Church of the USA

## Consistory Office of Youth & Young Adult Ministry

1810 Sidney Street  
Pittsburgh, PA 15203  
412-488-9664  
uocyouth@aol.com

October 1, 2008

Dear Brothers and Sisters in Christ,

Glory to Jesus Christ! Glory Forever!

With the Blessing of the Council of Bishops, the Offices of Youth & Young Adult Ministry and Mission and Christian Charities of the Ukrainian Orthodox Church of the USA in conjunction with the Children of Chernobyl Relief and Development Fund (CCRDF) announce its missionary trip to Ukraine for College Aged Young Adults. **In an effort to make the trip available to students on different schedules, we will be alternating the dates of the trip between May/June and July/August.** This year's trip will take place Thursday July 30 - Sunday August 16, 2009 with an orientation day in South Bound Brook, NJ on Wednesday July 29, 2009.

The purpose for the trip to Ukraine is to give time and aid to the orphanages adopted by our Archdiocese in the southwestern area of Ukraine in the cities of Znamyanka and Puhachiv. This trip is also designed to give young adults an opportunity to deepen and live their faith through love, experience and action. Several days will be spent at each orphanage and may include the following capacities:

- Social and educational interaction with the orphans
- Therapeutic work with the handicapped and massage therapy
- Painting of murals at the orphanage
- Repairs on orphanage building
- Conducting "special olympics" Program

Christ tells us "Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me...for I was hungry and you gave me no food, I was thirsty and you gave me no drink, I was a stranger and you did not welcome me, naked and you did not clothe me, sick and in prison and you did not visit me."(Matthew 25:40). The children in these two orphanages are truly the brethren of which Christ speaks, the least, the most in need. These children suffer the ongoing aftereffects of the Chernobyl nuclear accident, which occurred in 1986. They suffer from cancer, genetic birth defects and complications, heart anomalies and immune deficiencies perpetuated by the Chernobyl disaster.

Enclosed you will find applications for the trips. The tentative cost for the trip is \$2200 plus your transportation to South Bound Brook, NJ. If accepted for the mission team, the participant will receive a packet with materials instructing them how they can raise the funds needed for the trip. With the Grace of God, the fund raising is not as difficult as it may seem.

**All applications MUST be postmarked by January 1, 2009. There are only eight(8) places available for the team. Applications will be processed in the order received. If you do not have a current passport, you should apply for one immediately in the event that you are accepted.**

We pray that you will be able to join us on these trips to act upon the command of our Lord and Savior Jesus Christ.

In Christ's Love,  
Natalie Kapeluck Nixon  
Director  
Office of Youth & Young Adult Ministry

Fr. Deacon Dr. Ihor Mahlay  
Director  
Office of Missions and Christian Charity



# Ukrainian Orthodox Church of the USA

Consistory Offices of Youth & Young Adult Ministry and Christian Charity

Children of Chernobyl Relief and Development Fund

## Mission Trip to Ukraine for College Age Young Adults Application

Please attach current photo here

Name (as will appear exactly on your passport) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Parish Name and City \_\_\_\_\_

Pastor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If you are in college, what college do you attend and year? \_\_\_\_\_

School Address: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever participated in a Mission Trip? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when and with what organization \_\_\_\_\_

Have you traveled to Ukraine before? \_\_\_\_\_ Do you speak Ukrainian? \_\_\_\_\_

Do you speak any other languages? If yes which ones? \_\_\_\_\_

Do you have any medical or physical therapy training? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Please check areas in which you have experience:

- |            |       |                      |       |
|------------|-------|----------------------|-------|
| Cooking    | _____ | Camp Counselor       | _____ |
| Carpentry  | _____ | Sunday School        | _____ |
| Electrical | _____ | Teacher              | _____ |
| Masonry    | _____ | Retreat Leader       | _____ |
| Painting   | _____ | Campus Ministry      | _____ |
| Plumbing   | _____ | Public Speaking      | _____ |
| Custodial  | _____ | Political Volunteer  | _____ |
| Other      | _____ | Charitable Volunteer | _____ |

Please include with this application a short essay as to why you would like to participate in this trip and what you feel you may have to offer the team. Also include names and phone numbers for two references.

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Reference #1 Name \_\_\_\_\_  
Phone \_\_\_\_\_

Reference #2 Name \_\_\_\_\_  
Phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parish Spiritual Father Signature \_\_\_\_\_

The Spiritual Father Confidential Applicant Evaluation should be given to your Spiritual Father. This may be returned in a sealed envelope with the application or sent directly to OYM Office. The applicant CAN NOT be accepted until the Spiritual Father Evaluation is returned.

**Application must be postmarked by January 1, 2009 and sent to:**

Office of Youth & Young Adult Ministry  
1810 Sidney Street—Pittsburgh, PA 15203

If you have questions contact Natalie Kapeluck Nixon - OYM Director  
At 412-488-9664 or uocyouth@aol.com

## Ukrainian Orthodox Church of USA Mission Trip to Ukraine Medical Form

The following information is private and only the appropriate parties will have access to the information. Please check if you have been treated for any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Heart Ailments<br><input type="checkbox"/> Liver Problem<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Back Problems<br><input type="checkbox"/> Kidney Problems<br><input type="checkbox"/> Contact Lenses or glasses | <input type="checkbox"/> Epilepsy or other Neurological problems<br><input type="checkbox"/> Eye Problems<br><input type="checkbox"/> Lung Problems<br><input type="checkbox"/> Thyroid Problems<br><input type="checkbox"/> Skin Disease<br><input type="checkbox"/> Hernia<br><input type="checkbox"/> Pilonidal cyst<br><input type="checkbox"/> Alcoholism<br><input type="checkbox"/> Drug Abuse |
|--|---|

Do you need special medical or dental services ? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what services \_\_\_\_\_

Are you currently taking any required medication? If yes, what, and what dosage? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had psychological counseling or therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been hospitalized for a psychological problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you allergic to any medicines e.g. Penicillin, sulfa, etc? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please list \_\_\_\_\_

Are you allergic to any foods? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please List \_\_\_\_\_

Are you allergic to insect stings, animals or plants? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please List \_\_\_\_\_

Have you had any major surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please List \_\_\_\_\_

IMMUNIZATIONS and DATES Please fill in completely — "Up to Date" is not sufficient.

_____ Cholera	_____ Polio	_____ Hepatitis A
_____ Diphtheria	_____ Tetanus (in past 10 years)	_____ Hepatitis B
_____ Measles (rubella)	_____ Typhoid fever	_____ Rabies
_____ Mumps	_____ Yellow fever	

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Policy Dates \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

I attest that all the information in this application is accurate and true to the best of my knowledge. I understand that this is a voluntary mission and I am responsible for raising all expenses that will be incurred for the trip. I also understand that this is an Orthodox Christian mission trip and I will conduct myself during the trip in a manner befitting an Orthodox Christian laboring on behalf of Lord and Savoir Jesus Christ.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER OF LIABILITY

for Trip to Ukraine

**I am volunteering to take part in the July 29 - August 16, 2009 goodwill mission to orphanages in Ukraine cosponsored by the Ukrainian Orthodox Church of the USA and the Children of Chernobyl Relief and Development Fund.** I understand that the living conditions at the Zaluchya, Puhachiv, and Znamyanka orphanages are quite primitive and that travel in the Ukrainian countryside can be hazardous due to the poor maintenance of roads and other factors. I also understand that most of the children at both orphanages are severely disabled, that many of them suffer from severe birth defects, disfigurements, and infectious diseases. I believe that I have the requisite strength of character, sufficient maturity, personal resolve and psychological resiliency to confront these conditions without suffering personal trauma or emotional distress.

I realize the CCRDF and the UOC of USA have little or no control over the inherently hazardous conditions that I may encounter en route, or on site at the orphanages, and I assume any and all risks involved in this humanitarian mission. In the event of injury or illness, I will hold harmless the Orthodox Church of the USA, Children of Chernobyl Relief and Development Fund, Office of Youth & Young Adult Ministry, Office of Christian Charity, their Hierarchs, boards of directors, mission team leaders, and staff and waive any claims to financial damages or compensation for any harm that I may suffer in the course of this mission. I also assume personal responsibility for any immunizations, prescription medications or health precautions that may be prudent to reduce the risk of illness or injury during overseas travel.

Participant \_\_\_\_\_

Date \_\_\_\_\_

### Special Notes for Applicants:

- *Applications received and accepted after the deadline may be subject to additional fees depending upon purchase of airline tickets.*
- *Preference for acceptance may be given to new qualified applicants over applicants that have participated in prior trips.*
- *All applications **MUST** be postmarked by January 1, 2009. There are only eight(8) places available for the team. Applications will be processed in the order received.*
- *If you do not have a current passport, you should apply for one immediately in the event that you are accepted.*