

# SWIM

Theme: "Blessed are the Merciful...."

**WHO:** High School Youth from 9<sup>th</sup>-10<sup>th</sup>-11<sup>th</sup>- and 12<sup>th</sup>- graders from the 2008-2009 school year. A minimum of 15 years of age.

**WHAT:** Summer Witness in Mission (S.W.I.M.) offers you an opportunity to participate in Christian service. This mission trip is centered in the Joliet Diocese, and you will travel by van throughout the different regions, engaging in such service activities as painting, child care, yard work, farm work, visiting senior citizens and challenged adults, and helping at a food pantry. Each day will include work at a designated site, prayer, reflection, recreation and 3 meals.

**WHERE:** St. Charles Pastoral Center in Romeoville (402 S. Independence Blvd) will be our main center for gathering and housing.

**WHEN:** a 7-day, 6-night experience - August 2<sup>nd</sup> to August 8<sup>th</sup>, 2009  
Beginning at 7PM on Sunday and concluding at 2PM on Saturday.

\*\*An orientation session is required for all participants and their parent(s) on Wednesday, July 8, 2009, at 7:00 p. m. at the St. Charles Pastoral Center in Romeoville

**COST:** The cost for each participant is \$250.00. A deposit of \$50.00 is due by July 9, 2009, along with the completed application. Make checks payable to Diocese of Joliet

**HOW:** Fill out the application form and send it along with your deposit to:

Peace & Social Justice Office

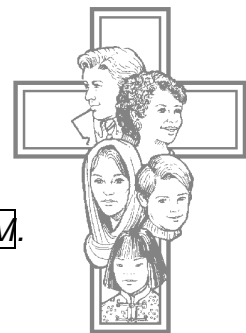
Attn: SWIM

402 S. Independence Blvd.

Romeoville, IL 60446

The Joliet Diocesan Peace & Social Justice Ministry sponsors S.W.I.M.

"What does the Lord require of you but to do justice, and to love with kindness and to walk humbly with your God." Micah 6:8



# High School Summer Witness in Mission Application

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parish: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please circle your grade during the 2008-2009 school year: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Previous S.W.I.M. experience? YES \_\_\_\_\_ NO \_\_\_\_\_

Why are you interested in S.W.I.M.?

Have you been involved in Christian Service? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please share a little about it.)

How do you like to spend your leisure time?

Please describe any medical condition we should know about.

## Parent/Guardian Information:

Name(s) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone #'s \_\_\_\_\_  
(home, cell, work, other)

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