# Diocese of Honolulu Catholic Committee on Scouting (DHCCS) 2021 St. George Trek Application

## PERSONAL INFORMATION

Full Name:			
(as it appears on identification	ie. State ID, Driver	r's License,	Passport, etc.)
Nickname:			
Date of Birth:	_ □ Male	□ Femal	e
Mailing Address:			
City:	State: Zip Code:		
Home Phone Number:	Participant Cell Phone Number:		
Participant Email:			
Parent/Guardian Name:			
Parent/Guardian Cell Phone Number:			
Parent/Guardian Email:			
SCO	UTING BIOGRA	АРНҮ	
Scouting Unit and Number:		Rank: _	
Leadership Positions Held:			
Scouting Activities:			
High Adventure Experience:			
Number of Previous Philmont Treks:			
Catholic Scouting Experience:			
Religious Emblems Earned:			
СНИ	RCH INFORMA	ATION	
Parish Name and City:			
Pastor's Name:			
List parish activities you are involved in:			

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#### **SCHOOL INFORMATION**

School Name and City:
Grade for 2020-2021 School Year:
Honors:
List school activities you are involved in:
Community Activities:

## **ESSAY QUESTION**

Explain why you wish to represent the Diocese of Honolulu as a St. George Trek Participant. (Use additional space as needed)

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## **AFFIRMATION OF PREREQUISITES**

$\hfill\Box$ I am a registered youth participant in an active Boy Scouts of	America Unit
$\hfill \square$ I will have reached the age of 15 and completed my freshman	year of high school by July 1, 2021
$\hfill \square$ I am below the age of 19 and will not have graduated high sch	nool before May 1, 2021
□ I meet or will meet the physical, mental and emotional requir no later than April 1, 2021	ne/HealthMedicalRequirements.aspx
□ I read the Health/Medical Requirements, Medical Conditions, and A Word About Conduct sections found on the Philmont S <a href="http://www.philmontscoutranch.org/Camping/WhoCahttp://www.philmontscoutranch.org/C&lt;/td&gt;&lt;td&gt;cout Ranch website (visit links to access)&lt;br&gt;inCome/risks.aspx&lt;br&gt;inCome/policies.aspx&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;□ I will bring a copy of the required Philmont Physical to the DI to the NCCS St George Trek Point of Contact&lt;/td&gt;&lt;td&gt;HCCS Interview. I will provide the original&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;math display=" inline"="">\hfill \square I will attend a DHCCS meeting for an interview (estimated No</a>	vember 2020 meeting)
☐ I read the information on the National Catholic Committee on <a href="http://www.nccs-bsa.org/index.php/st-george-trek">http://www.nccs-bsa.org/index.php/st-george-trek</a>	Scouting – St. George Trek website.
$\hfill \square$ I understand I must be validly certified in CPR no later than Ju	uly 1, 2021
$\hfill \square$ I understand that I must attempt to be validly certified in Wil	derness First Aid no later than July 1, 2021
$\hfill \square$ I am willing to participate in activities and discussions about religious life	discernment of a vocation to priesthood or
$\hfill\Box$ I am able to hike $10$ miles with a 50-pound pack on my back	
$\hfill \square$ I will train with the equipment I will be using on the Trek for (i.e., hike in boots carrying 50-pound pack)	at least three months prior to the Trek
$\hfill \square$ I had no joint or bone injuries in the previous year	
$\hfill\Box$ I have a positive attitude and am mentally ready for the Philm	nont Trek experience
□ I understand the cost of the Trek (est. \$800), associated equipolar responsibility (Note: the DHCCS will try its best to provide fi	
<ul> <li>□ I understand my participation is contingent on the completio documents. Estimated payment due dates: September, Octol 2021</li> </ul>	
□ I will submit all required documents to the NCCS St George To and read all correspondence from the Point of Contact	rek Point of Contact by the suspense date
APPLICANT SIGNATURE:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE:

Email completed application to <a href="mailto:DHCCS.HI@gmail.com">DHCCS.HI@gmail.com</a> with SUBJECT: St George Trek 2021 Application – Last Name, First Name no later than September 1, 2020.