

Application

Mission Trip to Jerusalem Farm, Kansas City, MO March 22nd – 28th, 2026

Applications are due by January 29, 2026

Thank you for your interest in the Sheil Catholic Center mission trip to Jerusalem Farm. It is an opportunity to learn about a particular region and culture, to grow in faith and integrate the principles of Catholic Social Teaching, and to share what you learn with the Sheil and Northwestern communities.

Prayer

Each morning and evening will contain time for prayer and reflection. There will be a focus on God in our lives, how God is calling us to serve and love one another, and how all our actions can point us to God and call us to prayer.

Community

A full-time community of individuals live and work at Jerusalem Farm. They act as retreat leaders and mentors for the volunteers. At the beginning of the week, students will be introduced to the principles of Catholic Social Teaching through an interactive discussion. It is from these principles that we form our community and respond and act to serve in the surrounding community. Our group will be mixed with other groups of volunteers (up to 30), and we will focus on building community. This will be fostered in how the work crews are structured, and in the attitudes and reflections at the farm. By building community, we can better communicate and organize for a common purpose.

Simplicity

It is through simplicity that we are all made aware of our capabilities and the needs of others. Simplicity will be found in all the work we do, working the earth in our gardens, and with our hands as carpenters. The farm asks that volunteers refrain from cell phone usage, watches, and other electronics in order to focus attention on those around us with whom we are forming community with, and those we are serving. Finally, we will learn about the importance of sustainability and stewardship of our earth. (descriptions above adapted from Jerusalem Farm website, <https://www.jerusalemfarm.org>)

When are We Going?

The trip begins on Sunday March 22nd and ends on Saturday March 28th, 2026. Students must be willing to commit to the entire length of the trip. Participants will receive a finalized itinerary before the actual trip.

How Much Will it Cost?

The cost is \$500 for non-scholars and \$700 for Catholic Scholars which includes transportation, food, and lodging. The remainder of the cost is generously supported by the Sheil Catholic community. Students are responsible for additional costs such as spending money.

Payment in full is required before you leave. A \$50.00 deposit is due for non-scholars. If you are not selected for the trip, this deposit will be returned to you. Scholarships are available for those who qualify—scholarships are credits given off your total cost. The final payment of \$500 (for non-scholars) is due Monday, March 2nd, 2026.

If you need scholarship assistance, please check here: ____ If you are a Catholic Scholar and plan to use your stipend towards the trip, please email Sister Belinda Monahan, OSB, Director of Transformative Learning, and Tim Higgins, Campus Minister, in advance of the application date: belinda.monahan@northwestern.edu and tim-higgins@northwestern.edu.

What Else is Required?

Participants are expected to attend three meetings prior to the trip: Sundays, February 15th, March 1st & March 15th from 6-7 p.m. We will be discussing Catholic Social Teaching, group formation, and issues such as poverty and mission. Be prepared to work hard, be a contributing member of the team, seek the best for all team members, and take responsibility for the success of the experience. Be open to learning about yourself and others and willingly share yourself with the group through daily prayer and reflection. Act responsibly at all times knowing that you are an ambassador of the Sheil Catholic Center and Northwestern University. Finally – be willing to laugh, love others, and have FUN! And be prepared to be surprised.

Space is limited. Applications will be processed in the order in which they are received. We encourage all interested Northwestern students to apply. However, first consideration will be given to those who have not been on a previous mission trip with the Sheil Catholic Center.

To apply, complete the enclosed application, including the requested items listed below, and return to: Tim Higgins, Sheil Catholic Center, 2110 Sheridan Road, Evanston IL 60201.

Please ensure that when you submit this application that you include the following items:

- Application Form
- Release of Claim and Emergency Authorization Form
- Medical Form
- Northwestern Policies and Media Acknowledgement Form
- \$50 deposit – checks can be made payable to “Sheil Catholic Center”

Application

Legal Name: (on license or passport) _____

Address: _____

Date of Birth: _____

Cell Phone: _____

Email: _____

Year (check one): First-Year Sophomore Junior Senior Grad Student

Previous volunteer and/or mission trip experience (not a pre-requisite):

Provide a short description of any previous volunteer experience.

Questions: (Answer in the space provided or attach a separate sheet if necessary.)

1. Why are you interested in volunteering at Jerusalem Farm at this point in your life?

2. What do you hope to learn from this experience?

3. What strengths do you bring to the group?

4. What other expectations do you have?

Participant's Signature: _____ Date: _____

Release of Claim and Emergency Authorization

Please read this form carefully.

Agreement Regarding Liability:

I agree to assume any and all risk of bodily injury, death, or property damage arising out of, or caused by my presence and participation in this service trip.

I agree to waive and relinquish all claims that I may have against Sheil Catholic Center, the Archdiocese of Chicago, Northwestern University, their officers, agents, servants, employees, drivers, and volunteers relating to Sheil Catholic Center.

I hereby fully release and discharge Sheil Catholic Center, the Archdiocese of Chicago, Northwestern University, their officers, agents, servants, employees, drivers, and volunteers relating to Sheil Catholic Center from any and all claims from injuries, including death, damage or loss, that I, my heirs and/or legal representatives may have or which may accrue to me on account of my activities.

I further agree to indemnify and hold harmless and defend Sheil Catholic Center, the Archdiocese of Chicago, Northwestern University, their officers, agents, servants, employees, drivers, and volunteers relating to Sheil Catholic Center from any and all claims resulting from injuries including death, damages and losses sustain by me, or sustained by others and caused by me, and arising out of, connected with, or in any way associated with my activities on their property. This Agreement also pertains to the individuals who help me.

Emergency Treatment Authorization & Insurance Information

I hereby authorize permission for the administration of first aid to myself by the people in charge of the program and those transporting me to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

I hereby authorize the treatment by a qualified and licensed doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the Emergency Contact listed on the opposite side of this form. I agree to provide medical insurance and pay all costs and expenses incurred in connection with such medical and dental services rendered to me.

Signature

I have carefully read and fully understand this *Release of Claim and Emergency Authorization Form* and I sign it of my own free will.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____

Medical Information

Participant's Name (please print): _____

School Address: _____

Phone Number: _____

Date of Birth: _____

Emergency Contact Information:

Name: _____ Alternate Name: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email Address: _____

Name of Physician: _____

Physician Phone Number: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Health Insurance Phone Number: _____

Specific Medical Allergies: _____

Dietary Restrictions: _____

Chronic Illness or Conditions: _____

Other: _____

Participant's Signature: _____ Date: _____

Northwestern Policies and Media Acknowledgement

I have read Northwestern's Student Handbook and agree to abide by all its policies. For the handbook, visit <https://www.northwestern.edu/communitystandards/student-handbook/>

Participant's Signature: _____ Date: _____

By participating in this mission trip, you may be digitally recorded and/or photographed and, as such, acknowledge and agree to grant Sheil Catholic Center the right to digitally record, film, photograph, or capture your likeness in any media now available or hereafter developed, and to distribute, broadcast, use, or otherwise disseminate such media in perpetuity without any further approval from you or any payment to you.

Participant's Signature: _____ Date: _____

*If you need to opt-out of the media portion, please email Tim Higgins, Campus Minister, with your request before January 29, 2026: tim-higgins@northwestern.edu.
This will not impact your application.*