

Application Packet

Mission Trip to Detroit January 15-18, 2027

Applications are due by Thursday, November 5, 2027

Thank you for your interest in the Sheil Catholic Center mission trip to Detroit. 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.

During the trip, you will learn about the economic and systemic challenges facing the city and hear stories of community leaders who are working for change. You will meet residents of Detroit, serve at a soup kitchen, and learn about creating equitable communities for all.

There are two formation meetings prior to the trip that take place at Sheil Catholic Center, Evanston. During these meetings, you will meet the other students who will be traveling with you and learn about logistical details. The meetings also include time to discuss principals of Catholic Social Teaching, issues of cultural sensitivity, and local history and culture.

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.

The total cost of the trip is \$450 for Catholic Scholars and \$300 for non-Catholic Scholars, both of which includes a \$50 deposit. The remainder of the cost is generously supported by the Sheil Catholic community. Your portion helps to cover transportation, lodging, and food. Payment in full is required before you leave. If you are not selected for the trip, your deposit will be returned. Final payments are due December 10, 2026. Scholarships are available for those who qualify. If you need scholarship assistance to cover the cost, 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.

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 in Detroit 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 December 10, 2026: tim-higgins@northwestern.edu.
This will not impact your application.*