

Volunteer Opportunities of Possible Interest:

Crew leaders and assistant crew leaders are a 5 day commitment.

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|--|--|--|
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Chadder Cinema |
| <input type="checkbox"/> Asst. Crew Leader | <input type="checkbox"/> Games | <input type="checkbox"/> Sing & Play Assistant |
| | <input type="checkbox"/> Snacks | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Bible Drama | |

Days available: Mon Tues Wed Thurs Fri

Reasons for volunteering. You can check more than one:

____ I like to work with children ____ I like to share my faith with younger children
____ Service hours ____ Other _____

Please list your other volunteer activities: _____

Describe yourself by listing 2-3 of your characteristics and a weakness:

What are your interests or skills (art, music, computer's, etc.)?

Parent/Guardian Contact Information:

Name: _____ Relationship: _____

Telephone #: (H) _____ (W) _____ (Cell) _____

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Questions ? Call the Religious Education Office at 847-234-0090 or office@restmary.com

We look forward to seeing you at Sky!

PARENTAL PERMISSION, HEALTH AUTHORIZATION & RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Participant's Name(s) _____ Parish _____
Address _____ Phone _____
City _____
School _____ Grade _____ Birth Date _____
Parent/Guardian's Name(s) _____ Home Phone _____
Address _____ Work Phone _____
Pager, Cell or other number _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____
Phone _____
Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes ___ No ___

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (check all that apply):

Asthma ___ Fainting Spells ___ Convulsions ___ Diabetes ___ Heart ___ Eyes ___

Ears ___ Nose ___ Throat ___ Lungs ___ Digestion ___

Other _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication? No ___ Yes ___, List _____

State the date of your child's last physical examination: _____

(COMPLETE BACK OF FORM)

Parental Permission and Acknowledgement of Conditions for Participation in Program

I/we, parent(s) or authorized guardian of the child(ren) named above give permission for his/her participation in the **Vacation Bible School Program (July 23-27, 2012) located at School of St. Mary, Primary Grade Center, 900 West Everett Road, Lake Forest, IL**, and all related activities.

1. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from Religious Education staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
3. I/we understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Chicago (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Chicago, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releases while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above. Needs to be signed by at least one Parent or Guardian.

_____ Date _____
Signature of Parent or Guardian

_____ Date _____
Signature of Parent or Guardian