



Saint Peter Claver Parish
Volunteer Registration Form

Missions of Mercy

Friday – Sunday, June 28-30 / Registration ends June 2nd.

Mandatory orientation: Sunday, June 9 @ 11am in Room 1 or Wednesday, June 12 @ 7pm in Room 1

Family Last Name _____ Home Phone _____

Street Address _____

City _____ State _____ Zip Code _____

ADULTS Write shirt size:	Basic Information	Age range (Circle one)	Contact Information	Please choose the type(s) of work you prefer, and check all days that you are available to serve.											
				Construction/Trail clean-up 7am			Outdoor Cleaning/Gardening			Please Circle One	Indoor Cleaning/Organizing			Please Circle One	
				Fri	Sat	Sun	Fri	Sat	Sun		Fri	Sat	Sun		
Adult #1 *SHIRT SIZE: _____	Full Name: _____	18-30 31-50 51-69 70+	Phone: Email:								Start Time: 7 or 9				Start Time: 7 or 9
Adult #2 *SHIRT SIZE: _____	Full Name: _____	18-30 31-50 51-69 70+	Phone: Email:								Start Time: 7 or 9				Start Time: 7 or 9
Adult #3 *SHIRT SIZE: _____	Full Name: _____	18-30 31-50 51-69 70+	Phone: Email:								Start Time: 7 or 9				Start Time: 7 or 9
Adult #4 *SHIRT SIZE: _____	Full Name: _____	18-30 31-50 51-69 70+	Phone: Email:								Start Time: 7 or 9				Start Time: 7 or 9

Adults over 25: Would you be willing to transport other participants (besides your family members) to your service site? In order to transport participants, you must be 25 years of age or older, VIRTUS® trained and Archdiocese fingerprinted, possess a valid driver's license, and have current vehicle registration, and insurance.

_____ No _____ Yes If yes, please list name(s) of adults driver(s): _____

*If a child is 13 or younger as of June 1, 2019 they must be accompanied by adult family member 25 or older who must participate with the child.

Children Under 18	Shirt size (also specify adult or child sizing)	Full name	Age	* Grade Completed	Construction 16+ 7am start			Outdoor Trails/Gardening			Please Circle One	Indoor Cleaning/Organizing			Please Circle One
					Fri	Sat	Sun	Fri	Sat	Sun		Fri	Sat	Sun	
Child:											Start Time: 7 or 9				Start Time: 7 or 9
Child:											Start Time: 7 or 9				Start Time: 7 or 9
Child:											Start Time: 7 or 9				Start Time: 7 or 9
Child:											Start Time: 7 or 9				Start Time: 7 or 9

Please list two (2) **emergency contacts** for yourself/your family. These contacts must be adults who are NOT also participating in Missions of Mercy.

Emergency Contact(1): _____ Cell Phone _____ Relationship: _____

Emergency Contact(2): _____ Cell Phone _____ Relationship: _____

Health Insurance Company: _____ Policy No. : _____

Please list any allergies/medical conditions/medications for your family. Continue onto another paper if needed _____

Signature _____ **Date** _____

Photo and Video Release Form – Adults and Youth

CONSENT: I _____ grant permission for myself and (if applicable) legal minor members of my family for which I am the parent/legal guardian to be photographed and/or videotaped during our participation in the *St. Peter Claver Parish Missions of Mercy* program. The *Office of Faith Formation* has my permission to use our images in said photographs and/or videos for the purpose of promoting *St. Peter Claver Parish Missions of Mercy* within our ministries and programs, but not limited to, print publications of the Office of Faith Formation and Internet websites associated with St. Peter Claver Parish. Permission is also granted to use photographs and videos for future Faith Formation programming. I do so with the understanding that:

- Names of minors will NOT be published with photographs except in the case of photo boards to be displayed indoors on the parish ground.
- St. Peter Claver Parish Office of Faith Formation will never associate the names of minors with their photographs or likeness online.

For the following specific items, please initial to indicate permission or write NO to indicate refusal:

_____ Display of my/my child’s photograph/likeness on the St. Peter Claver Parish and Office of Faith Formation websites.

_____ Display of my/my child’s photograph/likeness on St. Peter Claver Parish social media pages.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly.

Participant Signature _____ **Date** _____

Parent/Guardian Signature (if applicable) _____ **Date** _____

Missions of Mercy

Behavior Guidelines – Adults and Youth

The following behavior guidelines are to be observed at all times by participants. Participants who break any of these behavior guidelines may be sent home, requiring (for youth participants) that a parent or guardian come to pick them up immediately.

THERE WILL BE RESPECT FOR ALL PROPERTY

Property of St. Peter Claver Parish, School, and surrounding areas, and the property of outing destinations and vehicles used for transportation shall not be damaged, taken, marked, or vandalized in any way. Personal property shall not be used without permission or damaged in any way. Participants or Parents/Guardians would be liable for the cost of repairing any damaged property

THERE WILL BE CONCERN FOR SAFETY AND RESPECT FOR THE LAW

Participants are to cooperate with, and conform to, the directions and instructions of St. Peter Claver Parish staff and volunteers, law enforcement, and the staff and officials of events, outing locations, bus companies, etc. There shall be no drugs, alcohol, or tobacco products in any participant's possession. There shall be no weapons or fire starters of any kind in any participant's possession. Physically, verbally, or emotionally abusive behavior towards others will not be tolerated. Foul language and dirty jokes are unacceptable. Fighting of any kind will not be tolerated.

THERE WILL BE RESPECT, COOPERATION, AND APPROPRIATE PARTICIPATION

Everyone will get the most out of our service experience. Workplace integrity starts with honesty, decency and trustworthiness. Following through with your word and being impeccable and honorable with your actions creates respect and professionalism .

APPROPRIATE ATTIRE WILL BE WORN AT ALL TIMES

Attire or exposure that is deemed indecent or inappropriate by staff and/or volunteers will not be tolerated, including, but not limited to: exposed underwear, exposed cleavage, bare midriffs, strapless tops or short shorts. Only short or long sleeved t-shirts, long pants and closed toed shoes are appropriate.

I have read and agree to follow the guidelines above and understand that violations of these guidelines could result in suspension from Missions of Mercy

Participant Name : _____ Date: _____

Participant Signature : _____ Date: _____

Signature of Parent/Guardian (if applicable): _____ Date: _____

ARCHDIOCESE OF LOS ANGELES

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

Location: St. Peter Claver Parish

Minor's Name: _____

Address: _____

Date of Birth: _____ Male Female

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows:

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/ daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above.

Parent/Guardian

Date

Mobile Phone

Home Phone

Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____