

Please complete youth volunteer information on back if you are registering more than (1) volunteer, kindly complete a second form.

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Hm: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and wellbeing of the participants and volunteers in this CKC and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the CKC Team, or other associated volunteers of the CKC program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the CKC

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the CKC week or for future advertisement of Parish CKC programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Completed forms may be dropped off at Our Lady of Perpetual Help bookstore, located in the cottage behind the church & rectory.

Date completed form returned (CKC Use Only) : _____

Youth Volunteer Information:

Name: _____

Phone: _____ Email: _____

School: _____

Do you need a service hour form signed? _____

Sex: (circle one) M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L adult sizes: S M L XL

Allergies or medical conditions: _____

Provide special needs if necessary: _____

Have you volunteered with St Al's in the past? _____

If so what did you do? _____

Would you like to take part in the morning skits? _____

Dismissal Information: Name(s) of persons who are picking up this volunteer or Indicate If volunteer is driving themselves. Please provide contact Information for this person If different from parent Information above:

Parent / Guardian Signature

Date

=====

Thank you for volunteering we couldn't do It without you!