



# Adult Volunteer Registration

Monday thru Friday, August 2<sup>nd</sup> – 6<sup>th</sup>, 2010  
9:30 AM to 1:00 PM

Saturday, August 7<sup>th</sup> 2-5 PM  
with Closing Ceremony at the Parish BBQ at 3:00 PM

**PLEASE PRINT**

Volunteer \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

English Speaking  Yes  No Other languages: \_\_\_\_\_  Male  Female

Home Phone# \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Emergency # \_\_\_\_\_ Name/Relationship \_\_\_\_\_

Email \_\_\_\_\_

Is there a medical condition, food allergy, allergy, learning or physical disability we should know about? If yes, please explain noting which child condition pertains to.  Yes  No

**Please indicate in what areas you would like to volunteer in:**

- Crew Leader (age preferred \_\_\_\_\_)  Station Leader  Video/Pictures  Outside Activities
- Snack \_\_\_\_\_ assist \_\_\_\_\_ bring  Set Up on Sunday 8/1  Clean Up on Fri. 8/6 \_\_\_\_\_ or on Sat. 8/7 \_\_\_\_\_
- Games  Music  Crafts  Registration  Drama
- Set Decoration  Set Construction

**Please fill out release form on the other side.**





# SAINT VINCENT DE PAUL CATHOLIC CHURCH

Iglesia Católica de San Vicente de Paúl

8345 Talbert Avenue Huntington Beach, California 92646-1599  
(714) 842-3000 Fax (714) 842-6780

## RELIGIOUS EDUCATION & DIOCESE OF ORANGE ADULT PERMISSION & RELEASE FORM

I here by consent to (print name) \_\_\_\_\_ participating as a volunteer in the Faith Formation Program, Vacation Bible School, High Seas Adventure, at Saint Vincent de Paul Church, August 2-6, 2010, 9:30 AM to 1:00 PM, Saturday, August 7, 2:00 – 5:00 PM.

I, wish to participate in the activity described above and as a condition of my being allowed to do so I, hereby, release and discharge the Diocese of Orange, its constituent organizations including but not limited to the Roman Catholic Bishop of Orange, a Corporation Sole, Saint Vincent de Paul Church and their officers, employees and volunteers from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of entities, individuals named or described above.

I hereby warrant and represent that I am physically fit and capable of participating in such activity. I make this warranty and representation on the basis of advice given to buy a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of the said medical doctor.

I agree to abide by the rules and regulations governing the above described activity and to obey any instruction given by the person or persons having supervision and control over the activity.

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

\_\_\_\_\_  
Participants Name (Print) Participants (Signature) Date

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Home Telephone Office Telephone Email Address

\_\_\_\_\_  
Family Physician Name & Telephone # Insurance Company Policy No.

\_\_\_\_\_  
Allergies/medical problems/disabilities

### Person other than Parent to notify in case of an Emergency:

\_\_\_\_\_  
Name Relationship Telephone