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| ***VOLUNTEER / GROUP MEMBER REGISTRATION*** |

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| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  |  |  | |  |  |
| Please Print | Last Name |  | First | |  | Middle |
| Address |  | | | Home Phone: |  | |
|  |  | | | Mobile Phone: |  | |
| Email |  | | | ⃝ Photo ID Attached | | |

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| **VOLUNTEERS** | | | | | | | | | | | | |
| I am interested in volunteering at: ⃝ (Location Name) Parish ⃝ (Location Name) School | | | | | | | | | | | | |
| *School Volunteers complete the following:* | | | | | | | | | | | | |
| *Current School Student Name* | | | |  | *Grade* | |  | *Relationship (i.e. Parent, Grandparent, aunt, etc.)* | | | | |
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| **GROUP MEMBERS:** | | | | | | | | | | | | |
| Groups I am a member of: | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | |
| **RELEASE OF LIABILITY/MEDICAL RELEASE** | | | | | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold  Volunteer/Member Full Name (Please Print)  harmless and defend LOCATION NAME and the Roman Catholic Bishop of San Diego, and their respective clergy, officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in any LOCATION NAME sponsored activity.  In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. | | | | | | | | | | | | |
| In case of an emergency and for permission for treatment beyond emergency procedures, please contact: | | | | | | | | | | | | |
| Name: |  | | | | | | | | Relationship to me: | |  | |
| Primary Phone: |  | | | | | Secondary Phone: | | | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature / Date | | | | | | | | | | | | |
| **PHOTO/VIDEO RELEASE** | | | | | | | | | | | | |
| I grant permission for LOCATION NAME Parish and LOCATION NAME School (collectively “LOCATION NAME”), their respective employees, representatives, or volunteers, to photograph or record on audio or video (tape or digital) me for purposes of furthering the mission of LOCATION NAME. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by LOCATION NAME. I understand that such photos and/or video recordings will be used for LOCATION NAME related purposes only and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.  ⃝ AGREE ⃝ DECLINE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature / Date | | | | | | | | | | | | |
| **CERTIFICATION** | | | | | | | | | | | | |
| I certify that the information provided on this form is true and complete. If accepted as a volunteer or group member, any misstatement or omission of fact on this form may result in suspension of my services.  I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check. I grant permission to check my background and release LOCATION NAME Parish and the Roman Catholic Bishop of San Diego from any and all liability that may result.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature / Date | | | | | | | | | | | | |