

St. Hubert Catholic Community

Catholic Kids' Camp ~ Cave Quest

July 24-28

9:00- 11:45 AM



Teen Volunteer Form – 2017

Thank you for prayerfully considering to volunteer, as we are in need of teens entering grades 6-12 to help in all areas. Please return this form to the Parish Office by June 29!

Please print clearly

Full Name _____ Nickname _____

School Currently Attending _____

Birthdate ____/____/____ Age _____ Grade for the **2017-2018** school year: _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Cell phone (____) _____

Email _____



T-shirt Size - circle one:

Youth S M L

Adult S M L XL

Please choose the area(s) you are interested in helping with this year:

- Bible Skits
- Games
- Imagination Station
- Kid Vid Cinema
- Nursery
- Snacks
- Crew Leader
- Place me where you need me

I can volunteer for **all five days**: July 24-28

I can volunteer on these dates: _____

Please know that your request will be considered, and you may be assigned where you are needed.

Allergies, include medications, foods, and seasonal allergies _____

Medical concerns or special needs: No _____ Yes _____

If yes, please explain _____

Parent / Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

Email(s) _____

Like you – we’re shutterbugs! We love taking pictures of your wonderful kids during activities, and we use these photos in a variety of ways. We create slideshows, use in parish publications and marketing, share with program participants, and from time to time we use pictures on our website, social media pages, videos, or in printed materials. As we are a not-for-profit organization, we only use photos for CDC-specific materials and never for items for sale. I give permission for my child’s picture to be shared (webpage, slideshows, parish publications, marketing, social media, etc.)

Signature

Date

Youth volunteers, 13-17 years of age, need to meet the Essential 3 requirements for teens. Please complete two of the St. Hubert Catholic Community Reference Forms and sign the Youth Code of Conduct (I will email you these forms). No background check will be completed.

TO PARTICIPATE IN THE ABOVE-DESCRIBED CAMP, I warrant that my child(ren) is in good health. In consideration of my child(ren)’s participation, I agree to indemnify St. Hubert and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against St. Hubert/Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others, that arises out of any behavior by my child(ren) at the event/activity described above. I also agree to pay reasonable attorney’s fees or expenses incurred by St. Hubert and the Archdiocese in defense of such a claim/suit.

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I agree to allow my child(ren) to receive emergency medical treatment at my expense at the discretion of the event sponsor. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given. *Any direction to the contrary should be specified below and signed.*

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Relationship _____ Phone _____

Medical Information:

Medication my child is taking at present:

Child’s name _____ Medication _____

Family Health Plan carrier number: _____

Family Doctor: _____

Phone Number: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

Please contact Theresa Hefel at theresa.hefel@sthubert.org or 952-374-5065 with any questions. Thank you and God bless!