

# PERMISSION FORM FOR YOUTH VOLUNTEERS

T-shirt size: \_\_\_\_\_

I request that my child, \_\_\_\_\_, be allowed to volunteer for Vacation Bible School located at/in

St. Malachy Parish which takes place: Monday, July 9<sup>th</sup>-Friday, July 13<sup>th</sup> from 9:00am until 11:30am.

I hereby release and agree to indemnify and hold harmless my parish, St. Malachy it's staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

### Videotaping, Still Photographs and Audio Recordings:

Video, still photographs and audio recordings may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria website.

### Code of Behavior:

As a volunteer, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese.

### Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please let us know if you have any conflicts during the week that we need to work around.

## Medical Release

I, (We), the undersigned parent(s) or guardian (s) of  
\_\_\_\_\_  
\_\_\_\_\_

Do hereby authorize adult volunteers of **VACATION BIBLE SCHOOL** my consent to any medical care deemed advisable. I further release St. Malachy Parish/Diocese of Peoria from any liability in the event of an accident.

Date signed: \_\_\_\_\_

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

If parent/guardian is not available in an emergency, contact:

Name \_\_\_\_\_ (Phone) \_\_\_\_\_

Please list any allergies. Include medications, foods, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical or special needs, including medications currently being used?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_