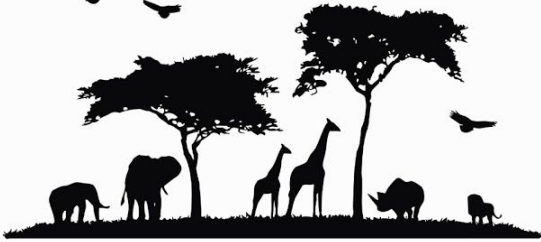


HE LIVES IN YOU



Safari Adventure

August 16, 17 & 18, 2019



ADULT VOLUNTEER INFORMATION & REGISTRATION FORM

In the state of Pennsylvania, all persons, both employees and volunteers, who come into contact with children at any time in the course of their work are considered mandated reporters of child abuse and are required by Pennsylvania State Law to report to law enforcement authorities all cases of suspected child abuse. In order to further protect the youth of our community, PA State Law requires that all employees or volunteers who come into contact with children complete a PA State Police Criminal Background Check, PA Child Abuse History Clearance, FBI Criminal Background Check, and to attend Mandated Reporter Training. Additionally, the Diocese of Allentown requires these persons to attend a Protecting God's Children Workshop, and to read & acknowledge the Diocesan Code of Conduct, Sexual Abuse Policy and Child Protective Services Law sheet. All VBS 2019 Volunteers aged 18+ must adhere to these laws & regulations, and no exceptions can be made.

By registering to Volunteer at this event, you declare that you understand and accept the laws & regulations put forth by the State of Pennsylvania and the Diocese of Allentown, and that you will provide the Parish Safe Environment Coordinator with proof of all completed requirements.

Please select which item applies to you:

- Volunteer file already established with St. Joseph Church.
- Volunteer file already established with St. Michael the Archangel School, Assumption BVM Parish, or other Diocese of Allentown location.
- No file on record with our Parish or other entity of the Diocese of Allentown (note: you will be contacted by our Parish Safe Environment Coordinator with information on obtaining the requirements).

ADULT VOLUNTEER REGISTRATION

Participant's name: _____

Birth date: _____ Sex: _____

Home address: _____

Preferred phone: _____ Preferred email: _____

Please choose volunteer preference: Group Leader/Teacher Teacher's Assistant Craft Leader
 Sports/Activity Leader (outdoors position) Snack Assistant Any/No preference

continued...

EMERGENCY & MEDICAL INFORMATION

I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health. _____ *Initial here*

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. _____ *Initial here*

Please provide Emergency Contacts and phone numbers to be reached, during camp hours:

#1 Emergency Contact name: _____
Relationship to Volunteer: _____ Emergency Contact phone: _____
#2 Emergency Contact name: _____
Relationship to Volunteer: _____ Emergency Contact phone: _____

The parish should be aware of the following medical information & specific conditions. We will take reasonable care to see that the following information will be held in confidence.

Health Plan Carrier: _____

Group #: _____ I.D. # _____

Subscriber's Name & Relationship to

Volunteer: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Physical limitations or other special medical conditions: _____

Volunteers should be aware that the positions proposed may involve prolonged periods of standing, sitting, or other physical activities. Please let us know if you require any special accommodations.

Please note: We will NOT provide non-prescription medication (such as acetaminophen, ibuprofen or throat lozenges) to any child OR volunteer for the duration of the camp. A First Aid Station will provide bandages and cool packs as needed, for small accidents and superficial abrasions. Adult volunteers are responsible for their own emergency/rescue medications, and should carry as needed or required by a medical professional.

I agree and understand that I assume the risks inherent in this event, and with full knowledge of the risks, I, and my heirs, successors and assigns, agree to release and to hold harmless and defend St. Joseph Church, and the Diocese of Allentown, Bishop Alfred A. Schlert, and all of their employees and representatives, including volunteers or any other representatives associated with the event (all of whom are collectively referred to as the Diocese) from claims from or related to my participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I have read carefully this entire (pages 1 and 2) Adult Volunteer Information & Registration Form and agree to its terms and intend to be bound hereby.

Volunteer Signature: _____ Date: _____