

# SERVANTS 4 CHRIST 2011

## JUNE 9-12, 2011

### TEEN VOLUNTEER APPLICATION

**Servants 4 Christ Mission Statement:** Teens and adult group leaders of Holy Family Church and Immaculate Heart of Mary Church will offer services to members of local communities. Our goal is to provide an inspiring experience for the work groups, involving direct contact with the people they are serving. We seek to enlighten teens to the real needs of our community, increase awareness of the necessity for service, to promote Gospel values and discipleship, to understand solidarity, and to realize the Church's call to serve. The focus remains always, Christ-centered.

*Mark 10:45 For the Son of Man did not come to be served but to serve and to give his life as a ransom for many.*

#### **WHAT IS SERVANTS 4 CHRIST?**

A service retreat – helping our own community members in need. Adult and young adult group leaders will be teamed together to guide a group of 5-7 teen participants.

#### **WHO:**

Adult and young adult group leaders and high school teen volunteers

#### **WHEN:**

- Servants 4 Christ begins with an evening of welcome, instruction and community building on **Thursday**, June 9 from 7-9pm.
- Friday, June 10- Sunday, June 12 are days of service. **Bring a brown bag lunch & water for the day.**
- **Friday** begins with 8:00 am. Mass at Holy Family. **Attendance at Mass is part of the retreat.** Teens will proceed to the lower church hall after Mass and gather in their groups. **Saturday and Sunday** we will gather in the lower church hall at 8:30am. Groups will head out to sites from the lower church hall at approximately 8:45am each morning. Service projects will conclude at approximately 4:00 p.m.
- All teens will return to Holy Family lower church hall for a Bible study/discussion.
- **We will attend the 5:00pm Mass on Saturday as a group.**
- Teens will be dismissed from Holy Family on Friday and Saturday at 5:00pm. Sunday concludes with a dinner with parents and those we helped in the community at 6:00pm. *No box night this year.*

#### **TEEN VOLUNTEER TIME COMMITMENT:**

All teen volunteers must be able to commit to the **full length** of the Servants 4 Christ retreat in order to participate. **Please do not sign up unless you can make this commitment.**

#### **COST:**

\$50.00 (**Non-refundable** unless you are placed on a wait list)

Checks payable to Holy Family Church

Application deadline: May 20, 2011

**All applications are accepted subject to space availability.**

**No applications will be accepted after May 20th**

#### **WHAT YOU NEED TO DO TO PARTICIPATE:**

- Complete the following three forms, which are attached to this page:
  1. Application
  2. Minor Volunteer Release Form
  3. Volunteer Participant Emergency Medical Release Form
- **Return all forms & payment to:** Barbie Byrne, Holy Family Church, 3450 Sycamore Dr., Stow, Ohio 44224.

Questions? Contact Barbie Byrne (330)688-6412 x271 or 330-650-9688

# SERVANTS 4 CHRIST

## TEEN VOLUNTEER APPLICATION

Participant Name \_\_\_\_\_

Graduation Year \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip)

Participant Email address \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**PARENTS: WE MUST HAVE A NUMBER WHERE YOU CAN BE REACHED  
AT ANY TIME:**

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

### T-SHIRT SIZE:

SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE \_\_\_\_\_ XXL \_\_\_\_\_

\_\_\_\_\_ **Yes, I can commit to all the days of Servants 4 Christ.**

\_\_\_\_\_ **I have enclosed \$ \_\_\_\_\_, payable to Holy Family Church.**

**Teen Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **PHOTO RELEASE FORM**

As a participant in the Servants 4 Christ program, I hereby give Holy Family Church and Immaculate Heart of Mary Church my permission to use my likeness in photo or video form and my name in publicity, both within internal communication of the above-mentioned parishes for use in communication pieces, and to area news media in all forms without limit as to time.

I further release them from liability for what I might deem a misrepresentation of me by virtue of alterations, optical illusions, or faulty mechanical reproduction.

\_\_\_\_\_  
PARTICIPANT SIGNATURE DATE

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE (If participant is under age 18) DATE

**SERVANTS 4 CHRIST**  
**MINOR VOLUNTEER RELEASE**

In exchange for and in consideration of the agreement by Servants 4 Christ, Holy Family Church (Stow, Ohio) and Immaculate Heart of Mary Church (Cuyahoga Falls, Ohio), the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, together with their respective clergy, employees, agents, representatives, sponsors, volunteers, contractors and suppliers (collectively, "S4C"), to permit \_\_\_\_\_ (print name of minor child), a minor, to be a volunteer participant in "Servants 4 Christ" and to perform home improvement projects, painting, cleaning, yard work, repairs and other related tasks, or other community services as required (collectively, the "Work and Services"), and as a condition to such agreement by S4C, without which S4C would not allow said child to participate and perform any Work and Services, I, the  father /  mother/  custodial parent /  legal guardian (check as applicable) of, said child, agree as follows:

- I understand that Servants 4 Christ and Holy Family Church (Stow, Ohio), and Immaculate Heart of Mary Church (Cuyahoga Falls, Ohio) are acting only as facilitators for Servants 4 Christ, a charitable endeavor.
- I am solely responsible for the transportation of said child to and from the project sites or Holy Family Church (Stow, Ohio).
- I recognize the possibility of injury to said child associated with said child's participation as a volunteer in Servants 4 Christ, and I assume all risks in connection with such participation and performance of the Work and Services and related activities.
- I release, discharge, hold harmless and indemnify S4C from and against all claims, liability, damages, loss, cost, expense, actions, proceedings, and injuries to persons and damage to property (of any nature or extent) which in any way arise out of or relate to the Work and Services and said child's attendance and/or participation in Servants 4 Christ and related activities, whether foreseen or unforeseen.
- I acknowledge that S4C does not carry liability, property damage or medical insurance that is applicable to the Work and Services and related activities, and that it is my sole responsibility to provide adequate insurance for myself and said child, as well as to pay for any medical expenses arising out of or necessitated by said child's attendance and/or or participation in Servants 4 Christ and related activities.
- I covenant and agree to look solely to insurance carried by the undersigned for satisfaction of all claims of any nature arising out of or related to the Work and Services and/or said child's attendance and/or participation in Servants 4 Christ and related activities.
- I covenant and agree not to sue or otherwise seek to hold S4C liable or in any way responsible for any personal or bodily injury, property damage, or loss or theft of property arising out of and/or related to the Work and Services and/or said child's attendance and/or participation in Servants 4 Christ and related activities.

By signing below I covenant, warrant and acknowledge that I have read and understand the foregoing, that I understand what is involved in Servants 4 Christ and related activities, and that I have had an opportunity to speak with an S4C representative regarding Servants 4 Christ and related activities.

\_\_\_\_\_  
(Signature of parent or guardian)  
Print Name: \_\_\_\_\_

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

## **VOLUNTEER PARTICIPANT EMERGENCY MEDICAL RELEASE**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Servants 4 Christ, every reasonable effort will be made to contact the persons listed on the Health Information Form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteers to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I understand that Servants 4 Christ, Holy Family Church (Stow, Ohio) and Immaculate Heart of Mary Church (Cuyahoga Falls, Ohio) and the Diocese of Cleveland, do not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that the medical provider for any medical treatment expenses not covered by my insurance may bill me. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills.

I understand that Servants 4 Christ and Holy Family Church (Stow, Ohio) and Immaculate Heart of Mary Church (Cuyahoga Falls, Ohio) are acting only as facilitators for Servants 4 Christ, a charitable endeavor. In consideration for the agreement by Servants 4 Christ, Holy Family Church (Stow, Ohio) and Immaculate Heart of Mary Church (Cuyahoga Falls, Ohio), the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland (collectively, "Church") to allow the undersigned to participate in Servants 4 Christ, the undersigned (a) covenant and agree not to sue or otherwise seek to hold Church and its clergy, agents, employees, volunteers and contractors liable or in any way responsible for any personal or bodily injury or property damage arising out of and/or related to the undersigned's participation in Servants 4 Christ and related activities, and (b) release and discharge Church and its clergy, agents, employees, volunteers and contractors from all claims, liability, loss, cost, expense, actions and proceedings arising out of an/or related to the undersigned's participation in Servants 4 Christ and related activities.

\_\_\_\_\_  
Signature (Parent/Guardian, unless Participant is 18 years of age or older.)

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name Parent/Guardian, unless Participant is 18 years of age or older.

\_\_\_\_\_  
Signature (**Minor Participant**)

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Minor Participant

\_\_\_\_\_  
Relationship to Volunteers under age 18 (Indicate as Parent or Guardian)

### **HEALTH INFORMATION**

Participant \_\_\_\_\_

Year of Graduation (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant Email \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Address (minor participant)  
Address (Adult/YoungAdult participant)  
(street/city/state/zip) \_\_\_\_\_

Parent/Guardian phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONCERNS: