

2016 Diocesan Youth Convention
Adult VOLUNTEER Registration
/Medical Release Form



(Please print or type all information except signatures, and complete both sides of this form.)

Event or Program 2016 Diocesan Youth Convention

Location St. Michael Parish, Canton, Ohio Date Sunday, November 6, 2016

Adult Volunteer Name _____ Date of Birth (mm/dd/yy) _____

Address _____ Gender _____

City, State, Zip _____

Emergency Contact Name _____

Phone _____ Alternate Phone Number _____

Agreement:

I agree to abide by all rules and regulations set forth by the diocese for this event. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the program. I understand that I am to be a role model for the youth.

Signature: _____ **Date:** _____

Area of service:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> "Mercy In Motion Activities | <input type="checkbox"/> Hall monitor | <input type="checkbox"/> Band |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Food Prep/Distribution | <input type="checkbox"/> Parking lot |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Other _____ | |

Have you been fingerprinted as per the Diocese of Youngstown Child Protection Policy requirements?

☐ Yes ☐ No

Have you read and submitted the Diocese of Youngstown Child Protection Policy questionnaire?

☐ Yes ☐ No

Have you participated in the Diocese of Youngstown Child Protection Policy in-service?

☐ Yes ☐ No

Note: If you have answered "no" to any of these questions, you should not be alone with minors during our event. Please be sure to have an adult who is in full compliance with the Diocesan Child Protection Policy nearby. The OY&YAM will assist with arranging this, and we appreciate your cooperation in helping us uphold the diocesan policies.

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Medical Information *(Please check and sign only those in accordance with your wishes.)*

- ☐ In the event of an emergency, I hereby grant permission to transport me and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about my care to Cindee Case of the Diocesan Office of Youth & Young Adult Ministry, as well as the following persons named here _____.

If I am rendered unconscious for some reason, I wish to have the following person advised prior to further treatment by the hospital or doctor.

Contact Name _____ Phone _____

Relationship to you _____

Family physician _____ Phone _____

(Please check one of the following)

- ☐ I am covered by hospitalization and medical insurance under policy # _____ issued by _____.

- ☐ I do not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for myself.

Signature: _____ **Date:** _____

- ☐ I hereby warrant that to the best of my knowledge, I am in good health. **I do not want any medical treatment to be given to me under any circumstances.** I hereby assume all responsibility for the health and well being of myself and release from responsibility the Bishop* of the Diocese of Youngstown, and _____ parish/school, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

Signature: _____ **Date:** _____

- ☐ I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.).

Please return this form PRIOR to the event, preferably by October 24th to the Office of Youth & Young Adult Ministry, 144 W. Wood St., Youngstown, OH 44503.

* or Diocesan Administrator, in the absence of a Bishop.