

# Do you or someone you know NEED A HAND SHOVELING?



Adults and youth in grades 6 to 12 are needed! Complete appropriate portion below...

## **If you'd like someone to HELP shovel snow at YOUR residence:**

Name: \_\_\_\_\_  
Phone number(s) \_\_\_\_\_ Email (not required) \_\_\_\_\_  
Address: \_\_\_\_\_  
Development/neighborhood \_\_\_\_\_

## **If someone other than yourself may need help with snow removal:**

My name, phone, & email: \_\_\_\_\_  
"I believe the following person's residence needs snow removal (name): \_\_\_\_\_"  
Please contact them at: \_\_\_\_\_"  
*If they are a registered parishioner, the parish should have their contact info. If they are not a parishioner and you have their contact info, great! If not, suggest to us how we may obtain it:* \_\_\_\_\_

Someone will be present at my residence on the following times and will notify the Youth Ministry office of more specific times or changes, if necessary: Weekdays, **morning or daytime** hours \_\_\_\_\_  
Weekday evenings \_\_\_\_\_ Saturday times \_\_\_\_\_ Sunday times \_\_\_\_\_

## **If you are an ADULT who would like to assist with this project:**

I, (print name) \_\_\_\_\_, am able to chaperone for the above event. I **am/am not** (circle one) STAND trained. I **am/am not** (circle one) also able to provide transportation to and from the residence for snow removal for youth. My vehicle can accommodate the driver and # \_\_\_\_\_ other passengers. Ph# \_\_\_\_\_ Email: \_\_\_\_\_

I am available to assist on the following times and will notify the Youth Ministry office of more specific times or changes, if necessary: Weekdays, **morning or daytime** hours \_\_\_\_\_  
Weekday evenings \_\_\_\_\_ Saturday times \_\_\_\_\_ Sunday times \_\_\_\_\_

## **If you are a youth, in grades 6 to 12, who would LIKE TO HELP shovel snow, complete this section with a parent or guardian:**

ARCHDIOCESE OF BALTIMORE DIVISION OF YOUTH & YOUNG ADULT MINISTRY ~ PERMISSION FORM AND RELEASE

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Cont.)

Other number where Parent can be reached during time of service: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security Number of Young Person \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany St. Joseph's youth ministry group in it's Snow Removal Service in Frederick, Maryland, in February of 2010.

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Joseph-on-Carrollton Manor, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol  Benadryl  Advil  Sudafed  Midol  Kaopectate  Neosporin

ADD any other medical information concerning medication, allergies, illness, etc. \_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_ Date

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

\_\_\_\_\_ Date

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

\_\_\_\_\_ Youth's Name

DYYAM 07-05-00

On behalf of those who are in need of assistance, St. Joseph's thanks our caring youth and adults!

Contact Justin Orlando, St. Joseph Youth Ministry Coordinator:

301-663-0907 x3016 youthm@stjoesbuckeystown.org