

Providing the following information will help in the registration process for iServe. Please turn this paper in to Madison Bolesta by emailing it to Madison@sjcmmmd.org or by bringing it to the Parish Office at St. Joseph-On-Carrollton Manor Catholic Church.

FOR TEENS

Please indicate the TYPE OF SITE at which you would like to serve. Challenge yourself!

- Children
- Cleaning/Organizing
- Elderly/Disabled
- Light Manual Labor
- Wherever

Teen's T-shirt size: (adult sizes) _____

I am interested in participating in this two-day service project in downtown Frederick, learning about social justice issues, and making new friends.

Please read and agree to the following:

1. **Respect God** –refrain from using God's name in vain, keep in mind that you represent the Catholic community.
2. **Respect People** - control temper, avoid profane language, refrain from public displays of affection, dress modestly, abstain from illegal substances, respect other people's property.
3. **Respect Adult Guidance** – remember that all adult chaperones have the authority to direct every youth at the event.

For the protection and safety of all of our participants, we ask that all parents or guardians inspect your young person's belongings before traveling to iServe. The policy of our parish and the Archdiocese of Baltimore, in accordance with the State of Maryland is that drugs, alcohol, and weapons of any kind are prohibited from ALL parish events. In the event that a potentially dangerous or illegal situation were to occur on any of our events, the parish staff /STAND trained chaperones reserve the right to verify/inspect the youth's belongings, as well as notify the parent or guardian of the event and possible dismissal from iServe. In the event illegal items are in the possession of a minor, parents and law enforcement will be contacted. If at any point we are concerned about the health and well-being of a young person EMS will be notified. This policy is in the best interest of creating a safe and healthy experience for all participants and volunteers of our parish. By signing below the teen and parent are agreeing to these conditions.

Teen Signature/Date

Parent Signature/Date

FOR PARENTS

If able to volunteer, please indicate your availability (time, days) : _____

Have you completed STAND training? ___ Yes ___ No Adult Volunteer T-shirt size: _____

If your child needs a scholarship, check here: _____ (please follow up with your youth minister)

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

Youth Name: _____ Home Phone: _____ DOB _____ M or F

Parent Name: _____ Cell Phone: _____

Address City/State/Zip: _____

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 the youth ministry of my parish to **iServe Aug 2-3 at Holy Family, Middletown & St. John the Evangelist, Frederick.** Transportation provided by carpool 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 my Catholic church, 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 (or their generic equivalent) to my son/daughter if requested by my son/daughter. Circle all that apply.

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

Any other medical information or concerns: _____

Medication, allergies: _____

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).

Parent/Guardian Signature Date

Youth's Signature