

Parent Volunteer Card 2017-2018

*Please fill out the information to your best ability.

**All dates listed are subject to change.

I would be interested in helping with the following types of activities when needed:

- _____ Donating and/or serving food for events
- _____ Chaperoning and Driving youth to and from off-site activities
- _____ Helping with Youth Liturgies like Masses and Sacraments
- _____ Planning upcoming social events
- _____ Communication- Making Phone Calls or Helping with Mailings
- _____ Sharing your faith as a Guest Speaker or Catechist

EVENTS

- _____ – Youth Ministry Kick-Off
- _____ – Trick-or-Treat for Canned Goods
- _____ – Confirmation Retreat
- _____ – 9th/10th Grade Retreat
- _____ – High School Finale Night
- _____ – Junior High Finale Night
- _____ – Junior High Retreat Day

PROGRAMS

- _____ Confirmation: In need of volunteers to lead small group service projects.
- _____ Retreat Teams: In need of volunteers to help lead retreats throughout year.
- _____ Youth Council: Looking for one or two adults to join Youth Council.

The best way to contact me is: ___ Home Phone ___ Cell Phone ___ Email

St. Mary's Youth Ministry Information Form

July 2017-July 2018

This must be on file for your family in the St. Mary's Youth Ministry Office before your child(ren) can attend any Youth Ministry functions.

Please fill out entire form. There is a back side.

This is confidential.

Parents'/Guardians' Names: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

Cell Phone: _____ Family E-mail: _____

Mother's Employment: _____ Phone: _____

Father's Employment: _____ Phone: _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed

Address of Non-custodial Parent (if applicable):

Phone of Non-custodial Parent: _____

Siblings: (Those not in school, in grade 6 or below, or those in college)

Name	Age	School

Emergency Information IF YOU CANNOT BE REACHED:

Name of Friend or Relative: _____

Phone: _____

TEEN(S) INFORMATION

****Please fill out the information about each of your 7th-12th Graders.***

1st Teen's Full Name: _____ M ___ F ___ T-Shirt Size _____

School: _____ Grade: _____ Birth Date: _____

Teen's E-mail: _____ Teen's Cell: _____

(May teen receive text messages? Please circle: Yes or No)

Health Status: (confidential) Please list any health problems your teen may have (Asthma, Allergies, Diabetes, Seizures etc.)

Please list any medications taken routinely (OTC and/or prescription):

2nd Teen's Full Name: _____ M ___ F ___ T-Shirt Size _____

School: _____ Grade: _____ Birth Date: _____

Teen's E-mail: _____ Teen's Cell: _____

(May teen receive text messages? Please circle: Yes or No)

Health Status: (confidential) Please list any health problems your teen may have (Asthma, Allergies, Diabetes, Seizures etc.)

Please list any medications taken routinely (OTC and/or prescription):

3rd Teen's Full Name: _____ M ___ F ___ T-Shirt Size _____

School: _____ Grade: _____ Birth Date: _____

Teen's E-mail: _____ Teen's Cell: _____

(May teen receive text messages? Please circle: Yes or No)

Health Status: (confidential) Please list any health problems your teen may have (Asthma, Allergies, Diabetes, Seizures etc.)

Please list any medications taken routinely (OTC and/or prescription):

Family Medical Information

Family Physician: _____ Phone: _____

Insurance Provider: _____

Policy Number: _____ Group Number _____

Name of Insured: _____ Relationship to Teen: _____

LIABILITY RELEASE: I will not hold St. Mary's Parish, chaperones, or representatives associated with St. Mary's Parish responsible in the event of injury. I will not hold the parish or drivers responsible for any injury incurred on the trip to and from activities. Further I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. In case of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment.

MEDICATION: I understand that chaperones are not allowed to administer over the counter medication, such as Tylenol, cough drops etc, to my child. If I foresee a medication of this type being needed during an activity I will send the medication properly labeled and give to adult in charge.

PHOTO RELEASE: I give my permission for my child to appear in photographs and videos when participating in St. Mary's events. These photos or videos may appear locally (the bulletin, photo displays at the office, school, or church, local newspaper, archdiocese newspaper) with or without names listed and online (facebook, YouTube, parish website) without names listed.

UPDATES: I understand that it is my responsibility, as parent or guardian, to inform the Youth Minister of any changes to the information on this form prior to an event.

Signature of Parent /Guardian: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

There is a back side to this form, please remember to fill that out.