

St. Edward the Confessor Catholic Church
Office of Evangelization
2700 Dolfield Dr. Richmond, VA 23235
❖ 804-272-2948 ❖ 804-560-3565 fax ❖

YOUR NAME: _____

Thank you for volunteering for our program. You have signed up to help in

(name of program): LORETO/VBS

(dates/times available): _____

(position): _____

Attached is a participation form to be signed by your parent. Please return it to the office via fax, email or postal mail at your earliest convenience.

If you have any questions please feel free to give us a call or send us an email. Again, thank you so much for offering your time and talent to help our program! Be sure to bring your school's Service Hours tracking sheet. We will sign it on your last day volunteering.

NOTE: LORETO is July 30-August 10 9:00-12:30
VBS is August 6-10 9:00 to noon

Volunteer positions for youth include:

- Classroom assistant 8:30-1:00
- Snack assistant 9:30-11:30
- Recreation assistant 9:30-12:00
- Security, Office Assistant, Floater 8:45-12:30

Director – Joan Nelson 804-864-4708 joan.nelson@stedwardch.org
Religious Education Coordinator – Peggy Byers 804-864-4714 peggy.byers@stedwardch.org
Youth Minister – Katie Yankoski 804-864-4715 katie.yankoski@stedwardch.org
EDGE Coordinator – Patrick Stearman 804-864-4709 patrick.stearman@stedwardch.org

ST. EDWARD THE CONFESSOR CHURCH
2700 Dolfield Dr. Richmond, VA 23235
804-864-4714 (Peggy)

Office of Evangelization – Religious Education
Event Name: LORETO YOUTH VOLUNTEER
Dates available: _____

YOUTH VOLUNTEER REGISTRATION FORM/LIABILITY WAIVER

Please provide the following information for anyone participating in Christian Formation activities

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

The Parish Adult Leader will take reasonable care to see that the following will be held in confidence:

PARENTS/GUARDIANS re: MINORS:

Please complete the following specific information where applicable if the person volunteering is under 18 years old: The above participant has my permission to attend/volunteer in a Christian Formation activity. In the case of an emergency or should my son/daughter require medical assistance, I authorize the adult in charge to seek such assistance and/or treatment, except as indicated below. If such an incident should occur, I understand that St. Edward the Confessor Church is not responsible.

Medical Insurance Company Name & Number (or attach a copy of the appropriate medical insurance card.): _____

PLEASE INITIAL NEXT TO ANY STATEMENTS WHICH REPRESENT YOUR WISHES:

1) In the event of an emergency, I hereby give permission for my child to be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I cannot be reached, contact the above-mentioned emergency contact. _____

2) **NO MEDICATION OF ANY TYPE**, whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required. _____

3) My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: _____

SPECIFIC MEDICAL INFORMATION:

Allergic reactions (medications, foods, plants, insects, etc.): _____

You should also be aware of these special needs of my child: _____

PARENT SIGNATURE: _____ **DATE:** _____

Family-Guest-Church Covenant of Christian Code of Conduct

I, _____, agree to abide by the following covenant with St. Edward the Confessor Church, Richmond, VA.

- I believe the Gospel teaching of love of God and my neighbor as myself.
- I will be on time for departures to and from any scheduled activities. If I am unable to attend the activity that I am registered for, I will notify the Office of Christian Formation before the activity.
- I will respect each person I encounter, whether in the community or as a member of the Christian Formation team: adults and peer ministers. I will listen respectfully to the Christian Formation team. When there is a conflict, I and a team member will seek resolution in a calm manner.
- I will not behave in any offensive manner: verbal or physical (yelling, hitting, fighting, profanity, inappropriate gestures, etc).
- I will not participate in any Inappropriate Public and Private Displays of Affections (IPPPDA).
- I will respect all of God's creation as well as personal property of members, public and private properties. Destruction of any property that I do requires me to make full restitution to the owner and my family will be notified.
- I will not participate in using any form of illegal drugs, alcohol or tobacco. I will only take prescription or over the counter medication with parental consent. If I am found in possession of drugs, alcohol or tobacco, first, police (in the case of illegal substances-drugs) and/or then parents/guardians will be notified immediately. I will be dismissed from the activity and returned home by my parents/guardians. Should my parents/guardians not be able to pick me up, they will absorb cost for my return home.

VOLUNTEER'S SIGNATURE: _____ **DATE:** _____