

# SHINE CATHOLIC MISSIONS ATTENDEE PROFILE

[Please Print Clearly]

Church: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Emergency phone (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School (upcoming fall): \_\_\_\_\_

**CHECK ONE:** T-shirt size  SM  MED  LG  XL  XXL  XXXL

City Attending: \_\_\_\_\_

**CHECK ONE: (Check your preference; however, site preferences are not guaranteed. Your site assignment varies based on your group and transportation)**

- Service projects such as painting, indoor clean up, landscaping, basic maintenance, repair work, prepare/serve meals at shelters or work at food distribution center
- Service projects with children at low-income neighborhood daycare centers or VBS at an inner-city parish
- Does Not Matter (willing to work wherever needed)

**CHECK IF INTERESTED:**

- GOD SQUAD: will help put on skits during program (some drama/theater experience helpful)
- TALENT SHOW: Perform a talent as part of Friday night evening program

Any health related comments the SHINE office should know before placing you on a service project:

---

---

# SHINE CATHOLIC MISSIONS MEDICAL INFORMATION & RELEASE

[Please Print Clearly]

Church: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Phone (\_\_\_\_\_) \_\_\_\_\_ Mother's Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_

## **HEALTH INFORMATION:** (Confidential) *UPDATE MEDICAL INFORMATION PRIOR TO DEPARTURE TO REFLECT CHANGES*

Please list any/all health problems you have (ex. Asthma, Allergies, Hay Fever, Back trouble, Diabetes, Seizures, etc.):

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Social Security # (for emergencies only) \_\_\_\_\_

List any medication(s) you are taking: \_\_\_\_\_

\_\_\_\_\_

**NOTE: All medications must be in the care of an adult leader during camp.**

List any medical allergies: \_\_\_\_\_

List any medically prescribed dietary needs: \_\_\_\_\_

**\*NOTE: If there are special dietary needs, we are willing to accommodate as much as possible.**

**\*\*Personal Medical Insurance Provider:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **Ins. Policy #** \_\_\_\_\_

**\*\*PLEASE ATTACH COPY OF MEDICAL INSURANCE CARD (FRONT & BACK) Anyone without medical insurance, must sign below, authorizing medical care and assume all financial responsibility. A signature is needed for all participants with or without insurance.**

## **EMERGENCY MEDICAL RELEASE**

In the event of an emergency, or should medical needs arise, I, \_\_\_\_\_, hereby give permission to SHINE Catholic Missions, its staff, volunteers, or representatives to transport me/my child to a doctor or hospital and hereby authorize medical treatment as needed. I release SHINE Catholic Missions of all responsibility and consequences resulting from such treatment. I agree to and accept all financial responsibility as a result of any medical treatment.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature – if under 18 years of age)

\_\_\_\_\_  
(Emergency Phone #)

**ANYONE WHO ARRIVES WITHOUT A SIGNATURE OR AN INCOMPLETE FORM, WILL NOT BE ALLOWED TO PARTICIPATE IN THE CAMP. PARENT & PARTICIPANT SIGNATURES REQUIRED ON MEDICAL FORM AND LIABILITY RELEASE FORM.**

# SHINE CATHOLIC MISSIONS LIABILITY RELEASE FORM

(MUST BE COMPLETED BY EVERY PARTICIPANT)

- PLEASE RETURN TO YOUTH GROUP CONTACT PERSON -

I (we) understand that there are inherent risks involved in any mission trip and do hereby release and agree to forever hold harmless SHINE Catholic Missions, its directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned child participant resulting from my (my child's) participation in SHINE Catholic Missions, (including travel between the child's home and the camp, travel to and from the volunteer sites, free day activities, excursions from the camp and anytime spent at the camp.)

Furthermore, I (we on behalf of our child-participant, if under the age of 18) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth.

Furthermore, I (we) give authorization and permission to SHINE Catholic Missions to furnish any necessary transportation, food, lodging for and to assign service projects to me / my child.

The undersigned further agrees to hold harmless and indemnify SHINE Catholic Missions, any host church/school, all social agencies and day care centers associated – its directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorney fees and other expenses incurred attendant thereto.

**If participant has not attained the age of 18 years:**

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in SHINE Catholic Missions, and hereby give my (our) permission to said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical cost incurred. I give permission for my child to be transported in privately owned vehicles to and from public transportation or for approved out-of-institution activities; and for the release of medical records to an attending physician in case of illness. Furthermore, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

I (we) am (are) aware of no physical, mental or emotional problems that would limit work performance during SHINE. I (we) am (are) fully aware of the nature of the work to be undertaken during SHINE Catholic Missions.

SHINE Catholic Missions will employ reputable staff members, obtain background checks, and take reasonable precautions to safe guard the camp. However, neither the SHINE Catholic Missions, social agencies or the facility acting as "SHINE Central" will be liable for loss or damage to property of participants prior to, during or following the camp due to theft, fire, accident or any other cause beyond its control.

**MEDIA RELEASE:** I (we) grant SHINE Catholic Missions all right, title, and interest in any and all photographic images and video or audio recordings made by SHINE during the volunteer's activities with SHINE, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

---

(Participant's Name)

---

(Participant's Signature)

---

(Parent/Guardian Signature – if under 18 years of age)

---

(Date)

# SHINE CATHOLIC MISSIONS

## Adult Volunteer Affidavit

-EVERY PARTICIPANT OVER THE AGE OF 18 MUST COMPLETE AND HAVE FORM NOTARIZED-

Name: \_\_\_\_\_ ( ) Male ( ) Female Age: \_\_\_\_\_

I affirm under penalty of perjury that I do not now nor have I not at any time, either as an adult or a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any jurisdiction for;

Any conduct or matter constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing a child in violation of a court order;
16. Any type of child abduction;

Except the following (list all incidents, locations, description and date) (if none, write NONE):

\_\_\_\_\_  
**\*\*\*I have taken the diocesan required safe environment training for volunteers working with youth in the Diocese of \_\_\_\_\_ on \_\_\_\_\_ (date).**

**The failure or refusal of the volunteer to sign or provide information constitutes good cause for refusal to allow participation in any of the SHINE Catholic Missions activities**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

Before me, the undersigned authority, \_\_\_\_\_, personally appeared, who affirmed that the above information is true and correct.

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of notary officer

\_\_\_\_\_  
Print Notary's Name, County in which commissioned & commission expiration date