

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

SHINE CATHOLIC MISSIONS TRANSPORTATION REGISTRATION

PHOTOCOPY AND KEEP FOR YOUR RECORDS

YOU ARE REQUIRED TO SUPPLY TRANSPORTATION TO THE VOLUNTEER SITES FOR THE NUMBER OF PARTICIPANTS YOU BRING. THE CAMP WILL NEED USE OF THESE VEHICLES (VANS, BUSES etc...) TO TRANSPORT YOUR GROUPS TO AND FROM SITES. EACH VEHICLE SHOULD ACCOMMODATE AT LEAST **ONE WORK GROUP (6 PEOPLE PER GROUP)**. STATE LAW REQUIRES ALL VEHICLES MUST BE EQUIPPED WITH ENOUGH SEAT BELTS FOR EACH PASSENGER. PLEASE PROVIDE THE INFORMATION ABOUT YOUR VEHICLE(S) IN THE SPACE BELOW. THIS INFORMATION WILL BE USED TO ASSIGN DRIVERS TO A VEHICLE AND TO PLAN GROUP TRANSPORTATION. **ALL DRIVERS OF THESE VEHICLES MUST BE AT LEAST 21 YEARS OF AGE, HAVE WRITTEN AUTHORIZATION FROM YOUR PASTOR, AND HAVE FULL COVERAGE ON THEIR AUTO INSURANCE. MAKE SURE YOU CHECK DRIVING RECORDS.**

✦ DUE TO DIOCESAN POLICIES REGARDING SAFETY, 15 PASSENGER VEHICLES ARE NOT ALLOWED ✦

Contact Person: _____ Church/School: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (____) _____ Work phone (____) _____

City Attending: _____ Year Attending: _____

PLEASE LIST VEHICLE(S) THAT WILL BE USED, THE DRIVER, NAME OF AUTO INSURANCE CARRIER AND THE NUMBER OF PASSENGERS EACH VEHICLE CAN SEAT WITH SEAT BELTS.

VEHICLE TYPE	DRIVER NAME	INS. CARRIER	# OF PASSENGERS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

IT IS VERY IMPORTANT THE INFORMATION YOU PROVIDE BE ACCURATE. IF THERE ARE ANY CHANGES PLEASE CALL THE SHINE OFFICE AT LEAST TWO WEEKS BEFORE THE WEEK YOU ARE ATTENDING.

PLEASE COMPLETE AND MAIL OR SCAN AND EMAIL TO SHINE OFFICE NO LATER THAN **MAY 15th** to:

SHINE CATHOLIC MISSIONS
P.O. Box 1653
Tomball TX 77377-1653
(281) 516-7516 - office
shinecwc@yahoo.com

SHINE CATHOLIC MISSIONS

Volunteers Safe Environment Verification

- MUST BE COMPLETED BY YOUTH GROUP CONTACT PERSON -

SHINE Catholic Missions desires to be a safe place for all youth and adults who attend any mission week. SHINE will not tolerate child abuse or neglect. Your cooperation in assuring your adult leaders are in compliance with your diocesan policies for safe environment reflects your concern about the safety of the youth.

The undersigned, on behalf of the Church/School named below, and its youth program, hereby certifies to SHINE Catholic Missions, its employees, volunteers, hosts, service agencies, and participants that each adult participant (18 years and older) attending the mission week described below has successfully completed the requirements of the Church/School and its Diocese in regard to their sexual abuse risk prevention policies, training, and background checks to verify the suitability of such adults to participate with minors in connection with the Church/School, Diocese, and its youth programs.

LIST ALL ADULT VOLUNTEERS (18+):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name of Youth Leader: _____

Name of Parish/School: _____

Diocese: _____

SHINE City You Are Attending: _____

Signature

Date