



TOTUS TUUS 2018

YOUTH VOLUNTEER REGISTRATION FORM



1ST-6TH GRADE PROGRAM, *JUNE 18-22, 2018, 9:00 AM-2:30 PM*
7TH-12TH GRADE PROGRAM, *JUNE 17-21, 2018, 7:00-9:00 PM*

Important Note: As in years past, it is a diocesan requirement that all 7th-12th graders who volunteer to assist with the day program must also attend the evening program in order to earn credit for service hours.

This form counts also counts as a registration for the evening program. The cost is \$15 per teen. Checks are made payable to St. Matthew Church.

RETURN ONE FORM PER VOLUNTEER TO:

St. Matthew Parish
Totus Tuus Volunteer
1303 Lincolnshire Dr.
Champaign, IL 61821

All incoming 7th-12th grade students who wish to volunteer must complete this form and have his/her Parent/Guardian sign the permissions on the back of this form. It is also **required** for both to sign the Code of Conduct for Youth Volunteers form.

First & Last Name: _____ Parents' Names: _____
Street Address: _____ City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Parents' Cell Phone: _____ Parish/Church: _____
E-mail Address: _____ Parents' E-mail: _____
Birth date (MM/DD/YY): _____ Grade Level in Fall 2018: _____ School: _____
Pertinent Medical Conditions: _____

VOLUNTEER OPPORTUNITIES

Please indicate your service area of preference. Depending upon the number of volunteers and the areas of need, you may be assigned to another area.

_____ **CLASSROOM HELPER:** Volunteers will be assigned to a set class throughout the week to help the *Totus Tuus* team with activities, maintaining discipline, shuttling campers to and from activities, etc. as the *Totus Tuus* team members need. If you have a preferred grade level you would like to serve, indicate that here: _____

_____ **KITCHEN CREW:** Volunteers will help with lunch and snack time and keeping the eating area clean.

_____ **RUNNERS:** Volunteers will help with any odds and ends deemed necessary by the DRE and/or *Totus Tuus* team.

Please also complete and sign the reverse side. →

DIOCESE OF PEORIA PERMISSION FORM
YOUTH VOLUNTEER ACTIVITY: TOTUS TUUS SUMMER PROGRAM AT ST. MATTHEW
June 17-June 22, 2018

Name of Youth Volunteer: _____

PART I: Liability Waiver

I, the parent and/or legal guardian, of the child(ren) registered by me, hereby give my permission for his/her participation in the youth activity named above. I agree to direct my child(ren) to cooperate and conform with directions and instruction of parish, school, and/or Diocesan personnel responsible for youth activities.

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

PART II: Publicity Waiver

Video, still photographs, and audio recordings may be taken during *Totus Tuus*. This authorization form constitutes permission for my child's participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria and/or St. Matthew Parish publications, websites, and advertising materials. In addition, local news organizations may be allowed to photograph or record our events to be used, distributed, or displayed as agents of the parish and/or diocese as the parish and/or diocese see fit. I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child for the purpose of publicizing, fostering and promoting the parish and/or diocese and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

PART III: Medical Waiver

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the *Totus Tuus* event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant firstly, then the emergency contact listed below when I cannot be reached. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Insurance Information:

Policy Holder (in the name of): _____ Insurance Company: _____

Policy #: _____ Identification #: _____

Authorized Physician: _____ Phone #: _____

Authorized Hospital: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact:

In case of emergency, when parents can't be reached, please contact: _____

Relationship to child(ren): _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____