 St. Francis Parish Festival of the Sea

 July 2nd – 6th, 2024

 **Volunteer Application**

Please complete and return this form by mail or to the Front Desk Personnel at the

St. Francis Community Center. Each Volunteer **MUST** fill out a form even if they are from the same family/household.

**\*\* Youth Ministry Volunteers must fill out Parental Permission Slip on reverse side and parents must sign out their youth at the end of their shift\*\***

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell / Text #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Information Required)

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

 **PLEASE CHECK OFF WHERE YOU WOULD LIKE TO VOLUNTEER: (Requests accepted but not guaranteed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **18 YEARS & OLDER**\*Booth Workers must be at least 18 years of age\* | Check here | **YOUTH MINISTRY** \*Under age of 14 must be accompanied by an adult\* | Check here |
| **Game Booth Worker** |  | **Runners (beverage cart/ kitchen)** |  |
| **Kitchen Worker** |  | **Face Painters** |  |
| **Regular 50/50** |  | **Dunk Tank/ Game Booth** |  |
| **Prog. 50/50 / Car Raffle (Sit Down)** |  | **Parking Attendants** |  |
| **Wherever Needed** |  | **Wherever Needed** |  |
| **Relief Worker (7:30pm – 9:30pm)** |  |  |  |

 **PLEASE CHECK TIMES & DAYS AVAILABLE:**

 **ADULT VOLUNTEERS (18+)**  **5:30- 10pm YOUTH MINISTRY 5-8pm 5-10pm**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tuesday, July 2nd, 2024** |  | **Tuesday, July 2nd, 2024** |  |  |
| **Wednesday, July 3rd, 2024** |  | **Wednesday, July 3rd, 2024** |  |  |
| **Thursday, July 4th, 2024** |  | **Thursday, July 4th, 2024** |  |  |
| **Friday, July 5th , 2024** |  | **Friday, July 5th , 2024** |  |  |
| **Saturday, July 6th, 2024** |  | **Saturday, July 6th, 2024** |  |  |

**\*\* Youth Ministry Volunteers must fill out Parental Permission Slip on the reverse side and parents must sign out their youth at the end of their shift\*\***

**Promotional Release**: I give permission to appear in Parish/ and or Diocesan publications, websites, and the Monitor in photos or videos taken with the sole purpose of sharing the experience and publicizing the events within our Catholic Community.

**YES \_\_\_\_\_ NO \_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

St. Francis Parish Festival of the Sea

 July 2nd – 6th 2024

**Youth Volunteer Permission Form**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Information Required)** \*Under age of 14 must be accompanied by an adult\*

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Important Medical Information:**

**Describe any medical condition of which the chaperones should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child allergic to any food or medication? (If yes, please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your child requires medication to be administrated during the time frame of volunteering, or potential emergency medication is necessary. A Parent/ Guardian MUST accompany the minor at all times. Should the need arise; I hereby give permission for the chaperones to seek medical treatment for my child. I understand they cannot be held responsible for any treatment administered by qualified medical personnel.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participate in Youth Ministry.**

 **(Print Name of Parent or Guardian) (Print Name of Child)**

**Service Projects for “Festival of the Sea” July 2nd- July 6th, 2024.**

In consideration for the making of arrangements for these experiences, I /we hereby release, indemnify and hold harmless Saint Francis of Assisi Parish/ Center and the Diocese of Trenton and any and all employees, and volunteers from any and all liability or any injury or death occurring while my child participates in these experiences.

**Promotional Release:**

I give permission for my child to appear in parish and/or diocesan publications, websites, and the Monitor in photos or videos taken with the sole purpose of sharing the experience and publicizing the events with our Catholic Community**.**

**YES \_\_\_\_\_ NO \_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**