

SHINE CATHOLIC WORK CAMP 2012 CONTACT PERSON WORK CAMP PROFILE

TO BE COMPLETED CONTACT PERSON
(ALL COMPLETED APPLICATIONS MUST BE RETURNED TO ADULT CONTACT PERSON)

[Please Print Clearly]

Church: _____ Contact Person: _____

Name: _____ Male Female Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (_____) _____ Emergency phone (_____) _____

E-mail address: _____ Date of Birth: _____

CHECK ONE: T-shirt size Sm Med Lg XLg XXLg XXXLg

Work camp attending in Summer 2012: _____

CHECK ONE:

- 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, vacation bible school at a inner-city parish (Due to limited number of daycare centers, we cannot guarantee this assignment)
- Does Not Matter (willing to work wherever needed)

OTHER: CHECK ONE

- Priest/Deacon (Help with Liturgy and to work at a site with a team)
- Medical Personnel – Nurse, E.M.T., Doctor (can assist with medical help and help at a site)
- Does Not Matter (willing to work wherever needed)

Please note: SCWC will do it's best to place you at a site with your interest; however, sometimes you may be placed elsewhere due to unforeseen circumstances.

Remember : "***We are called to serve not to be served***"

Any comments the work camp office should know before placing you in a particular project: _____

Please return completed registration to GROUP CONTACT PERSON

SHINE CATHOLIC WORK CAMP MEDICAL INFORMATION & RELEASE

(MUST BE COMPLETED BY EVERY PARTICIPANT)
-PLEASE RETURN TO YOUTH GROUP CONTACT PERSON-

[Please Print Clearly]

Church: _____ Contact Person: _____

Name: _____ Male Female Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (_____) _____ Cell phone (_____) _____

Emergency Contact: _____ Relationship: _____

Phone (_____) _____ Other phone (_____) _____

HEALTH STATUS (confidential)

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

Date of last tetanus shot: _____ Social Security # (for emergencies) _____

Please list any/all medication(s) you are taking: _____

(NOTE: All medications need to be in the care of adult leader during the camp.) UPDATE MEDICATION INFORMATION PRIOR TO DEPARTURE TO REFLECT CHANGES

Please list any medication(s) that participant is allergic to: _____

**Personal Medical Insurance Provider: _____

Name of Policy Holder: _____ Ins. Policy # _____

****PLEASE ATTACH COPY OF MEDICAL INSURANCE CARD (FRONT & BACK) Anyone without medical insurance must provide a letter authorizing medical care and assume all financial responsibility.**

EMERGENCY MEDICAL RELEASE

In the event of an emergency, or should medical needs arise, I hereby give permission to SHINE Catholic Work Camp, 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 Work Camp of all responsibility and consequences resulting from such treatment. Furthermore, I agree to and accept any and all financial responsibility as a result of medical treatment.

(Participant's Signature)

(Date)

(Custodial Parent Signature – if under 18 years of age)

(Emergency Phone #)

PLEASE NOTE: If special diets are needed, we are willing to accommodate as much as possible.
ANYONE WHO ARRIVES AT WORK CAMP WITHOUT THE PROPER SIGNATURE OR AN INCOMPLETE FORM, WILL NOT BE ALLOWED TO PARTICIPATE IN THE WORK CAMP. PARENT AND PARTICIPANT SIGNATURE(S) ARE REQUIRED ON MEDICAL FORM AND RELEASE OF CLAIMS.

SHINE CATHOLIC WORK CAMP 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 Work Camp, 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 Work Camp, (including travel between the child's home and the camp, travel to and from the work 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 Work Camp to furnish any necessary transportation, food, lodging for and to assign work projects to me (my child).

The undersigned further agrees to hold harmless and indemnify SHINE Catholic Work Camp, 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 attorneys 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 Work Camp, 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 the work camp. I (we) am (are) fully aware of the nature of the work to be undertaken during SHINE Catholic Work Camp.

The SHINE Catholic Work Camp will employ reputable staff members, obtain background checks, and take reasonable precautions to safe guard the work camp participants during the week of work camp. However, neither the SHINE Catholic Work Camp, 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 work camp due to theft, fire, accident or any other cause beyond its control.

MEDIA RELEASE: I (we) grant SHINE Catholic Work Camp 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.

(Neatly PRINT Participant's Name)

(Participant's Signature)

(Custodial Parent Signature – if under 18 years of age)

(Date)

SHINE Catholic Work Camp Adult Volunteer Affidavit Information

PLEASE PRINT CLEARLY

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

Name _____ () Male () Female Age _____

Work Camp city attending in summer of 2012 _____

I affirm under penalty of perjury that I do not now and I have 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 children 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)

(Must be filled out by every chaperone) *I have taken the diocesan required training for adult volunteers working with youth in the Diocese of _____ on _____.*

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 Work Camps

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 Work Camp
Child, Youth and Worker Protection Verification
-MUST BE COMPLETED BY YOUTH GROUP CONTACT PERSON-

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

The undersigned, on behalf of the Parish named below, and its youth program, hereby certifies to SHINE Catholic Work Camp, its employees, volunteers, hosts, and participants that each adult (18 and older) attending the work camp described below has successfully completed the requirements of the Parish 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 Parish, Diocese, and its youth programs.

Names of Adult Volunteers (18+):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name of Youth Leader: _____

Name of Parish: _____

Work Camp You Are Attending: _____

Signature

Date

SHINE CATHOLIC WORK CAMP WORK SITE TRANSPORTATION REGISTRATION

PHOTOCOPY AND KEEP FOR YOUR RECORDS

AS A WORK CAMP PARTICIPANT, **YOU ARE REQUIRED TO SUPPLY TRANSPORTATION TO THE JOB SITES FOR THE NUMBER OF PARTICIPANTS YOU BRING.** THE WORK CAMP WILL NEED USE OF THESE VEHICLES (VANS, BUSES etc...) TO TRANSPORT GROUPS TO AND FROM WORK SITES. EACH VEHICLE SHOULD ACCOMMODATE **1 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 WORK 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.**

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

Contact Person: _____ Church: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Work Camp attending in Summer 2012 _____

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 CAMP YOU ARE ATTENDING.

PLEASE COMPLETE AND MAIL OR FAX TO WORK CAMP OFFICE BY **April 5, 2012** to:
SHINE Catholic Work Camp
P.O. Box 1653
Tomball TX 77377-1653
(281) 516-7516 - office
(281) 385-8594 - fax