DIOCESE OF BAKER
DAY OF THE SON 2018

ADULT CHAPERONE / VOLUNTEER APPLICATION FORM

Please mail your Application Form & Liability Waiver by the deadline to the Diocese of Baker so that we can verify that you have completed a Background Check, Adult Safe Environment Trainings and signed a Code of Conduct.

Mail to: Diocese of Baker • Attn: Day of the Son
641 SW Umatilla • Redmond, OR 97756

Name _____ M____F ____
Please Print

Address _____

City_____State_____Zip Code _____

Phone_____Cell Phone _____

Your Email: _____

Date of Birth _____

Parish_____City _____

_____ Date_____
Signature

Thank you in advance for volunteering to help at our Summer Camps! Having cabin chaperones and adult volunteers at the camp is crucial towards ensuring the safety and happiness of our youth.

In appreciation of your service there is no charge to you for your lodging and food.

(please turn over and fill out the Adult Liability Waiver)

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY/MEDICAL RELEASE

I,_____, agree on behalf of myself, my heirs, assigns, executors, and
Full Name
personal representatives, to hold harmless and defend The Roman Catholic Bishop of the Diocese of Baker, Inc., its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the event.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following drug allergies:

_____

_____;

and dietary allergies and restrictions: _____.

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name:_____ Relationship to me: _____

Daytime Phone:_____ Night time Phone: _____

Cell Phone:_____ Health Insurance Carrier: _____

Insurance ID Number:_____ Insurance Policy Number: _____

_____ _____
Signature Date

_____
Print Name

Office Use Only
Date RCVD:_____
Background Validated:_____
Safe Environment Tng:_____
Code of Conduct:_____