



2018-2019 Teen Volunteer/Peer Ministry Application

One form per teen, this form is to be used for all peer ministry opportunities

Teen Full Legal Name: _____
(As it appears on birth certificate) Last First Middle Name

Name Teen goes by: _____ Date of Birth: _____ Age: _____

Gender: __ T-Shirt Size: __ Teen Email: _____

Name of School: _____ Grade entering in 2018-2019: _____

Teen Cell Phone #: _____ Family Email: _____

Home Address: _____
Street City Zip

Adults that Teen Resides with:		
	Head of Household	Spouse
Name		
Relationship to teen		
Religion		
Cellular Phone #		

Name and Address of other parent (if applicable): _____

<p><u>In Case Of Emergency</u>, if the parents or legal guardian <u>cannot be reached</u>, please contact: Name: _____</p> <p>Relationship to teen: _____ Phone #: _____</p> <p>Do they have permission to take the teen(s) home? Yes ___ No ___</p>

_____ Full or Joint Custody? _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet, special medication, health conditions or any other information necessary in an emergency situation. Explain fully.

Indicate any and all individuals NOT AUTHORIZED to pick up your teen from classes/events:

Name: _____ Relationship to teen: _____

What position(s) are you applying for? (Please circle all that apply.)

YM Advisory Board

SPARC Volunteer

YDisciple Peer Ministry

CGS Summer Helper

FF Assistant Catechist

Please answer the following on a separate page and attach to your application.

1. Please explain why you would like to be a volunteer/continue volunteering with the selected ministry (or ministries).
2. What do you like most about Youth Ministry? What would you improve?
3. How would you explain your Faith to someone who has never heard of Jesus Christ?
4. What specifically do you see yourself doing as a volunteer?
5. What is your biggest challenge that might impact your ability to commit to the selected ministry (or ministries)?

Consent and Release

GENERAL. I hereby request and give my permission for my child to participate in Peer Ministry. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide the general well-being of my child. I, individually and on behalf of my child named on this form, do hereby release, covenant not to sue, and save harmless: the Most Rev. Gregory L. Parkes, Bishop of the Diocese of St. Petersburg; the above parish; and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of his/her participation in this event.

COMMUNICATION. During the year your teenager is a member of the parish youth ministry we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

___ **Yes,** I give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or applicable ministry team leaders through the use of his/her Email address/Facebook/Instant Messaging/Home phone/Cell phone/Text message/Postal mail.

I also give permission for the Parish Coordinator of Youth Ministry and/or applicable ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes.

___ **No,** I do not give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or applicable ministry team leaders through the use of his/her Email address/Facebook/Instant Messaging/Home phone/Cell phone/Text message/Postal mail.

___ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____.

MEDICAL. IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, ST. MARK THE EVANGELIST PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED ON THIS FORM. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM JUNE 1, 2018 UNTIL JULY 31, 2019** AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Family Physician's Name: _____ Phone: _____
Insurance Co. Name _____ Medical Insurance: ID number _____
Group Number _____ Cardholder's Name _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child(ren) has/have become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

PROMOTIONAL MEDIA RELEASE. During the Faith Formation Program Year, St. Mark the Evangelist may participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Mark the Evangelist in perpetuity and may be copied, copyrighted, edited and distributed by St. Mark the Evangelist in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child(ren). These items may appear or be used in news or feature stories by print, television or radio media. **You have the right to object to the use of your child(ren)'s name, picture or voice in these productions and may do so by circling "do not" below.**

I/We, the undersigned, **do/do not** (Circle One) hereby consent that: St. Mark the Evangelist may use the name, portrait, or other likeness of my child for St. Mark the Evangelist bulletin boards, Website, news releases, media and promotional activities. This consent is renewed at the beginning of each Faith Formation Program Year. If you have any questions, please contact the Faith Formation Office at: 813-907-7746.

Signature of Parent Guardian

Print Name

State of Florida

County of _____

The foregoing was acknowledged before me this _____ day of _____, 2018

By _____
Personally known _____ Or Produced Identification _____

Notary Seal

Print Name and Signature of Notary