



## **STL TEEN SERVICE WEEK 2019**

**WHO:** Outgoing 7<sup>th</sup> through 12<sup>th</sup> graders

**WHEN:** June 10-14, 8:20am-12:00pm MWF, and 8:20-12:30pm T&H.  
(Same week as VBS)

**WHAT ARE WE DOING?:** This week will be a great hands on service opportunity for those wishing to help those in need, benefit the community, lead others closer to Christ, and also earn service hours. We will be focused on living out the Corporal Works of Mercy.

**COST:** \$35, includes transportation, snacks, and t-shirt

*General outline of the week:*

Monday—Metropolitan Ministries (off campus trip)

Tuesday—Serving at Homemakers of Hope (off campus trip)

Wednesday—Visiting the Sick—Rehab Centers (off campus trip)

Thursday—Feeding America Tampa Bay (off campus trip)

Friday—On Campus Service; Optional Service Opportunity from 12-5pm

*\*Schedule is subject to change*

**Chaperones WILL be needed to make this week happen. Can you serve?**

**SPOTS ARE LIMITED; FIRST COME FIRST SERVE.** You must complete these forms, the ONLINE registration, AND the payment in order for your registration to be complete. To register, you must submit the following notarized paperwork and \$35 by **May 1** to Christian at the front desk of the parish office.

**Questions? Contact Christian—813-875-4040 or [cmartinez@stlawrence.org](mailto:cmartinez@stlawrence.org)  
Or Coordinator: Tim Cleaver, ext 234 or [tcleaver@stlawrence.org](mailto:tcleaver@stlawrence.org)**





**Parish Name:** St. Lawrence  
**Parish Address:** 5225 N. Himes Ave Tampa FL 33614  
**Parish Phone Number:** 813-405-3505

**ANNUAL PARENTAL PERMISSION/RELEASE  
for Communication, Photos, and Medical**

**Method of Communication Release:**

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) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(please check all that apply)

- Email address \_\_\_\_\_
- Facebook \_\_\_\_\_
- Instagram \_\_\_\_\_
- Home phone \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Text message \_\_\_\_\_
- Postal mail \_\_\_\_\_

I also give permission for the Parish Coordinator of Youth Ministry and/or youth 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) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instagram
- Text message
- Home phone
- Cell phone
- 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:

\_\_\_\_\_.

**Publicity/Photo/Video Release:**

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Lawrence Parish or media representative.

\_\_\_ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

\_\_\_ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

(over)

**Parish Name:** St. Lawrence  
**Parish Address:** 5225 N. Himes Ave Tampa FL 33614  
**Parish Phone Number:** 813-875-4040

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. 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<sup>st</sup>, 2019 UNTIL June 1<sup>st</sup>, 2020 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.**

Youth's Name: \_\_\_\_\_  
Parent or Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
Emergency contact information: \_\_\_\_\_  
Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Co. Name \_\_\_\_\_ Medical Insurance: ID number \_\_\_\_\_  
Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_.

**Health Information**

List all medications taken daily and/or regularly: \_\_\_\_\_  
Youth/participant's allergies, if any, including medication and food allergies: \_\_\_\_\_  
Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): \_\_\_\_\_  
Youth/participant's other physical restrictions or dietary requirements (if any): \_\_\_\_\_  
Date of Tetanus: \_\_\_\_\_ Other medical: \_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has 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).

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ who [ ] is personally known to me, or [ ] who produced the following as identification \_\_\_\_\_.

\_\_\_\_\_  
**(SEAL)** \_\_\_\_\_  
**Signature of Notary Public**  
\_\_\_\_\_  
Typed or printed name  
\_\_\_\_\_  
Commission No. \_\_\_\_\_



## LIABILITY WAIVER & RELEASE

**Name:** \_\_\_\_\_

Because no one should go hungry.

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

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

**Group Name (if applicable):** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

Feeding Tampa Bay (FTB) is a non-profit organization dedicated to the collection and distribution of food to those in need. I intend to assist FTB as a volunteer. Volunteer activities may include, but are not limited to food reclamation, sorting or distribution at the FTB facility or off-site activities such as assisting with mobile pantry food distribution programs. In consideration of participating as a volunteer and in recognition of the nonprofit status of FTB, I hereby agree as follows:

1. I hereby release Feeding Tampa Bay from, and waive on behalf of myself and my heirs and any minors indicated below, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of FTB, or that may otherwise arise in any way in connection with any voluntary activities with or for FTB.
2. This Liability Waiver and Release extends to FTB together with all of its officers, directors, affiliates and agents.
3. I assume the risk of any and all dangerous conditions in and about Feeding Tampa Bay facilities or in connection with any off-site voluntary activities.
4. Carrying or possession of a weapon, whether concealed or unconcealed, by an employee, guest, or invitee anywhere on Organization property, surrounding premises, in Organization vehicles, or while on Organization business is prohibited. Violation of this policy is cause for removal from volunteer activity.
5. IT IS MY INTENTION BY THIS LIABILITY WAIVER AND RELEASE TO EXEMPT FEEDING TAMPA BAY AND ALL OFFICERS, DIRECTORS, AFFILIATES AND AGENTS FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH.
6. This waiver contains the entire agreement between myself and the parties released and their affiliates.
7. This waiver is also given on behalf of the following minor(s). (Note: A parent/guardian must sign if this waiver is for a minor.)
8. I give my consent for participating in any videos and photography that may be used by Feeding Tampa Bay in any publicity and/or social media. I release (FTB) from any liability in connection with the use of such materials.
9. I have read this waiver, understand it, and am signing it voluntarily.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Minor(s) Names:** \_\_\_\_\_

**Thank you for volunteering with Feeding Tampa Bay!**

# VOLUNTEER WAIVER



## VOLUNTEER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
DOB \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Group St. Lawrence Catholic Church  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## METROPOLITAN MINISTRIES VOLUNTEER AGREEMENT AND RELEASE (AGREEMENT)

I, the undersigned, wish to volunteer my services to Metropolitan Ministries, a not-for-profit Florida corporation whose mission is to help the homeless and those at risk of becoming homeless. Additionally, I wish to volunteer my services at various Metropolitan Ministries partner organizations. Partner organizations include formal and informal arrangements between Metropolitan Ministries and organizations in the community with similar or complimentary missions focused on helping the homeless and those at risk of becoming homeless. In consideration for allowing me to participate as a volunteer at Metropolitan Ministries' and in consideration of Metropolitan Ministries locating, arranging, coordinating, and making available volunteer opportunities at partner organizations, I hereby agree and release Metropolitan Ministries and any partner organizations I engage with as follows:

1. I acknowledge and affirm that during my participation as a volunteer, I may be exposed to hazards and risks, foreseen or unforeseen, which are inherent in performing volunteer service and cannot be eliminated without destroying the unique character of the experience. These inherent risks include, but are not limited to, the dangers of serious personal injury and property damage ("Injuries and Damages") and I acknowledge and agree that Metropolitan Ministries and its partners assume no responsibility for my safety or the safety of anyone who participates with me. I further acknowledge and agree that Metropolitan Ministries and any partners have no obligation to inform or disclose any potential risks to me. I know that Injuries and Damages can occur by natural causes or the conduct and activities of other persons, volunteer participants including staff or third parties, either as a result of negligence or due to other reasons. I understand that the risk of such Injuries and Damages is inherent in my participation as a volunteer, and I voluntarily assume such risks. I further understand that Metropolitan Ministries and any partners will not provide any medical or mechanical assistance, care, or services in connection with this experience.
2. I agree to the fullest extent allowed by law, to unconditionally and absolutely WAIVE, INDEMNIFY, DISCHARGE AND RELEASE FROM LIABILITY Metropolitan Ministries and its partners, its officers, directors, employees, agents, or those acting on its behalf from any and all liability on account of, or in any way resulting from Injuries and Damages in any way connected with this experience, even if caused by the negligence of Metropolitan Ministries or its partners, its officers, directors, employees, agents, or those acting on its behalf. I further agree to HOLD HARMLESS Metropolitan Ministries and its partners, its officers, directors, employees, agents, and leaders from any claims, damages, injuries, or losses caused by my conduct. I understand and intend that this Agreement is binding upon my heirs, executors, legal representatives, administrators and assigns, or any third parties.
3. I agree to allow Metropolitan Ministries and its partners, its assigns and successors, and those acting under Metropolitan Ministries' permission, the right to reproduce, publish, circulate, copyright, or otherwise use or share my story, likeness and image (still or video) in connection with my participation as a volunteer at Metropolitan Ministries and its partners. I understand that by granting my consent, my story, image, or likeness may appear in the public media, including print, internet, or broadcast media, or as part of an advertisement to promote Metropolitan Ministries or its partners. I further relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.
4. I hereby acknowledge that I have read, understood, and received a copy of Metropolitan Ministries' Volunteer Policies. I agree to abide by all Volunteer Policies throughout my volunteer service with Metropolitan Ministries or any partner. I understand that certain Volunteer Policies, including (but not limited to) the Confidentiality Agreement, were put in place to protect all parties' legal rights and violating these policies may result in legal action.
5. I acknowledge that this Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable. The laws of the state of Florida shall govern this Agreement. I further acknowledge that I have read this document in its entirety and I agree to abide by all procedures and freely and voluntarily assume all risks of such Injuries and Damages for volunteers and notwithstanding such risks, I agree to participate as a volunteer.

**Expiration** Signed copies of this waiver expire after 365 days.

\_\_\_\_\_ Participant's Signature

\_\_\_\_\_ Parent/ Guardian's Signature

\_\_\_\_\_ Date of Signature