



SISTERS OF THE PRESENTATION
of the Blessed Virgin Mary

Serving with the Sisters - Summer Service Week 2018

Tuesday May 29th. - Saturday June 2nd.

APPLICATION - Please Print or type clearly - Thank You

Name: _____

Last

First

Middle Initial

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____
(Area Code) Number Please make zeros and the letter O distinguishable

Date of Birth: _____ Age: _____

College: _____

My shirt size is: *Please circle one* Small Medium Large X Large XX Large

Do you play a musical instrument? Which one: _____



Photo Release: I hereby consent to and authorize the use and reproduction, in part or electronic format, by Sisters of the Presentation of the Blessed Virgin Mary, of any and all photographs of myself/my child taken during this program for any publicity purpose, without compensation. I hereby warrant that I have read and understand the terms of this release:

Applicant's Signature: _____

Please return complete application by May 1st.

1.) Tell us why you would like to participate in this program and what goals, if any, do you have for participating in *Sisters of the Presentation Serving with the Sisters - Summer Service Week 2018*.

2.) Have you ever volunteered before? Tell us about that experience.

Please email the following:

- Completed Application
- Health Information Form, Reference Form, and Waiver.
- Essay Question

To: Sr. Mary T. Naccarato, PBVM at mtnacc@yahoo.com



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HEALTH FORM

Name: _____ Date: _____

Address: _____

City/State/Zip: _____ Date of Birth: ___/___/___ Age: _____

Emergency Contacts

Name: _____ Phone # h/c/w: _____ h/c/w _____

Name: _____ Phone # h/c/w: _____ h/c/w _____

Health/Accident Insurance Company _____

Policy Number: _____ and/or Medical ID # _____

Check here if Family does not have Insurance

Have or are you subject to any of the following (Check if YES) Yes No

Asthma Fainting spells Convulsions Diabetes Heart trouble Bleeding disorder

Allergy to any medication, food, plant, animal or insect toxin. Please specify _____

Any condition that may require special care, medication, or diet. Please specify _____

Check here if none of the above applies.

Explain any restriction of activity for Medical Reasons?

Immunizations: MUST LIST DATES OF LAST INNOCULATIONS for all shots:

Tetanus toxoid: _____ Polio: _____ Mumps: _____ Diphtheria: _____

Measles: _____ Rubella: _____ Pertussis: _____ Hep A Vaccine: _____

Applicant Signature _____ Date: _____



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MEDICAL RELEASE FORM

I, _____, an applicant for the Sisters of the Presentation of the Blessed Virgin Mary Service and Outreach Program, hereby waive, renounce, and release on behalf of myself all claims of whatever nature against the the Sisters of the Presentation of the Blessed Virgin Mary or any adult leader, for any injury, accident, or expense resulting from any cause whatsoever.

I hereby grant the adult leaders full authority to take whatever action they consider to be warranted under the circumstances regarding my health and safety and I fully release each of them for any liability for such actions taken on my behalf. This authority will permit the adult leaders, at their discretion, to place me at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment.

I agree that the adult leaders have the right to enforce rules of conduct, and I am willing to abide by them at all times.

WAIVER & RELEASE OF ALL CLAIMS

Clearly PRINT Participant's Name: _____

I recognize and acknowledge that there are certain risks of physical injury inherent in my activities while participating in the Sisters of the Presentation of the Blessed Virgin Mary Service and Outreach Program, I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with this program.

I agree to waive and relinquish all claims I may have against the Sisters of the Presentation of the Blessed Virgin Mary, and its officers, agents, servants, employees and volunteers as a result of my participation in this program.

I further agree to indemnify, hold harmless, and defend the Sisters of the Presentation of the Blessed Virgin Mary, its servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities during my participation in this program.

I have read and fully understand the MEDICAL RELEASE AND WAIVER AND RELEASE OF ALL CLAIMS forms:

Signature of Participant: _____

Printed Name of Witness: _____ Signature: _____

Date: _____