

**LBI 18 Mile Run**

Sunday October 13th, 2024

**Volunteer Application**

Please complete and return this form by mail or to the Front Desk Personnel at the

St. Francis Community Center. Each Volunteer **MUST** fill out a form even if they are from the same family/household.

**\*\* Youth Volunteers must fill out Parental Permission Slip on reverse side and parents must sign out their youth at the end of their shift\*\***

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell / Text #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Information Required)

**PLEASE CHECK OFF WHERE YOU WOULD LIKE TO VOLUNTEER: (Requests accepted but not guaranteed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **18 YEARS & OLDER** | Check here | **YOUTH VOLUNTEER**  \*Underage of 14 must be accompanied by an adult\* | Check here |
| **AM START LINE** |  | **AM START LINE** |  |
| **AM PRE-RACE PREP** |  | **AM PRE-RACE PREP** |  |
| **AM BUS HELP** |  | **AM BUS HELP** |  |
| **PM FINISH LINE 18 MILE** |  | **PM FINISH LINE 18 MILE** |  |
| **PM FINISH LINE 12K** |  | **PM FINISH LINE 12K** |  |
| **PM TRUCK UNLOADING\*\*** |  | **PM TRUCK UNLOADING\*\*** |  |

**\*\* TRUCK UNLOADING REQUIRES LIFTING AND REMOVING EQUIPMENT\*\***

**PLEASE CHECK TIMES & DAYS AVAILABL**

**ADULT VOLUNTEERS (18+) 6AM-12PM 1-5PM YOUTH VOLUNTEERS 6AM-12PM 1-5PM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Saturday October 12th, 2024** |  |  | **Saturday October 12th, 2024** |  |  |
| **Sunday October 13th, 2024** |  |  | **Sunday October 13th, 2024** |  |  |

**\*\* Youth Volunteers must fill out Parental Permission Slip on the reverse side and parents must sign out their youth at the end of their shift\*\***

**Promotional Release**: I give permission to appear in Parish/ and or Diocesan publications, websites, and the Monitor in photos or videos taken with the sole purpose of sharing the experience and publicizing the events within our Catholic Community.

**YES \_\_\_\_\_ NO \_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Youth Volunteer Permission Form**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Information Required) \***Under age of 14 must be accompanied by an adult\*

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Important Medical Information:**

**Describe any medical condition of which the chaperones should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child allergic to any food or medication? (If yes, please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your child requires medication to be administered during the time frame of volunteering, or potential emergency medication is necessary, a Parent/ Guardian MUST accompany the minor at all times. Should the need arise, I hereby give permission for the chaperones to seek medical treatment for my child. I understand they cannot be held responsible for any treatment administered by qualified medical personnel.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ volunteer at the 18 Mile Run.**

**(Print Name of Parent or Guardian)**   **(Print Name of Child)**

In consideration for the making of arrangements for these experiences, I /we hereby release, indemnify and hold harmless Saint Francis of Assisi Parish/ Center and the Diocese of Trenton and any and all employees, and volunteers from any and all liability or any injury or death occurring while my child participates in these experiences.

**Promotional Release:**

I give permission for my child to appear in parish and/or community centers, websites, and the Monitor in photos or videos taken with the sole purpose of sharing the experience and publicizing the events with our community**.**

**YES \_\_\_\_\_ NO \_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**