

MEDICAL EMERGENCY PROCEDURES:

In case of illness, accident or emergency to the volunteer named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, or 3, etc. in the order of desired action you wish us to take):

Contact: _____ Day Phone #: _____ Other Phone #: _____

If above cannot be located, contact: _____ Phone #: _____

Take me to the nearest emergency hospital _____ Other: _____

Last Tetanus immunization or booster date: _____

Are presently on any medications: ___ Yes ___ No If so, state name, dosage, reason for drug and prescription physician: _____

Please note any injuries, recent surgery, prolonged illness, current medications, corrective lenses, or special health problems that would help emergency personnel care for you or which may require special attention: _____

Name of medical insurance company: _____ Group or ID #: _____

INFORMATION CERTIFICATION AND PHOTO RELEASE:

I certify the information contained in this application is true and complete to the best of my knowledge. I authorize the Archdiocese of Portland or its representatives to undertake any investigation it deems appropriate in connection with this application, including a criminal background check. I also authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for me. I understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying our emergency procedures and/or emergency transportation. I give permission for myself and my children to be photographed and to have personally identifiable information released for parish use only.

Signature of Volunteer

Date

IF VOLUNTEER IS A MINOR please complete this Parent/Guardian Authorization:

I have reviewed this registration form and give my permission for (minor's name) _____ to serve as a volunteer at Queen of Peace Catholic Parish in their VBS program.

Parent/Guardian Signature

Date

FOR OFFICE USE:

Orientation Meeting: _____

Called to Protect Training: _____

Background Check Submitted: _____

Background Check Result: _____

CHILD CARE & PRESCHOOL PROGRAM REGISTRATION (Infants – Age 5 Years Old):

Parents: Please fill out this section if you will be using the childcare or preschool program for children of VBS volunteer's infant – 5 years old. A childcare & preschool program is provided during the time the parent is serving as a VBS volunteer. Children may not be left without the parent present at VBS. Please complete the requested information and indicate which days you will be using the program:

| Child's Name | Age/Gender/Special Needs Information | Mon | Tues | Wed | Thurs | Fri |
|--------------|--------------------------------------|-----|------|-----|-------|-----|
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Return Forms: Please return completed Volunteer Registration and Background Check forms by **June 6th** to VBS, Queen of Peace Catholic Parish, 4170 Pullman Ave. SE, Salem, OR 97302

Questions? Please contact Tricia Boyle at 503 364-7202 ext. 17 or tricia@queenofpeacesalem.org