



Catholic Diocese of Richmond

Summer Work Camp

HOMEBASE VOLUNTEER Registration Form – Work Camp 2024

Please complete the registration form and return it to your parish contact for Work Camp.

HOMEBASE VOLUNTEER INFORMATION

Name: _____ First Name for Name Badge: _____
Address: _____
City/State/Zip: _____
Cell Phone: _____
Email: _____
Parish Name: _____ City: _____
Sex: _____ Birthday: _____ Adult T-Shirt Size: _____
Medical Training: ☐ I am a doctor. ☐ I am a nurse. ☐ I am a dentist. ☐ I am an EMT. ☐ Other _____

SAFE ENVIRONMENT

All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate your dates for the following:

Date of VIRTUS Training: _____

Are you employed by a parish or Catholic school in the Diocese of Richmond? _____

Print your entire legal name: _____

HOMEBASE VOLUNTEER EXPERIENCE

What skills or talents do you have that would be helpful for this event?

<input type="checkbox"/> Move boxes of 25 pounds	<input type="checkbox"/> Familiar with IT and/or sound equipment
<input type="checkbox"/> Project your voice over crowds	<input type="checkbox"/> Stand for over an hour at a time
<input type="checkbox"/> High-Energy	<input type="checkbox"/> Good listener and able to repeat information to others
<input type="checkbox"/> Organize and pack supplies	<input type="checkbox"/> Friendly and talkative

☐ Other: _____

Volunteers are expected to arrive between noon and 3PM on Friday, June 21st, and departure after the event on Friday, June 28th.

Are you available for the entire duration of this volunteer commitment? If no, please explain: YES NO

Are you interested in carpooling to and from Work Camp with another volunteer, if available? YES NO

Are you willing to drive your own car during the event and transport other volunteers? YES NO

If yes, how many people can your car hold? _____

EMERGENCY CONTACT INFORMATION

Name: _____

Contact Number: _____

Relationship to Volunteer: _____



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Medical Information and Release Form

All information is kept private and confidential.

Name of Volunteer: _____

MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

Does the participant have any dietary restrictions?

☐ YES ☐ NO

Select any restrictions that apply to this participant:

☐ **Gluten-free** ☐ **Peanut-free**
☐ **Vegetarian**

Is the participant allergic to anything?

☐ YES ☐ NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

☐ YES ☐ NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

☐ YES ☐ NO

List any **emotional conditions** that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Has the participant received a tetanus shot?

☐ YES ☐ NO

List the date of the last tetanus shot, if known:

RELEASE OF LIABILITY AND MEDICAL RELEASE

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents, employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Volunteer Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of myself (named above) engaged in activities related to any Diocesan event to have my pictures posted in the Diocese of Richmond publications or websites. Names of volunteers **will not** be used without expressed permission. If no box is checked below, the Diocese of Richmond assumes you give permission.*

☐ YES ☐ NO Volunteer Signature: _____ Date: _____



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HOMEBASE VOLUNTEER CODE OF CONDUCT

Basic Role of Homebase Volunteers

The Office for Evangelization depends on Homebase Volunteers to make the week of Work Camp run smoothly. These individuals will need to serve in various roles at homebase such as Work Camp set-up and clean-up, kitchen assistance, running team building activities, performing office related tasks, running errands, etc. Homebase volunteers must be at least 20 years old before the beginning of Work Camp. Individuals in this role cannot serve as a chaperone or a contractor.

It is important that the Homebase Volunteers be an example of obedience and cooperation with the following policies as well as with our staff and participants on site. Because of the physical demands of Work Camp, it is necessary that Homebase Volunteers be in good health. If you have concerns about your health in regard to your role as a Homebase Volunteer, please contact the Office for Evangelization.

Adult Code of Conduct

Adults must read, sign, and return this sheet with the Medical Information and Release form. Please be sure that you understand and abide by these policies.

1. Alcohol, Drugs, and Smoking

- ✓ All state laws concerning alcohol and drugs will be strictly enforced.
- ✓ Possession and/or consumption of alcohol or drugs are not permitted on site during the pilgrimage.
- ✓ All event site buildings are smoke-free facilities.

2. Appropriate Dress

- ✓ All participants are expected to dress in a fashion that represents modesty, respecting other participants and our Lord.
- ✓ Clothing must cover all undergarments and midriffs. Participants must wear shirts at all times.

3. Participation

- ✓ It is expected that all participants (youth, chaperones, group leaders) will be present at scheduled sessions during the event, and in appropriate places following the evening sessions.
- ✓ At no time should a youth participant leave the event site (Homebase and Work Sites) without an adult. Adults are strongly discouraged from taking youth off site, except in the case of an emergency.
- ✓ It is to be understood that the said adult takes full responsibility for a youth once off the event site grounds.

4. Housing

- ✓ We are guests at the facility. We ask that it is left in better condition than it is found.
- ✓ Youth should **at no time** be in the room of a member of the opposite sex.
- ✓ An atmosphere of quiet and respect is expected following the lights out time.

5. Insubordination

- ✓ It is expected that youth and adults will follow the direction of all Office for Evangelization staff and volunteers.
- ✓ Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to appropriate discipline.
- ✓ The first and primary method of dealing with discipline problems will be to work through the Group Leader. As a volunteer, if you notice something, please communicate with the Office for Evangelization staff so that they can handle it directly.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in the Office for Evangelization dismissing me from the Diocesan Work Camp.

Signature: _____

Date: _____

Printed Name: _____

Parish: _____