



NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

Have you attended before? \_\_\_\_\_ If so, what years? \_\_\_\_\_

T-SHIRT SIZE S M L XL 2XL

Do you have any of the following? Please circle all that apply

ADD/ADHA      Asthma      Diabetes      Epi Pen      Dyslexia      Contact lens

Other health condition: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PHYSICIAN'S CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## Good Neighbors' Volunteer Skills Inventory

Dates Attending:		
Church/Group Name:		
Contact:		Under 21? List age:
Phone Day (    )	Phone Eve. (    )	Email:
What is your relationship with the group?		
<input type="checkbox"/> Group member <input type="checkbox"/> Year-round staff/volunteer <input type="checkbox"/> Group Leader <input type="checkbox"/> Other: _____		
If you have any first aid or emergency medical treatment experience, please explain:		
This section enables us to do our best to match your skills to the work. <b>There's a chance</b> you may be over-skilled for the work assigned to you. Thanks for <b>being willing to serve</b> wherever we place you. Please circle all the numbers in every category that BEST describe you.		
<b><i>PAINTING</i></b> 1. I've helped others paint inside 2. I've done low exterior painting 3. I've painted a two-story house 4. I have a lot of painting experience 5. I am a professional painter	<b><i>LANDSCAPING</i></b> 1. I can run a lawn mower. 2. I've run power clippers and weed eaters 3. I'm experienced with a chain saw 4. I have installed retaining walls 5. I am a professional landscaper	
<b><i>DRY WALLING</i></b> 1. I've spackled small holes in walls 2. I've done taping and spackling 3. I've measured, cut, & hung drywall sheets 4. I have a lot of dry wall experience 5. I am a professional dry-waller	<b><i>MASONRY</i></b> 1. I've helped patch a sidewalk 2. I've poured sections of concrete 3. I have moderate masonry experience 4. I have a lot of masonry experience 5. I am a professional mason	
<b><i>CARPENTRY</i></b> 1. I've done small repairs around the house 2. I've measured, cut, nailed lumber 3. I have moderate carpentry experience 4. I have a lot of finish carpentry experience 5. I am a professional carpenter	<b><i>PLUMBING</i></b> 1. I've fixed sink/toilet leaks 2. I've installed fixtures 3. I have moderate plumbing experience 4. I have a lot of plumbing experience 5. I am a professional plumber	
<b><i>ROOFING</i></b> 1. I've used tar to patch a leak 2. I've replaced sections of a roof <input type="checkbox"/> shingle <input type="checkbox"/> metal 3. I have moderate roofing experience 4. I have a lot of roofing experience 5. I am a professional roofer	<b><i>ELECTRICAL</i></b> 1. I've installed new light fixtures 2. I've changed switches and outlets 3. I have some rewiring experience 4. I have a lot of electrical experience 5. I am a professional electrician	
<b><i>FLOORING / CARPETING</i></b> 1. I've torn out carpeting and/or linoleum 2. I have helped others lay flooring 3. I have moderate experience <input type="checkbox"/> tile <input type="checkbox"/> carpet 4. I have a lot of experience <input type="checkbox"/> tile <input type="checkbox"/> carpet 5. I'm a professional installer <input type="checkbox"/> tile <input type="checkbox"/> carpet	<b><i>FOUNDATIONS</i></b> 1. I've helped with footers and back filling 2. I'm experienced in foundation coating 3. I helped jack up & sure a foundation 4. I have moderate experience laying foundations 5. I have professionally built & repaired foundations	
<b><i>SIDING</i></b> <i>let us know if you have a break</i> 1. I've worked with others to apply siding 2. I have moderate experience with vinyl & aluminum 3. I've wrapped window casings and sills 4. I am very experienced with an aluminum break 5. I've applied siding/aluminum professionally	<b><i>HVAC</i></b> 5. I am a professional  <b><i>WELDING</i></b> 5. I am a professional	

*Please use the back of this form to give more details about your skills and special tools you can bring. Also, add and explain any other areas where you think we could use your abilities such as: delivery, devos, or music!*

**ST. MATTHEW KENTUCKY SERVICE TRIP TO ASSIST GOOD NEIGHBORS  
CONTACT & HEALTH INFORMATION AND CONSENT TO TREAT FORM [CHAPERONE]**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Birth Date \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_ Allergies to drugs or foods \_\_\_\_\_

Special dietary needs or restrictions \_\_\_\_\_

Special medical conditions, medications, blood type or pertinent medical information that organizers should know about  
\_\_\_\_\_  
\_\_\_\_\_

Contact information in case of emergency

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

_____ Applicant's Signature	_____ Witness Signature
_____ Witness Address	_____ Witness Printed Name

I request to participate in the YOUTH SERVICE TRIP TO KENTUCKY under the auspices of ST. MATTHEW THE APOSTLE to be held FROM JULY 3 THROUGH JULY 13, 2014. I have read the foregoing Health Information & Consent to Treat Form and the answers are all correct.

I do hereby release and forever discharge St. Matthew the Apostle Parish, the Diocese of Paterson, and Good Neighbors Inc. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my participation in the Good Neighbors program or with the decision by any representative or agent of St. Matthew's and Good Neighbors to exercise the power to consent to medical or dental treatment as such power may be granted and authorized via this Health Information & Consent to Treat Form.

If emergency medical care or treatment shall be necessary and if my emergency contact cannot be reached, I authorize the delegated agents of ST. MATTHEW THE APOSTLE to act on my/our behalf and approve appropriate treatment.

_____ Applicant's Signature	_____ Witness Signature
_____ Witness Address	_____ Witness Printed Address
_____ Date	

**WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**  
**[ADULT]**

I hereby request to participate in the St. Matthew Youth Group's Hope Builders Trip to Kentucky to be held on July ~~8~~, 201~~8~~ through July ~~13~~, 201~~8~~. I freely and knowingly provide this **WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT** in order to accomplish this purpose.

In consideration of St. Matthew the Apostle Youth Group's and the **ROMAN CATHOLIC DIOCESE OF PATERSON'S** acceptance of my participation in the Youth Group's Hope Builders Trip, to the fullest extent of the law, I shall indemnify, defend and hold harmless the Most Rev. Arthur J. Serratelli, S.T.D., S.S.L., D.D., Bishop of the Roman Catholic Diocese of Paterson, and his successors in office and all affiliated parishes including St. Matthew's, schools, and institutions from and against any and all claims for bodily injury and/or property damage, damages, losses and expenses, including but not limited to attorneys' fees, arising out of my participation in the St. Matthew Youth Group's Kentucky Trip on July 8 through July 14, 2018.

My agreement to indemnify specifically includes any and all claims, damages, losses and/or expenses resulting from bodily injury and/or property damage, sickness, disease or death or injury to or destruction of tangible property caused in whole or in part by the negligence of a party indemnified hereunder.

**My personal insurance is primary over all other available insurance.**

I further agree that any and all disputes regarding my participation in the St. Matthew Youth Group's Kentucky Trip on July ~~8~~ through July ~~13~~, 201~~8~~, any and all disputes regarding this **WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**, will be resolved by way of submission to binding arbitration through the auspices of the American Arbitration Association. I do hereby grant and convey unto St. Matthew's and Good Neighbors all right, title and interest in any and all photographic images and video or audio recordings made by St. Matthew's and Good Neighbors during the Good Neighbors program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

In signing this release I acknowledge and represent that I have read the following **WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**, understand it and sign it voluntarily as my own free act; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
DATE



**ADULT REGISTRATION/MEDICAL INFORMATION FORM  
(18 YEARS AND OLDER)**

Please print information clearly in black or blue ink.

**PARTICIPANT'S NAME** \_\_\_\_\_  
Gender: M or F Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_  
Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

**GENERAL HEALTH INFORMATION:**

List any medications needed; physical limitations; allergies to food, drugs or bee stings etc.; current illnesses; concerns like asthma, heart problems, diabetes, seizures or any other helpful information:

Date of last tetanus shot \_\_\_\_\_

**HEALTH INSURANCE CO:** \_\_\_\_\_ Member #: \_\_\_\_\_  
Address \_\_\_\_\_ Insurance Agent \_\_\_\_\_  
Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Please photocopy the front and back of your insurance card & attach to the registration form.**

**EMERGENCY CONTACT PERSON:** Who can we call in case of an emergency?

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**PARTICIPANT AGREEMENT**

I, \_\_\_\_\_, will attend the Mission Trip offered by Good Neighbors, Inc. I agree to participate in the entire program with enthusiasm. I will conduct myself in a Christian manner and agree to follow the Rules and Regulations and all other rules as outlined for me.

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



## ADULT LIABILITY AND MEDICAL RELEASE FORM

In the event that I am deemed unconscious, incoherent or unable to make an intelligent decision, and my spouse is unavailable I, \_\_\_\_\_, hereby authorize and empower Good Neighbors, Inc., and any adult authorized to act on behalf of Good Neighbors, Inc. to order or approve medical treatment for myself as fully as I could do if I were able. In absence of my spouse Good Neighbors, Inc. and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit myself to any form or type of medical treatment, including surgery or anesthesia or transfusions or medications or other medical procedures, by any licensed health care provider. In the absence of my spouse I hereby grant Good Neighbors, Inc. and its authorized adult representatives, a medical power of attorney as to myself and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions, in the absence of my spouse.

I understand and agree that I am responsible for my own medical insurance. I agree to reimburse Good Neighbors, Inc. for any medical bills or other expenses incurred regarding any medical treatment for myself. I have provided Good Neighbors, Inc. with an accurate health history on the registration form.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Good Neighbors, Inc. and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death, or other loss of any nature involving or related in any way to myself even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Good Neighbors, Inc. or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney fees and all litigation costs.

I understand that Good Neighbors, Inc. is not responsible or liable for my personal effects and property and that Good Neighbors, Inc. will not provide security for or lock up any items. I will hold Good Neighbors, Inc. harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations are in effect at the time of the event.

Good Neighbors, Inc. is not responsible for the purchase of medicine or special foods.

\*\*Attending permits your image to be used for print and video promotion by Good Neighbors, Inc.\*\*

Participant's name (print) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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