



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

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

CELL PHONE \_\_\_\_\_ GRADE \_\_\_\_\_ 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: \_\_\_\_\_

PARENTS CONTACT INFORMATION

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

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

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

EMERGENCY CONTACT INFORMATION    OTHER THAN PARENT

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

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

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

PHYSICIAN'S CONTACT

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

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

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_  
 CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 PARENT CONTACT EMAIL: \_\_\_\_\_

Parent/Guardian Name	Home #	Work #	Cell #

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

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

Name of Family 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

I/we request that my/our son/daughter attend the YOUTH SERVICE TRIP TO KENTUCKY under the auspices of ST. MATTHEW THE APOSTLE to be held FROM JULY 17 THROUGH JULY 18 2020 I/we have read the foregoing Health Information & Consent to Treat Form and the answers are all correct.

Volunteer and Guardian 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 the Volunteer's 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.

I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of ST. MATTHEW THE APOSTLE to act on my/our behalf and approve appropriate treatment.

_____ Applicant's Signature	_____ Parent/Guardian Signature
_____ Date	_____ Witness Signature
_____ Witness Address	_____ Witness Printed Name

**ST. MATTHEW YOUTH SERVICE TRIP TO  
TO ASSIST GOOD NEIGHBORS IN KENTUCKY  
RELEASE AND WAIVER OF LIABILITY FOR MINORS**

This Release and Waiver of Liability (the "Release"), executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_, a minor child (the "Volunteer") and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of Volunteer (the "Guardian"), in favor of the Diocese of Paterson and its local church, St. Matthew the Apostle Parish, its Trustees, officers, employees, agents, representatives and sponsors (collectively "St. Matthew's") and Good Neighbors, a 501(c)(3) based in Staffordsville, KY.

The Volunteer and Guardian desire that the Volunteer participate in Good Neighbors' home building and repair program and the activities related to the work July 12, July 18, 2020. The Volunteer and Guardian understand that the activities may include constructing and rehabilitating residential buildings, being transported to and from work camp locations, and consuming food and living in accommodations donated for the Good Neighbors program.

The Volunteer and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

**1. Waiver and Release.** Volunteer and Guardian do hereby release and forever discharge and hold harmless St. Matthew's and Good Neighbors and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Good Neighbors program.

In consideration of St. Matthew's accepting my/our son's/daughter's registration for this event, I/we release, hold harmless and discharge Good Neighbors, St. Matthew's, their officers, trustees, employees, agents and affiliates, as well as the Diocese of Paterson and Bishop Arthur J. Serratelli, S.T.D., S.S.L., D.D. and/or his successor, as well as any and all agents and/or employees of the Roman Catholic Diocese of Paterson from any and against all liability, claim, loss, damage, cost or expense including counsel fees remitting from any and all claims for bodily injury and/or property damage. I/we further waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event. I/we further agree to indemnify and hold harmless the parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense as already set forth.

**2. Assumption of Risk.** The Volunteer and Guardian understand that the Good Neighbors program may include activities that may be hazardous to the Volunteer and that the food, accommodations and medical facilities may be donated to St. Matthew's and Good Neighbors and beyond the control of St. Matthew's and Good Neighbors. Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in these activities and release St. Matthew's and Good Neighbors from all liability for injury; illness, death, or property damage resulting from the activities of the Volunteer's participation in the Good Neighbors program.

**3. Insurance.** The Volunteer and Guardian understand that St. Matthew's and Good Neighbors do not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with Medical or health insurance coverage in effect.

**4. Photographic Releases.** Volunteer and Guardian 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.

**5. Other.** Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Volunteer and Guardian agree that in the event that any clause of provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS HEREOF,** Volunteer and Guardian have executed this Release as of the day and year first above written.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian

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

Phone: (home): \_\_\_\_\_

(work): \_\_\_\_\_

(cell): \_\_\_\_\_

(email): \_\_\_\_\_

## 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 <b>BEST</b> describe you.		
<b>PAINTING</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>LANDSCAPING</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>DRY WALLING</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>MASONRY</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>CARPENTRY</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>PLUMBING</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>ROOFING</b> 1. I've used tar to patch a leak 2. I've replaced sections of a roof ___ shingle ___ metal 3. I have moderate roofing experience 4. I have a lot of roofing experience 5. I am a professional roofer	<b>ELECTRICAL</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>FLOORING / CARPETING</b> 1. I've torn out carpeting and/or linoleum 2. I have helped others lay flooring 3. I have moderate experience    ___tile ___ carpet 4. I have a lot of experience    ___tile ___ carpet 5. I'm a professional installer    ___tile ___ carpet	<b>FOUNDATIONS</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>SIDING</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>HVAC</b> 5. I am a professional	
	<b>WELDING</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!



**YOUTH REGISTRATION/MEDICAL INFORMATION FORM  
(UNDER 18 YEARS OF AGE)**

Please print information clearly in black or blue ink.

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

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_  
Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_ 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:**

**In an emergency if parent/guardian cannot be reached, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

**YOUTH 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, Regulations, and Expectations.**

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



## YOUTH PARENTAL LIABILITY AND MEDICAL RELEASE FORM

I, \_\_\_\_\_ (parent or guardian) hereby give permission for my child \_\_\_\_\_ to attend an event coordinated by Good Neighbors, Inc. 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 my child as fully as I could do if I were on site. Good Neighbors, Inc. and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit my child to any form or type of medical procedures, by any licensed health care provider. I hereby grant Good Neighbors, Inc. and its authorized adult representatives, a medical power of attorney as to my child 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.

I understand and agree that I am responsible for my child's medical insurance. I agree to reimburse Good Neighbors, Inc. for any medical bills or other expenses incurred regarding any medical treatment for my child. I have provided Good Neighbors, Inc. with an accurate health history for my child on the Registration Form.

I understand that Good Neighbors, Inc. is not responsible or liable for my child's personal effects and property, and that Good Neighbors, Inc. will not provide security for or lock up for 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 my child is to abide by whatever rules are in effect at the time of the trip.

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 or my child, 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.

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

Parent/guardian name (print) \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Cell phone (\_\_\_\_\_) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_