



SOCIETY OF ST. VINCENT DE PAUL
Diocesan Council of San Bernardino-Riverside
Volunteer Agreement Form

Confidentiality

Any information provided about the client(s) of Society of St. Vincent de Paul is to be kept in the strictest of confidences. None of the information exchanged about individuals, organizations, or client cases will be discussed or share outside of my official responsibilities with Society of Saint de Vincent de Paul.

Photo Release

I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my picture and/or my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. All photos and copyrights belong to Society of St. Vincent de Paul.

Medical Release

I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary. I would like to be notified before the hospital personnel do any additional treatment.

Name: _____ telephone: _____

Family Physician: _____ telephone: _____

**Consent & Liability
Waiver**

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual)

I (name of self, or parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in (event) _____, to be held (date) _____, (time) _____, and (location) _____.

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Society of St. Vincent de Paul Diocese of San Bernardino-Riverside, the sponsoring parish/school (its pastor, youth minister, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature of SVdP Volunteer

Date

Signature of parent/guardian

Date