



**Saint Francis of Assisi  
"Fun in the Sun" Summer Program  
9 St. Francis Way  
Litchfield, NH 03052**

**Volunteer Checklist 2022**

For your convenience, this checklist will assist you in your preparation for our "Fun in the Sun" Summer Program, as it includes each form that must be turned in to Mrs. Isabelle in order to volunteer.

Please note: Volunteers must be at least **14** years of age.

The Youth Recreation Camp Licensing Program requires 2 written references from anyone wishing to volunteer during the program. One of the references must be from a non-relative, attesting to their knowledge of the volunteer's character. This must include whether, in their opinion, the volunteer has ever caused or threatened to cause any individual, child, or children harm of any nature and whether the volunteer is a good candidate to work directly with campers.

We will need the following from you before you begin volunteering: (DO NOT print these forms two-sided)

- |   |   |
|---|---|
| ----- Volunteer Application—Agreement (included)      | ----- DCYF Form (included)<br>Form must be notarized. If a volunteer is under 18 years of age, a parent must sign the form. |
| ----- Volunteer Schedule (included)                   |   |
| ----- Participant Waiver of Liability Form (included) | ----- Copy of Health Insurance Card   |
| ----- Volunteer Emergency Contact Form (included)     | ----- Current Physical Exam Form from physician<br>(must be dated after August 25, 2020)                                    |
| ----- Health Information and Profile (included)       | ----- Current Immunization Form (from physician)  |
| ----- First Aid Authorization Form (included)         | ----- 2 References (see paragraph above)  |
| ----- Volunteer Guidelines & Parental Permission Form |   |

Should you have any questions, I can be reached at 603-424-3456 ext. 209. I look forward to working with you this summer!

Mrs. Vicki Isabelle  
Fun in the Sun Director

**Volunteer Application<sup>1</sup>**  
**Please complete in full and print your answers.**

**Name**

First	Middle	Last
List any other names you have been known by, including maiden and nicknames		
Date of Birth <sup>2</sup>	Phone	Email address

**Address**

Street	Unit/Apt. #
Town	Zip Code
Mailing Address (if different from above)	
Have you resided in any states other than NH during the past 5 years? (circle)    Yes    No If yes, list all states:	

**Position**

Indicate the parish, school, camp, or ministry in which you wish to volunteer (include the city or town):
Indicate the position you are seeking:

**The following questions are only for adult volunteers who regularly work with minors:**

Have you ever committed, been arrested or been convicted of physical or sexual abuse or neglect of a minor (person under age 18) or a vulnerable adult (person who is 18 or older and who is particularly susceptible to manipulation because of a mental or physical disability) that has not been annulled by a court? (circle)    Yes*    No
Have you ever been subject to any court order involving an allegation of sexual, physical, or verbal abuse of a minor or a vulnerable adult? (circle)    Yes*    No
*If you answered yes to either of these questions, please provide an explanation on a separate sheet of paper and attach it to this form.
<b>For adult <u>parish</u> volunteers who regularly work with minors (does not apply to Scout volunteers):</b>
Have you been registered at the parish for 6 months or more? (circle)    Yes    No (If "no," you must provide a written recommendation from a pastor or a parish supervisor from your previous parish in order to work with minors.)

**By signing this form, I certify that the information contained herein is true to the best of my knowledge and belief. I authorize the Roman Catholic Diocese of Manchester to investigate the information contained on this form, including my criminal conviction record. I understand that it is my obligation to notify my pastor, principal, or director within 14 days if I am arrested or convicted of a crime after signing this form.**

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

<sup>1</sup> Volunteers who regularly work with minors must undergo background screening and training in addition to completing this volunteer application form.

<sup>2</sup> Date of birth is requested for identification purposes only.



## Volunteer Agreement

I, \_\_\_\_\_, (the "Volunteer") acknowledge that I have voluntarily applied to serve as a volunteer \_\_\_\_\_ (the "Position") at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a \_\_\_\_\_ (the "Location") and I agree as follows:

**Acknowledgments.** (1) I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Location; (2) I understand the nature of the Position; and (3) I am qualified, in good health, and in proper physical condition to serve in such Position.

**Assumption of Risk.** (1) I am aware that the Position may be hazardous; (2) I am volunteering with knowledge of the danger involved; (3) I agree to assume any and all risks of my injury, illness, or death or loss of or damage to my automobile or other personal property, whether those risks are known or unknown; and (4) I acknowledge the Location, the Roman Catholic Bishop of Manchester, and the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for my injury, illness, or death or loss of or damage to my automobile or my other personal property resulting from the Position and expressly waive any claim for such compensation.

**Medical Treatment.** In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Promotion.** I consent to any photographic images or video or audio recordings taken while volunteering and grant and convey all rights, title, and interest of such images and recordings to the Location.

**Severability.** This Volunteer Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS VOLUNTEER AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

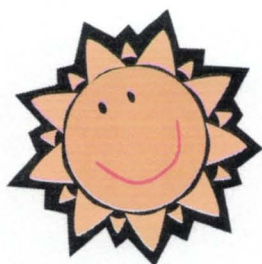
ADDRESS: \_\_\_\_\_

**MINOR RELEASE: (must be completed by Parent/Guardian for a Volunteer under the age of 18)**

I, THE PARENT OR GUARDIAN OF THE VOLUNTEER, HAVE READ THIS VOLUNTEER AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



St. Francis of Assisi  
"Fun in the Sun" Summer Camp  
9 St. Francis Way  
Litchfield, NH 03052  
2022

Thank you for your interest in the St. Francis of Assisi "Fun in the Sun" summer camp volunteer program.

Age Requirements: You must be 14 years old or older to volunteer.

Camp Dates: June 13<sup>th</sup> through August 19<sup>th</sup>.

Volunteer Hours: You may choose 7:00am to 10:00am, 10:00am to 1:00pm or 2:00pm to 5:00pm

Classroom Volunteers: Assisting the staff with the campers

Director Volunteers: Assisting the director with the arrival and departure of campers

If you're interested in volunteering this summer, please fill out all of the volunteer forms and return them to St. Francis of Assisi Parish as soon as possible. We will be accepting 1 volunteer per classroom, and 1 volunteer for the director per time slot per day.

Name: \_\_\_\_\_

Days/Weeks volunteering (please indicate either 7:00am to 10:00am, 10:00am to 1:00pm or 2:00pm to 5:00pm on the days you are interested in volunteering).

Example:

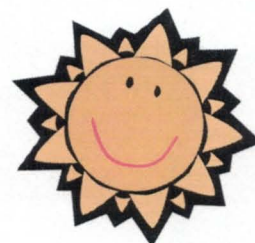
Week of	Monday	Tuesday	Wednesday	Thursday	Friday
6/13 - 6/17	-----	7 to 9am	10am to 1pm	3 to 6pm	-----

Week of	Monday	Tuesday	Wednesday	Thursday	Friday
6/13 - 6/17					
6/20 - 6/24					
6/27 - 7/1					
7/6 - 7/8	CLOSED	CLOSED			
7/11 - 7/15					
7/18 - 7/22					
7/25 - 7/29					
8/1 - 8/5					
8/8 - 8/12					
8/15 - 8/19					

Should you have any questions, please call 424-3456 ext. 209.

Join us for a great summer!

Mrs. Vicki Isabelle  
Fun in the Sun Director





**Participant Release, Waiver of Liability, and Indemnity Agreement<sup>1</sup>**

I, \_\_\_\_\_, (the "Participant") have voluntarily applied to participate in the St Francis of Assisi Fun in the Sun Camp occurring on or during the period June 13, 2022 to August 19, 2022 (the "Activity") which is sponsored and/or supervised by or taking place at St Francis of Assisi Parish, Litchfield NH (the "Location") and I agree as follows:

**Acknowledgments.** (1) I am participating in the Activity of my own free will; (2) I understand the nature of the Activity; and (3) I am qualified, in good health, and in proper physical condition to participate in the Activity.

**Assumption of Risk.** (1) I know that the Activity may present (a) risks of injury or illness (INCLUDING FROM COVID-19) that could result in death and/or (b) risks of loss of or damage to property; and (2) I agree to assume those risks and any other unknown risks; and (3) I accept that the Location, the Roman Catholic Bishop of Manchester, and the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for the costs of any injury, illness, or death or loss of or damage to property resulting, directly or indirectly, from the Activity and I expressly waive any claim for such compensation.

**Medical Treatment.** In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver and Release.** I, on behalf of myself, my heirs, next of kin, spouse, and legal representatives, hereby release, waive, discharge, and agree not to sue the Location, the Roman Catholic Bishop of Manchester, the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Released Parties") for any and all claims, costs, liability, or damages of any injury, illness, death or loss of property resulting, directly or indirectly, from the Activity except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties.

**Indemnity.** If, despite the Waiver and Release above, I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

**Promotion.** I consent to any photographic images or video or audio recordings taken during the Activity and grant and convey all rights, title, and interest of such images and recordings to the Location.

**Severability.** This Participant Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MINOR RELEASE: (must be completed by Parent/Guardian for a Participant under the age of 18)**

I, THE PARENT OR GUARDIAN OF THE PARTICIPANT, HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<sup>1</sup> This Agreement is required in order to participate in an athletic activity or, where applicable, a third party event at a Location.  
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St. Francis of Assisi "Fun in the Sun" Summer Camp  
2022 Volunteer Emergency Contact Information

Volunteer's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Parent / Guardian Names: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**Emergency Contacts: Please list two people we may contact if we cannot reach you in an emergency:**

Name	Phone Number	Relationship
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1) \_\_\_\_\_

2) \_\_\_\_\_

**The names listed below are the only persons authorized by me to pick up my child(ren).**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_ Date: \_\_\_\_\_



# St. Francis of Assisi "Fun in the Sun" Summer Camp

## 2022 Volunteer Health Information and Profile

Health information, immunization records, and a current physical examination form (must be dated after August 25, 2020) are required for anyone volunteering for the Fun in the Sun Program. Without this information on file, you will not be able to volunteer. Please complete this entire form and return it to Vicki Isabelle. All information will be held in confidence and will be released only to appropriate individuals.

Volunteer's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

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

.....  
Family Health Professionals:

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

### Medications being taken:

Please list all medications taken regularly. *If medications must be taken while at camp, please be sure to sign a medication release form.*

Med #1 \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med #2 \_\_\_\_\_ Reason for taking: \_\_\_\_\_

### Permission to provide necessary treatment or emergency care:

If an emergency arises I agree to have my child transported via ambulance and / or treated for any emergency medical or dental problems. I accept full responsibility for all medical expenses incurred as a result of my child / ward's participation in this program. On the lines below I have listed any medical conditions, physical disabilities, and/or allergic reactions to medications which is relevant to rendering medical care to my child in the event of a medical emergency.

Signature of parent / guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_



**Saint Francis  
of Assisi Parish**

*Make me an instrument of Your peace*

9 St. Francis Way, Litchfield NH 03052  
Phone: (603) 424-3456 | Fax: (603) 424-8603  
Email: parish@stfrancisofassisi.net

**Permission to Dispense Medication and Administer First Aid  
Fun in the Sun 2022**

Occasionally volunteers will request or require over the counter medication(s) while volunteering at camp.

Volunteer's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, (the "Parent/Guardian") hereby request authorized personnel at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a St Francis of Assisi Parish Fun in The Sun Summer Camp (the "Diocese Location") to administer the over the counter medication(s) to \_\_\_\_\_ (the "Minor") as directed by this authorization and I agree to release, indemnify, and hold harmless the Diocese Location and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions against them for helping this minor use the over the counter medication(s).

The Parent/Guardian must initial next to each over the counter medication below that they authorize the use of:

\_\_\_\_\_ Gold Bond Anti Itch Lotion  
\_\_\_\_\_ Gold Bond baby Powder  
\_\_\_\_\_ Baking Soda (used for bee stings)  
\_\_\_\_\_ Band-Aid First aid antiseptic  
\_\_\_\_\_ Bactine Cleansing Spray  
\_\_\_\_\_ Anti-Itch Spray  
\_\_\_\_\_ Vaseline  
\_\_\_\_\_ Baby Wipes  
\_\_\_\_\_ Flushable Wipes

\_\_\_\_\_ Johnsons Baby Wash  
\_\_\_\_\_ Antibiotic Cream (Neosporin)  
\_\_\_\_\_ Hydrocortisone Spray  
\_\_\_\_\_ Neil Med Wound Wash  
\_\_\_\_\_ Bausch & Lomb Eye Wash  
\_\_\_\_\_ Sunscreen (supplied by parent)  
\_\_\_\_\_ Ayr Saline Nasal Gel  
\_\_\_\_\_ Band-Aids

I give permission for the camp director or her designee to assist my child by providing over the counter medication if initialed above and to assist with the over the counter medication listed above. By signing this form, I agree that I will not hold the staff responsible for any adverse reactions from these over the counter medications.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT NAME (printed): \_\_\_\_\_



ST. FRANCIS OF ASSISI  
FUN IN THE SUN  
9 ST. FRANCIS WAY  
LITCHFIELD, NH 03052

**VOLUNTEER GUIDELINES & PARENTAL PERMISSION  
2022**

**Do:**

- Dress Appropriately
- Inform Director when you arrive, and leave for the day
- Be respectful and listen at all times
- Help staff with games, crafts and sports
- Be a good role model
  - o Sportsmanship
  - o Manners and Hand washing
  - o Language
- Follow COVID Guidelines
- Contact the Director if you are unable to fulfill your scheduled volunteer hours

**Do Not:**

- Use cell phones, iPods or other electrics while volunteering
- Discipline the campers
- Provide medical care to the campers
- Put yourself in an uncomfortable situation
- Volunteer if you have COVID exposure or symptoms
- Share confidential information regarding campers, volunteers or staff
- Take photos or videos of campers, volunteers or staff

*If you are ever unsure as to what to do...ask!*

**MOST IMPORTANTLY HAVE A FUN SUMMER!!!**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_ give permissions for \_\_\_\_\_  
Parent name printed Volunteer name printed

**to volunteer for Fun in the Sun during the 2022 Summer Season.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**NH CHILD ABUSE AND NEGLECT CENTRAL REGISTRY  
NAME SEARCH AUTHORIZATION RELEASE OF INFORMATION TO THIRD PARTY**

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the Department's Central Registry of founded reports of child abuse and neglect. My full legal name, other names I have used in the past, and other identifying information are listed below.

**CURRENT FULL LEGAL NAME** (please print legibly): \_\_\_\_\_

**OTHER NAMES (ALIASES) I HAVE USED, INCLUDING MAIDEN NAME** (if applicable): \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_  
month day year

**CURRENT MAILING ADDRESS:** \_\_\_\_\_

I acknowledge that the results of this search can only be released to myself or a Child-Placing Agency pursuant to NH RSA 170-E, the Department of Health and Human Services pursuant to NH RSA 170-G:8-c, or another state's Child Welfare Agency or Private Adoption Agency pursuant to NH RSA 169-C:35. I understand and authorize the results of this search to be provided to the person/agency listed below if in compliance with the aforementioned laws. Any entity listed below that is not governed under these laws will not be sent the results.

**PURPOSE OF THE CHECK:** (For child care see form 2503. For employment purposes, please understand that NH cannot check for other than what is listed below, individuals can check their own name)

- ☐ Foster Care/Adoption ☐ Child-Placing Agency Staff  
☒ Child Care Institutions ☐ NH DHHS Employment (including contracted positions)

I authorize the below named agency to receive the results of my registry check. I understand that the results will not be sent to me.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** (of parent if minor) \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sign in the presence of a notary

**NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS:**  
9 St Francis Way Litchfield NH 03052  
number and street name city or town state zip code

**NOTARY ACKNOWLEDGEMENT**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_  
in the year \_\_\_\_\_ by \_\_\_\_\_  
(name of person being checked)

- ☐ Personally known ☐ Produced Identification

Signature of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

In witness whereof I hereunto set my official seal.

For NH DCYF use only

In order to process this request please mail this form fully completed to the Division for Children, Youth and Families, DCYF Central Registry, Thayer Building, 129 Pleasant Street Concord, NH 03301.

If you enclose a self addressed stamped envelope it will expedite the mailing of the results to you.