

Charlie's Angels  
2017  
Mexico Mission Trip

Intern Forms

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

Date Received: \_\_\_\_\_

- You will find that there is more than one page of certain forms. These forms go to different locations. It is necessary to have the forms completed in ink and not photo copied. In the areas that refer to teens, please cross out and write the word adult and sign.
- If you have any questions while completing the forms, please feel free to contact Kathy Lanza at 400-6930.
- Effective 2008, passports are now required to cross the Mexican border.



# Individual Mission Trip Participation Form

3636 Camino Del Rio North, Suite 215,  
San Diego, CA 92108  
Phone: 619.662.1200 Fax: 619.512.4360  
www.amor.org – missionservices@amor.org

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please indicate your age (check one box):  1-10 years  11-17 years  Adult

Check the following that apply:

I am in High School and I will graduate in the year \_\_\_\_\_.

I am in College and I will graduate in the year \_\_\_\_\_.

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

How many previous Amor mission trips have you participated in? \_\_\_\_\_

Please contact me about Volunteer or Intern opportunities (ages 18 and up).

Please email me Amor's prayer requests and ministry updates each month.

Please list all relatives that are on this trip (full name and relationship to you)

<b>T-SHIRT SIZE</b>	
Please check: <input checked="" type="radio"/>	
<input type="radio"/>	SMALL
<input type="radio"/>	MEDIUM
<input type="radio"/>	LARGE
<input type="radio"/>	X-LARGE
<input type="radio"/>	XX-LARGE
<input type="radio"/>	XXX-LARGE

## Release of Liability/Consent

I have volunteered to participate with St. Charles Church  
on a Mission Trip coordinated through Amor Ministries, 1664 Precision Park Lane, San Diego CA 92173 on 6/20/17.

This is NOT a Medical Release

I have recognized that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging Amor Ministries and all its officers, agents, servants and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on this Mission Trip. I further understand that the release herein incorporates each and every provision of the "Statement of Commitment" signed by my group leader and/or the person(s) in charge of my group. In the event that said group leader and/or person(s) in charge does not readily have available a copy of said "Statement of Commitment", I further understand that I may obtain said copy by contacting any of the Amor representatives at 1664 Precision Park Lane, San Diego CA 92173, 619.662.1200 fax 619.512.4360. Notwithstanding the preceding, this release does not apply to claims arising out of Amor Ministries' gross negligence or intentional misconduct.

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, and any information listed above in any and all media worldwide, by Amor Ministries, or anyone authorized by or acting on behalf of Amor Ministries, for promotional, fund-raising, advertising, marketing and/or public relations purposes. The information may be used by Amor Ministries in the regular course of business, but will not be disseminated to others except if required by law.

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

Parental Consent

Parent \_\_\_\_\_ Name \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature Required for participants under age 18

MTID#: 170181

**Charlie's Angels  
2017  
Mexico Mission Trip**

**MEDICAL INFORMATION SHEET - INTERN PARTICIPANT  
ST. CHARLES HIGH SCHOOL YOUTH GROUP  
(CHARLIE'S ANGEL'S)**

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

Social Security # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Plan # \_\_\_\_\_ ID # \_\_\_\_\_

Eligibility / Coverage Verification Phone # \_\_\_\_\_

Pre-Treatment Authorization Phone # \_\_\_\_\_

Family Physician or Medical Group \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Medical Conditions / Disorders  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_

Instructions / Dosages \_\_\_\_\_

Participant's Name (Print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency contact phone numbers during trip:

Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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MEDICAL RELEASE FORM - INTERN  
ST. CHARLES HIGH SCHOOL YOUTH GROUP  
(CHARLIE'S ANGEL'S)

I, \_\_\_\_\_ hereby agree to participate in all official activities during the Mexico Mission Trip, scheduled for **June 19th through June 25<sup>th</sup> 2017**. In the event of illness, injury, or emergency, I give my permission for the group leaders, Carlos DeMarchena to make a decision regarding treatment. I also authorize the physician selected by the group leaders to secure proper treatment, for hospitalization and / or injection, anesthesia or surgery as necessary.

I HAVE READ AND AGREE TO THIS RELEASE

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



*Archdiocese of San Francisco*

## **Code of Conduct: Chaperons**

I agree to be responsible and provide adult supervision for the children.

I agree to follow the requirements of the *SF Archdiocese Safe Environment Program*, a copy of which has been provided to me.

I agree to be a good role model in my interactions with children and adults at this event by:

Dressing appropriately

Not consuming alcohol

Not smoking

Not using illegal drugs

Not possessing a weapon

Being respectful to all children, adults and others and their property that I may encounter on this trip.

Only using cell phones and other electronic equipment during appropriate times and places

I have read and understand this Agreement and agree to perform my obligations as set forth above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**



Archdiocese of San Francisco

Adult Release and Waiver Form

ACTIVITY Mexico Mission Trip w/ AMOR Ministries - Vans Driven By Adults  
June , Tijuana, Mexico (herein "Activity")

(Describe in detail; include transportation)

PARISH/SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_

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

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY:

In consideration of my participation in the activity described and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of or related to, or in any way connected with my participation in the activity and/or any such related or associated activities, and further agree to indemnify and hold each of the released parties harmless from and against any and all liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court and the cost and expense of other professionals and disbursements up through and including any appeal. I, for myself, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, including, without limitation, death, property damage, and the loss by theft or otherwise, whether suffered by me during or after such participation. For the purposes hereof, the "RELEASED PARTIES" are:

The Roman Catholic Archbishop of San Francisco, a Corporation sole

(Parish/School/Organization)

their respective parent, subsidiary, affiliated or related companies and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers for each of the foregoing entities.

I am not aware of any medical condition I have which would render it inappropriate for me to participate in any such activity.

This Release and Waiver shall be governed by the laws of the State of California and any legal action related to or arising out of this Release and Waiver shall be commenced exclusively in the Superior Court in and for San Francisco County, California, and I specifically waive the right of trial by jury for myself. I certify I am eighteen (18) years of age or older.

Photograph and Video Consent

From time to time, we take pictures and video of Religious Education and Youth Ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. To do this, we need your consent. If there are concerns about pictures/videos posted on the website, please contact the webmaster and they will be promptly removed.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS RELEASE AND WAIVER FORM, INDEMNITY AND PROMISE NOT TO SUE. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE ARCHDIOCESE OF SAN FRANCISCO**

**WAIVER AND RELEASE FORM  
RELATING TO INDIVIDUALS 18 AND OLDER**

ACTIVITY (Describe in detail, including transportation): MEXICO MISSION TRIP  
w/ AMOR Ministries - Vans Driven by adult volunteers

DATE AND PLACE: \_\_\_\_\_  
Tijuana, Mexico

PARISH: St Charles Parish - San Carlos

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I hereby, to the extent permitted by law, release and discharge the Archdiocese of San Francisco, its constituent organizations, including but not limited to (Name of Parish) St Charles, and their officers, agents, and employees, from any and all claims for personal injuries or property damage that I may suffer as a result of any participation in the activity described above, including but not limited to any transportation to and from the event, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described herein.

This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders, and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and (Parish/Agency) St Charles and their officers, agents, and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my participation in the event.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last year, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I hereby authorize, without compensation, the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other uses thereof.

I warrant and represent that I am eighteen (18) years of age, or over, and upon request will produce satisfactory proof of such fact.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Print Participant's Name)

\_\_\_\_\_  
(Participant's Signature)

## Archdiocese Requirements for Adult Participants and Interns 18 and over

### ~ Shield the Vulnerable Protect Children Course Code 706 & Live Scan

If you have not completed this on-line course you must go to the web site, establish a log-in and password and complete the training. Evidence of your training is a certificate that is printed at the end of the session.

- a. Go to <http://www.shieldthevulnerable.com>
- b. Use your legal name - listed on your driver's license.
- c. Please be sure that when you log in you register yourself as from the "St. Charles SMO" parish NOT the "St. Charles Borromeo" parish (this one is a San Francisco church – not our church). If you choose the wrong parish code you will not appear in our database.
- d. Make sure you choose "overnight chaperone"
- e. A certificate prints at the end of the training
- f. The system will also automatically print a Live Scan form which you will take along with your driver's license to the UPS Store located at 951 Old County Road in Belmont. Their hours are 8:00-6:30 Monday thru Friday and 9:00-3:30 on Saturdays. No appointment is necessary but I do suggest you call 650-598-9611 ahead to verify that the machine is up and running and the live scan operator is onsite.
- g. Please turn in a copy of your Shield The Vulnerable Certificate, your Live Scan Receipt along with a printed copy of the completed live scan form to Diana Bradley at the Parish office for reimbursement.

*If you have taken the Shield The Vulnerable Course longer than 3 years ago please login into your account at <http://www.shieldthevulnerable.com> and renew your course.*

*If you have taken a Live Scan for St. Charles or within the San Francisco Archdiocese you have fulfilled the Live Scan Requirement.*

~Archdiocese of San Francisco Code of Ethics for Youth Ministry Leaders

~Waiver and Release form Relating to Individuals 18 and older

~Adult Release and Waiver Form

~ Youth Behavior Contract

~ Medical Information

~Medical Release - Adult