



TEAM JOY Short-Term Volunteer Registration

First Name: _____ Last Name: _____

Gender: M F

Date of Birth: __/__/____ (required if under 18) Minimum Age: 13
• Under age 13 only with parent. Chaperones required for youth groups.

Email: _____

Are you volunteering with a group? YES NO

If yes, what is the name of your group? _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Initial Volunteer Service:

Drop-off Center Screening Center Office Other

Contact me about long-term Team Joy opportunities Need community service hours

Volunteer Release and Waiver of Liability

I, _____ understand and agree that:

I am a volunteer, not an employee of Cross Catholic Outreach, Inc. or their ministry partners or affiliates (collectively, "Cross"). Therefore I am not entitled to compensation, benefits or reimbursements for out-of-pocket expenses. I have read the Statement of Belief (Mission/Vision/ Faith/Values) at crosscatholic.org/beliefs and will respect them in the manner in which I serve. This includes being appropriate during all volunteer activities regarding language, dress, inter-personal relationships, and behavior. I have never been convicted of any crimes against minors or sexual offenses. I will follow any and all instructions, and cautions of Cross while volunteering. My voluntary choice to participate as a volunteer is with full awareness of risks. I may engage in potentially strenuous or hazardous work that involves a risk of illness, injury, property damage, or death. I am in good health and proper physical condition to volunteer. I have my own health, accident and vehicle insurance to cover these risks while volunteering. Cross may contact emergency medical care or administer first aid in the event I suffer any illness or accident while volunteering, but I understand that I will cover the costs of such medical care. I will take personal responsibility for the security of my personal property while volunteering. I assume all risks associated with volunteering and will hold harmless, indemnify and fully release and forever discharge Cross and its directors, employees and agents from any and all liability for claims or damages relating to my volunteer activities. This includes Cross' selection of work sites or activities, or provision of equipment, food, lodging, transportation or other resources in support of my volunteer activities. I will not become involved with any legal proceeding or demand against Cross, in connection with my volunteering, and I waive any right that I may have to do so. I may be photographed, videotaped or interviewed in conjunction with my volunteering. Cross has my permission to use such photographs, videos, audio recordings and/or quotes to promote Cross and I have no ownership rights to said promotional material and will not be compensated as such.

Signature: _____ Date: _____

Date: _____

If under age 18: Parent/Guardian Name

Parent/Guardian Signature

Box of Joy is a ministry of Cross Catholic Outreach.



boxofjoy.org