



Baldwin Memorial United Methodist Church

Youth Volunteer Form (Ages 12 to 18)

Name: _____

Address: _____

City/State/Zip code: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Birth date: _____ Grade: _____ School: _____

Interests, hobbies, training courses such as first aid, other volunteer/service activities:

Have you been active in the church for at least 6 months? Yes _____ No _____

If not please explain why you would like to volunteer for this activity: _____

PARENTAL PERMISSION AND RELEASE FORM

In consideration of _____ being permitted to participate in church-sponsored volunteer activities to be held at Baldwin United Methodist Church. I/We waive and release the Baldwin Memorial UMC, their members, officers, chaperons, board of directors, advisors, agents and servants from any claims resulting from injuries sustained by the above named individual while he/she is in any way associated with activities of the Baldwin Memorial UMC. In the event a claim is made as hereinbefore stated, the above named individual and the below named parent or guardian agree to hold harmless and indemnify the Baldwin Memorial UMC, their members, officers, board of directors, chaperons, advisors, agents and servants to the full amount of such claim including attorney fees.

I/We further recognize that, as parent (s) or guardian of the above named individual, I/We have primary responsibility for his/her actions and conduct. I/We agree to encourage him/her to carefully observe the rules and regulations of the Baldwin Memorial UMC.

In the event of an emergency requiring immediate medical attention, your child will be taken to NEAREST HOSPITAL EMERGENCY ROOM and if you am unable to be reached by the church/chaperon, a responsible person representing the church is authorized to have your child transported to that hospital and to get medical treatment for the health and welfare of your child.

Parent/Guardian(s): _____

Address: _____

Email: _____

Phone number(s) to call in case of emergency: _____

Insurance Co. & Policy Number: _____

Special Needs (medical condition, allergies or conditions which may limit activity):

Signature of Parent or Guardian: _____ Date: _____

For Office Use Only			
Participant Covenant Signed	_____	SSP Training Completed	_____
Decision	_____	Volunteer Status Expiration	_____