

**OUR LADY OF VICTORY PARISH OUTREACH  
(Respite Volunteer Application)**

**EVENING OF RESPITE**

**VOLUNTEER APPLICATION**

St. Catherine of Sienna sponsors an *“Evening of Respite”* a few times a year where parents can bring their family member with special needs to us, from 6:00-8:00pm, so they might have a few hours to do as they please. Our volunteers for the evening need to be responsible adults, young adults and teens (14 and older) to help for the evening. You will be responsible for: **Set-up** (gym equipment, art supplies, paper goods for meal, etc.)

**Serving the meal to participants                      Security**  
**Interaction with participants                      Clean—up**

Volunteers will be assigned to an activity station or to be one-on-one *“buddies”* with a participant with special needs for the evening. **ALL VOLUNTEERS** must arrive in the lower level of the Sienna Center **promptly at 5:00pm** to receive instruction and assignments. **VOLUNTEERS WILL BE RELEASED AT APPROXIMATELY 9:00pm. They must commit to the entire evening.**

**Attire:** Comfortable clothing such as sweats and tee shirts are best. Please **Do Not** wear hoods, hats, scarves, dangling earrings or necklaces. Please pull back long hair into a ponytail.

All volunteers will be called for an interview to see where they would be best suited to serve. Those chosen will be required to attend training. All who are 16 and over require background check (forms available at Parish Center). All who are 18 and over must attend a Virtus training.

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**Volunteer Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Interests/Talents: (please circle) ART GYM MUSIC SECURITY OTHER:** \_\_\_\_\_

**Do you have experience working with special needs persons?** \_\_\_\_\_ **If so, what?** \_\_\_\_\_

I understand that (I/my child) will be responsible for handling hot food, distributing beverages, set-up, clean-up and interaction with participants who have special needs. I, (parent/guardian) \_\_\_\_\_ grant permission for my youth \_\_\_\_\_ to participate in the Evening of Respite program from 5:00pm to approximately 9:00pm. Further, I hereby grant permission, without reservation, to the parish and those authorized by such, for my youth to partake in all event-related activities.

I hereby release the parish of St. Catherin of Sienna, Msgr. Richard M. Figliozzi, the Diocese of Rockville Centre, Bishop John Barres, and all employees and volunteers of said parish and diocese, from all claims relating to injury and damage suffered or incurred by (me/my youth). (As parent/guardian), I fully acknowledge that I remain fully legally responsible for any and all actions taken by (me/my youth).

I agree to indemnify and hold harmless the parish, the diocese and all employees and volunteers from and against each and every claim, demand, cause of action or any liability, cost or expense arising from or in connection with any bodily injury, to (myself/my child) or any damage or loss to his/her property caused by or arising from (myself/my child) attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith. **(Required by Diocese).**

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely and willingly. (Your signature is required below for you/your youth to participate).

\_\_\_\_\_  
Parent/guardian Signature  
Phone# where parent can be reached during program \_\_\_\_\_



\_\_\_\_\_  
Signature of Volunteer  
\_\_\_\_\_  
Date

**Please return this application to the Parish Social Ministry/Outreach office or the Parish Welcome Desk.  
Thank you**