

# *Give and Grin*

## Summer Service Program



Wednesdays, June 14, 21, 28 July 12, 19, 26  
Open to youth entering grades 6, 7, 8, 9, 10,  
11, 12 or college! Youth grades 10 and up  
can come as a participant or as a mentor.  
8:30 a.m. to 5 pm . July 26 return from  
Valley Fair at 8:30 pm



Typical day: Meet at 8:30 a.m. for mixers and prayer. Travel to work site for morning service activity. Enjoy a bag lunch while you share what you learned. Enjoy a fun afternoon activity or opt for a second service opportunity.



Service sites may include Feed my Starving Children, Sharing and Caring Hands, St. Anthony Park Home, Lyngblomsten, parish Giving Garden, elderly parishioners' homes, Kids in Need, and other sites which serve elderly or poor. Summer fun afternoons may include mini golf, water park, Science Museum, Grand Slam, Valley Fair.

The program is possible only with the wonderful support of parents and other caring adults. Parent/guardian must volunteer one full day or two half days per child to drive and mentor. They must also complete a background check, Virtus Training and Code of Conduct. Caring adults without youth in the program who wish to volunteer should contact Alisa Weber for more details. Parents who drive additional days receive a program discount of \$10 per extra day.



Complete the registration form found on the website or Kiosk and **return by April 17, 2017** to Corpus Christi. For more information contact Alisa Weber at [alisa.weber@churchofcorpuschristi.org](mailto:alisa.weber@churchofcorpuschristi.org) or 651-846-9214.

Cost is \$90 if paid by April 17. \$100 if paid after April 17. Full and partial scholarships are available. \$10 discount if all paperwork is **turned in and complete** by April 17.

**Registration for Corpus Christi Summer Service Program**

Please complete both sides of this form and return to Corpus Christi no later than April 17, 2017 After that date applications will be taken as space allows.

Student Name:	Grade in fall 2017:
Parent Email address:	
Parent Email address:	
Parent Cell phone number:	
Parent Cell phone number:	
(Optional) Student Email Address, if 13 or older:	
(Optional) Student Cell phone number:	
Student interested in serving as a Mentor (Must be entering grade 10 in '17) Y or N	
My child <b>will be</b> attending the following dates:	
June 14___ June 21___ June 28___ July 12___ July 19___ July 26___	

Name (s) of parent who will be volunteering: \_\_\_\_\_

Each parent is asked to volunteer **at least one day or two half days per child.**

Half day time commitment is from 8:15 until 12:15 pm.

I prefer to volunteer two half days \_\_\_\_\_ or I prefer a full day \_\_\_\_\_

I would be happy to volunteer additional days \_\_\_\_ If yes, How many? \_\_\_\_

You will receive a \$10 discount per day for each "extra" day you volunteer

How many total seatbelts do you have in your vehicle? \_\_\_\_\_

Please **cross out** any dates that you know you **cannot** help and **rank** the others.

June 14\_\_\_ June 21\_\_\_ June 28\_\_\_ July 12\_\_\_ July 19\_\_\_ July 26\_\_\_

**Payment options and form checklist**

\$100/child after April 17. (\$90 prior to April 17) \_\_\_\_\_

\$10 discount per extra day driving. - \_\_\_\_\_

\$10 discount for having ALL forms below completed by April 17 - \_\_\_\_\_

Place a check mark next to each item when completed. Please be sure to complete every item

\_\_\_\_ Background Check (complete online at [www.virtus.org](http://www.virtus.org); include driver check)

\_\_\_\_ Virtus training (register online at [www.virtus.org](http://www.virtus.org))

\_\_\_\_ Adult Volunteer's Code of Conduct (complete online at [www.virtus.org](http://www.virtus.org) )

\_\_\_\_ Complete Reporting Child abuse (complete online at [www.virtus.org](http://www.virtus.org))

\_\_\_\_ Driver's Information Form

\_\_\_\_ Copy of Driver's License

\_\_\_\_ Adult liability Waiver (Adult)

\_\_\_\_ Parental Consent Form and Indemnity Agreement

\_\_\_\_ Corpus Christi Certification, Acknowledgement and Authorization for Consent and Release Form for Social Media or other Electronic Communication Involving Minors

All drivers must also watch Safe Driving video online. Link will be sent after registration.

Total \_\_\_\_\_

Make checks payable to Corpus Christi. I would like to request a partial scholarship. Enclosed is a check for part of the cost. \_\_\_\_ I would like to request a full scholarship. \_\_\_\_

**Give and Grin**  
**PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please indicate dates your child has permission to participate:**

Type of Field Trip: Give and Grin Summer Service Program

Dates: June 14, 21, 28 July 12, 19, 26

Destination: Service sites and recreational sites in Twin Cities area. Last minute changes may need to be made due to weather or service site needs.

Individual(s)/ in Charge: Alisa Weber, Liz Russell

Estimated Time of Departure: 8:45 a.m. Return: 5 pm (8:30 pm on 7/26)

Mode of Transportation To & From Event: Private auto, public and private bus

Student Cost: \$100 after April 17 \$90 if paid by April 17. Partial and full scholarships available as well as discounts for driving extra days and tuning in paperwork April 17.

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of Corpus Christi and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of Corpus Christi /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

\_\_\_\_\_  
Name Phone Number

**MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

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

## Church of Corpus Christi

2131 Fairview Ave. North, Roseville, MN 55113-5499

Telephone: 651-639-8888 Fax: 651-639-8288

E-Mail: [office@churchofcorpuschristi.org](mailto:office@churchofcorpuschristi.org) Web page: [www.churchofcorpuschristi.org](http://www.churchofcorpuschristi.org)

### DRIVER'S INFORMATION FORM

#### Driver

Name \_\_\_\_\_

Parish/School where you are employed/volunteer: \_\_\_\_\_

Driver's License Expiration Date \_\_\_\_\_

Have you had any traffic violations in the last 7 years?                      Yes                      No                      (Circle One)

If Yes, explain \_\_\_\_\_

**\*Please present your driver's license with this form so that it may be copied and kept on file. The Driver's License Number will be blacked out to keep it confidential.**

#### Vehicle

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Year/Make/Model of Car \_\_\_\_\_

License plate # \_\_\_\_\_

Expires \_\_\_\_\_

Passenger Capacity \_\_\_\_\_ (There must be a useable seat belt for each occupant.)

Note: If more than one vehicle is to be used by this driver, this form must be filled out for each vehicle.

#### Insurance Information

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

Policy # \_\_\_\_\_

Expires \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

\*Please Note: Minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a driver, I must be 21 years of age or older, hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport individuals.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FIELD TRIP  
LIABILITY WAIVER (ADULT)**

*Each adult participant, including group leaders and chaperons, must sign this form.*

**FIELD TRIP VOLUNTEER RELEASE FORM**

Assumption of Risk and Indemnity Agreement

Parish/School : Church of Corpus Christi

Dates of Activity/Field Trip : June 14, 21, 28 July 12, 19, 26

Description of Activity/Field Trip: Give and Grin Summer Service Program

The undersigned person volunteers to serve as a chaperone for the above-described activity/field trip.

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE Church of Corpus Christi and the Archdiocese of St. Paul/Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity/field trip.
2. UNDERSTAND that participation in the described activity/field trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

**CORPUS CHRISTI CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSENT AND RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS**

I am the parent or legal guardian of \_\_\_\_\_ (full name of minor) (“My Child”).

**I certify that My Child is at least 13 years old. (Do not complete this form for youth under age 13)**

I have been made aware of the CORPUS CHRISTI Acceptable Use Policy for Electronic Communication and the Social Media Policy of CORPUS CHRISTI. (Full Policy can be found on website at [www.churchofcorpuschristi.org](http://www.churchofcorpuschristi.org) or on the kiosk in the gathering area.

I authorize staff or other leaders of CORPUS CHRISTI (“Staff or Leader”) to communicate with My Child electronically, including via social media, in accordance with the Acceptable Use Policy for Electronic Communication.

I acknowledge that to review or receive public communications shared via social media with My Child, I would need to become a fan or follower of the same social media. I understand that communications may be accessible or viewable by others who are also fans or followers of the same social media. I also acknowledge that, in accordance with the Acceptable Use Policy for Electronic Communication and the Social Media Guidelines, if any Staff or Leader knowingly communicates privately with a minor as a part of his or her duties for or on behalf of CORPUS CHRISTI, reasonable steps must be taken to send the minor’s parent/guardian the same communication content, not necessarily via the same technology.

I authorize and consent that CORPUS CHRISTI and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for general communications, advertising, commercial or publicity purposes, the likeness of my child and my child’s original work or for any other lawful purpose whatsoever, including video, photographic portraits, pictures, reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communication and the Social Media Guidelines. I release CORPUS CHRISTI, the Archdiocese of Saint Paul and Minneapolis, or anyone authorized by CORPUS CHRISTI or Archdiocese of Saint Paul and Minneapolis with such use. This consent is valid for one year.

If I choose to rescind my consent to the Authorization, I agree that I will inform CORPUS CHRISTI in writing and that my rescission will not take effect until it is received by . CORPUS CHRISTI I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgement and release, have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/ Guardian Name (please print): \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Teen Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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