

Angels From the Heart Day --Volunteer Registration Form

Sacred Heart of Jesus Catholic Church

Circle one:

Adult

Student (13-18 yrs) Class of _____

Child _____ yrs *Children must be accompanied by parent or an adult.*

Name: _____
Please Print Legibly (one per person)

Phone: _____

Address: _____ City _____ St _____ Zip _____

Email: _____ Church/Organization: _____

"I want to be an Angel on Saturday, September 16, 2017."

I plan to work: [] 8:30 am – 1:00 pm.

Registration & Breakfast 7:30 – 8:30 am.

Lunch and Recognition Ceremony at 1:00 pm

[] I will pray for Angels From the Heart Day

I plan to be there for: [] Breakfast [] Lunch

T-Shirt: [] Yes [] No _____ size
(while supplies last)

Check, where applicable

I will do whatever is needed

I can bring a pickup truck and assist trash pickup –adults only

I can lead a small group in above tasks

I am a nurse and will provide first aid

I have a special skill that might help (list here) _____

I have restrictions on what I can do (list here) _____

I will bring tools (please list here) _____

(for ex: rakes, shovels, extension cords, trimmers, etc.)

Check if highly skilled and can oversee a crew

general painting

general carpentry

SACRED HEART CHURCH / ARCHDIOCESE OF INDIANAPOLIS

CONSENT AND LIABILITY FORM (one per person)

TO BE READ AND SIGNED BY EACH PERSON BEFORE COMMENCING ANY WORK OR ACTIVITIES ASSOCIATED WITH:

Angels From the Heart Day "The Project" - September 16, 2017

--READ! YOUR LEGAL RIGHTS ARE AFFECTED--

I understand that my participation in the Project can expose me to dangers both from known risks and unanticipated risks. Acknowledging that such risks can exist, I hereby release and discharge **Sacred Heart, Archbishop and Archdiocese of Indianapolis** and its officers, directors, agents and employees from any and all claims and/or liability for personal injury or property damage I suffer while participating in the Project, including, but not limited to, any claim arising out of any condition of the premises that I may be working or be involved with or the conduct of any person in connection with the preparation for, supervision of, or conduct of any of the work or activities associated with the Project. I specifically agree to release, and do hereby release, **Sacred Heart, Archbishop and Archdiocese of Indianapolis**, and its officers, agents, directors, and employees for any negligence of **Sacred Heart, Archbishop and Archdiocese of Indianapolis** and its officers, directors, agents, or employees. In signing this Release, I fully recognize that if I am hurt or my property damaged while participating in the Project, I will have no right to make a claim or file a lawsuit against **Sacred Heart, Archbishop and Archdiocese of Indianapolis**, its officers, directors, agents, or employees, even if they or any of them caused my injury or damage.

I also agree that my name or picture may be used in promotional material on this project or future project.

SIGNATURE (Sign full name) _____

Parent / Legal Guardian Consent Signature My child has my permission to participate in Angels From the Heart Day

Please return this completed form **by September 13, 2017:**

Angels from the Heart

1530 Union Street, Indianapolis, IN 46225

Or fax the signed form to 317-637-9741, If you have any questions, please call: Roberta Cross 317-638-5551